(Rev January 2020)

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Section 501(c), 527. or 4947(a)(4) 649

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.

		the Treasury	► Go to www.irs.gov/Form990 for instructions and the lates	st information.	200	Inspection	
A			dar year, or tax year beginning Jul. 1 , 2019, and endi		Tun 30	<b>, 20</b> 2 0	
В		applicable	C Name of organization Epsilon Nu House Corporation			oyer identification number	
П	Address		Doing business as		<b>-1</b>	696568	
П	Name ch	-	Number and street (or P O box if mail is not delivered to street address)	E Telephone number			
ī	Initial retu	-	(405)372-1170				
$\bar{\Box}$	Final retur	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amended	i return	Stillwater, OK 74076		G Gross	receipts \$ 391,505.	
	Application	on pending	group return fo	or subordinates? Yes No			
			Penny L Cupp, 1523 W 4th, Stillwater, OK 7407			es included? Tes No	
Ī	Tax-exen	npt status	501(c)(3)	If "No,"	' attach a le	st. (see instructions)	
J	Website:	► N/A		H(c) Group	exemption	number ►	
ĸ	Form of o	rganization 🗵	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation 1979	M State	of legal domicile OK	
P	art I	Summai					
	1	Briefly desc	cribe the organization's mission or most significant activities Prov	iding hou	sing a	nd related	
ce		activit	ies for sorority members while they obtain hi	gher educa	ition.		
Governance			·		<b>-</b>	••••	
Ver			box ▶ ☐ if the organization discontinued its operations or dispessed	e of more than	125% of	its net assets.	
ဗိ	l .		voting members of the governing body (Part VI, line 1a)		. \ 3		
<b>ک</b> د			independent voting members of the governing body ( VI, line 1)	o) <u></u>	2 4	6	
itie			er of individuals employed in calendar year 2019 (Part 💥 line 🖼 🛭	)·1 ·20·21·   };	7 4 7 5	4	
Activities &			er of volunteers (estimate if necessary)	ا <u>نسنن</u>	<u> </u>	35	
<	1		ated business revenue from Part VIII, column (C), line 12 OGD	EN, UT	7a	0.	
	Ь	Net unrelat	ed business taxable income from Form 990-T, line 39	1	7b	0.	
•		0	and a series (Death VIII) to a 41-1	Prior Ye	ar	Current Year	
e e	1		ns and grants (Part VIII, line 1h)	45.4	0.10	201 105	
Revenue		-	ervice revenue (Part VIII, line 2g)	454	,940.	391,405.	
Re			Income (Part VIII, column (A), lines 3, 4, and 7d)		173.	100.	
			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>			
_			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	455	,113.	391,505.	
	ľ		similar amounts paid (Part IX, column (A), lines 1–3) id to or for members (Part IX, column (A), line 4)				
	ı	-	ner compensation, employee benefits (Part IX, column (A), lines 5-10)	24	002	25 710	
ses	1		al fundraising fees (Part IX, column (A), line 11e)	34	,883.	35,712.	
Expenses	1		asing expenses (Part IX, column (D), line 25) ► 0.	7		1.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	
Ä			nses (Part IX, column (A), lines 11a-11d, 11f-24e)	,396.	390,970.		
	1	•	nses (tattix, column (v), lines (14-11d, 111-24c)		,279.	426,682.	
		-	co expenses. Subtract line 19 from line 19		,834.	-35,177.	
es or		.5.5.14010	ss expenses. Subtract line to from line 12	Beginning of Cu		End of Year	
ets (	20 -	Total assets	s (Part X, line 16)	1,742,610.		1,702,932.	
Ass I Ba	21		ies (Part X, line 26)		,226.	478,725.	
Net Assets or Fund Balances	22 1		or fund balances. Subtract line 21 from line 20	1,259		1,224,207.	
	rt II	Signatur	e Block		<u> </u>	· · · · · ·	
			I declare that I have examined this return, including accompanying schedules and star			ny knowledge and belief, it is	
true	e, correct,	and complete	a Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowle	edge	.4.	
		4	herre Hollocesh		1-2	5-2021	
Sig	ın	Signatu	re of officer (\	Dat	e		
He	re	Sher	ry Ashbaugh, President				
		Type or	print name and title				
Pa	id	Print/Type	preparer's name Premarer's signature	c/21/201	Check [	PTIN	
	eparer	Mark E	Gunkel CPA Muly Muly	yully	self-emp	P00285582	
	e Only		e ► Mark E. Gunkel, CPA, PC	Firm	's EIN ▶	73-1379535	
		Firm's add	ress ▶ PO Box 72, Stillwater, OK 74076	Pho	ne no (4)	05)624-9999	
May	the IRS	3 discuss t	his return with the preparer shown above? (see instructions)			. ⊠Yes □No	
For	Paperwo	ork Reducti	on Act Notice, see the separate instructions. BAA	REV 10/27/20 PRO		Form <b>990</b> (2019)	

Part	Checklist of Required Schedules			
			Yes	No
Ч	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	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	4		
5	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	5		×
6	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, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			×
9	complete Schedule D, Part III	8		×
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
11	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.			
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	×	
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		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	×
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.	14b		×
15	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	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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		×
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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ <u>^</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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		×

Pari	Checklist of Required Schedules (continued)			
			Yes	No
<b>2</b> 2	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		×
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		×
24a	\$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 25a	24a	<u> </u>	×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	<del> </del>
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?	24d	<del> </del>	
25a		1.0		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
28	persons? If "Yes," complete Schedule L, Part III	27		×
	IV instructions, for applicable filing thresholds, conditions, and exceptions)	ļ		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance	, 55	-,	
	Check if Schedule O contains a response or note to any line in this Part V	<u>· ·</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0	F	162	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ł		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		

Pari	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
-			Yes	No
'n	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<del> </del>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		<del>  ^</del>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	05		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country	70		<u> </u>
, ,	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<del></del>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_^_
_		30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	. !		
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	.		
	required to file Form 8282?	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	í	ļ	l
а	Initiation fees and capital contributions included on Part VIII, line 12	.	J	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0.			٠ ١
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		j	- 1
	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		<del></del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	4
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\longrightarrow$		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
•	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.		$\neg \uparrow$	1

Pari	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI		istruc	_
Sect	ion A. Governing Body and Management	<del></del>	<u> </u>	<u> ×</u>
0001	ion A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a		1.03	-10
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent .			. 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
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		×
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		<u>×</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<del></del>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u>×</u> _
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	<u>_</u>	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		<del>^</del>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b 40a	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	10-		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		<u>×</u> _
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
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?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		×
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		$\stackrel{\times}{-}$
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1		$\stackrel{\sim}{-}$
	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?	465		
Secti	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)	(360	tion 5	01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and remark E Gunkel, CPA, PC, 115 E 4th Ave, Stillwater, OK 74074 (405)624-9999	ords	<b>&gt;</b>	

90 (2019)	Page 7

1 01111 330 (201	عراب	rage a
Part VII	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

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 employees."
- 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r arry relate	u org	arıız			ompe	1152	Ted any current	officer, director,	or trustee.
×					C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average hours	box,	box, unless person is both an officer and a director/trustee)					Reportable compensation	Reportable compensation	Estimated amount of other
		office	er an	dad		_	<del>-</del>	from the	from related	compensation
	(list any hours for	or de	nsti	Ę	ê	angl Hgh	Forme	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	rect	utio	eq.	Key employee	est c	<u>ಥ</u>	(44-2/1099-14130)	(00-2/1099-101130)	related organizations
	organizations below	우를	nalt		loye	l s				
	dotted line)	Individual trustee or director	rust		ď	) beng				
			ee			Highest compensated employee				
(1) Sherry Ashbaugh	10.00									
President		×		×	<u> </u>			0.	0.	0.
(2) Terry Ann Johnston	5.00									
Vice President		×		×	_	ļ		0.	0.	0.
(3) Kaitlin Thomas	10.00		İ	l	1					
Treasurer		×		×	<u> </u>					
(4) Sharyl Pickens	5.00	×		×						
Secretary	1 00			<u>  ^</u>	ļ					
(5) Samantha Lancaster Board Member	1.00	×								
	1.00	<b>.</b>	_							
(6) Deemah Ramadan Board Member	·····	×								
(7)		<u> </u>								
-X-1		İ								
(8)										
(9)									*	
(10)	 									
(44)		-		-	-					
(11)										
(12)										
(12)	<b></b>	1								
(13)		-								
2f		1								
(14)										
	I	I		1	1	ĺ	1	1	i	1

Pár	VII Section A. Officers, Directors,	Trustees,	Key l	Emį	plo	yee	es, ar	nd F	Highest Compe	nsated E	mplo	yees (continued
•	(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	ersor	e than is both tor/trus	h an tee)	(D)  Reportable compensation from the	(E) Reports	ation	(F) Estimated amount of other
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	from reli organiza (W-2/1099	tions	compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)										-		
(19)												
(20)												
(21)												
(22)												
(23)				+								
(24)												
(25)												
1b c d	Subtotal	VII, Section	n A					<b>&gt;</b>	0.		0.	0.
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) wh		than \$10		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							-	-	t comper	sated	Yes No
4 .	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?								. •	ion or indi		
Section	on B. Independent Contractors	·	•									
1	Complete this table for your five high compensation from the organization. Repo											
	(A) Name and business add	ress							(B) Description of serv	ces		(C) Compensation
Benc	hmark Food Group, 7314 N West	ern Ave,	OKO	<del>,</del> (	OK	73	120	Pro	vide Meals for r	esidents		140,536.
	Total number of independent contracts	re (moludin	a bu			m:4	od to	4lm	one listed share	) ,,,la =  8		
2	Total number of independent contracto	•	•					เกต	use listed above 1	e) WNO	4 100	9 6 4

90 (201 VAII	Statement of Re	venue						Page
	Check if Schedule		espor	nse or note to a	ny line in this P	art VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
1a	, ,		1a	ļ				
b	Membership dues		1b		-	'		
C				-} '	-	,		
ď e	Related organizatio Government grants		1d 1e			,		
f	All other contribution	•	16		-	,	, .	
•	and similar amounts n		1f		'	,		
g	Noncash contribution	ons included in			1			
	lines 1a-1f		1g	\$		,	, , ,	
h	Total. Add lines 1a-	–1f		<u> </u>				,,
_	D + - 1 T			Business Code	201 105			
2a b	Rental Income	: 		531110	391,405.	391,405.	0.	0
C					<del> </del>			<u> </u>
d	***************************************					-		
е								-
f	All other program se							
g	Lotal. Add lines 2a-			<u>, , ▶</u>	391,405.	4 4 4 7 1 34 34 per 1 per	a to the factor of the State S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Investment income				100			
4	other similar amoun				100.	100.	0.	0
5	<b>-</b>	· · · · · ·	-					
J	rioyanics	(i) Real		(II) Personal		- 1		, ,
6a	Gross rents	6a			1			
b	Less. rental expenses	6b			Ţ		, .	
С	Rental income or (loss)	<u> </u>			· ·			
d	Net rental income o	<del></del>	· •					
7a	Gross amount from	(i) Securit	162	(II) Other		3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	sales of assets other than inventory	7a			•		•	*
ь	Less cost or other basis	/a			5.4		4 10 m	
	and sales expenses .	7b			,		,	
С	Gain or (loss)	7c			1		-	1 , 1
d	Net gain or (loss)			🕨				
8a	Gross income from	•					ar ,	, , ,
	events (not including of contributions rep							
	1c). See Part IV, line		8a					
ь	Less. direct expense		8b		1			
	Net income or (loss)			nts ▶		,		
	Gross income f		Ĭ					
	activities. See Part I	V, line 19 .	9a			!	•	-
	Less: direct expense		9b		h ,	, , ,	, , ,	<u> </u>
	Net income or (loss)		ctivitie	es <b>&gt;</b>	) a	~ , h	•	
10a	Gross sales of in returns and allowand		10a			,	, , , ,	
ь			10a		· .,	. **		<i>-</i> /
				orv▶	-			
				Business Code		•	:	
11a								
ь								
С								
	All other revenue		•					
11a b c d		Net income or (loss)	All other revenue	Net income or (loss) from sales of invento	Net income or (loss) from sales of inventory	Net income or (loss) from sales of inventory Business Code  All other revenue	Net income or (loss) from sales of inventory Business Code	Net income or (loss) from sales of inventory

391,505.

12

Total. Add lines 11a-11d . . . Total revenue. See instructions

0.

## Part K Statement of Functional Expenses

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

•	Check if Schedule O contains a respons	e or note to any lin	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, 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				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			Terror	
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	33,057.	33,057.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		1		
10	Payroll taxes	2,655.	2,655.	0.	0.
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
С	Accounting	4,450.	4,450.	0.	0.
d	Lobbying			-	
е	Professional fundraising services. See Part IV, line 17		विकित्र किया विकास	MINISTER MINISTER	
f	Investment management fees		THE PART OF THE PA	Parties and the Control of the Section of the Secti	
	<del>-</del>				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O ) .				
12	Advertising and promotion				_
13	Office expenses	3,635.	3,635.	0.	0.
14	Information technology				
15	Royalties				
16	Occupancy	295,847.	295,847.	0.	
					0.
17	Travel	20.	20.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				<u></u>
20	Interest	25,030.	25,030.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,140.	49,140.	0.	0.
23	Insurance	12,848.	12,848.	0.	0.
	Other evenes Items evenes not severed	TESTAR PREJUT	TABLE AND DELL'E ADDRESSE	THE WORLD LA	MAN TOS KONGRESSES
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					· · ·
b					-
C				-	
d	All ale and a second				
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	426,682.	426,682.	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)				

	Balance	

		Check if Schedule O contains a response or note to any line in this Pa	art X		<u> </u>
•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	386,287.	1	316,717.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4_	Accounts receivable, net		4	-
	5	Loans and other receivables from any current or former officer, director,		17:3	NOT VINE IN
		trustee, key employee, creator or founder, substantial contributor, or 35%	and profit their forms.	17	the Principal Control
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	一個是在學問的學	130th	是在最大的企業。在自然的
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
٧	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 1, 923, 880.			
	b	Less: accumulated depreciation 10b 537, 665.	1,356,323.	10c	1,386,215.
	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 33)	1,742,610.	16	1,702,932.
	17	Accounts payable and accrued expenses	4,071.	17	18,925.
	18	Grants payable		18	
- 1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	turn and not proposed a service content of	21	N. W. Carlotte, with the control of the party and and
es	22	Loans and other payables to any current or former officer, director,		XC3.5	
i		trustee, key employee, creator or founder, substantial contributor, or 35%		<b>201</b>	31776
Liabilities		controlled entity or family member of any of these persons	470 155	22	450.000
-	23	Secured mortgages and notes payable to unrelated third parties	479,155.	23	459,800.
	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	483,226.	26	478,725.
s		Organizations that follow FASB ASC 958, check here ▶ ☒	SPECIAL SECTION SECTIONS TO THE SECTION AND ADDRESS.	¥57941	DISHORATION NERGENTS AVECTS
e l		and complete lines 27, 28, 32, and 33.	1 259 384	104	在是特別的
<u> </u>	27	Net assets without donor restrictions	1,259,384.	27	1,224,207.
8 B	28	Net assets with donor restrictions		28	
밀		Organizations that do not follow FASB ASC 958, check here ▶ □	45 M 4 3 4 4 5 5 6	1773	<b>以外的</b>
<u>.</u>		and complete lines 29 through 33.	20 4 6 1 3 2 W	4	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
i ië	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
e l	32	Total net assets or fund balances	1,259,384.	32	1,224,207.
Ž	33	Total liabilities and net assets/fund balances	1,742,610.	33	1,702,932.
					Form 990 (2019)

Page	: 12

					9 <b>~ . —</b>
Pär	Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	(3)	91,5	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	26,6	82.
3	Revenue less expenses. Subtract line 2 from line 1	3		35,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,2	59,3	84.
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,2	24,2	07.
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990. 🗵 Cash 🔲 Accrual 🔲 Other		_   ^		<u>.</u>
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	ın	•	
	Schedule O.		<u></u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> </u>	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or C		
	reviewed on a separate basis, consolidated basis, or both.		ļ.		•
	Separate basis Consolidated basis Both consolidated and separate basis			3+	أثبيا
b	Were the organization's financial statements audited by an independent accountant?		2b		_ <u>×</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a "	٠,٠	ا ا
	separate basis, consolidated basis, or both.			, , ,	
	Separate basis Consolidated basis Both consolidated and separate basis				لنشت
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			,	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			×	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, e	xpiain d	on  , ,		٠. ا
_	Schedule O.	<u></u>			<u></u>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo Single Audit Act and OMB Circular A-133?	rtn in th			×
L		· · ·	3a		
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		ne     3b		
		iuulis .		n 990 i	(0040)
	REV 10/27/20 PRO		⊢orn	n かかい i	120191

## SCHEDULE D (Form 990)

BAA

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 **୭**⋒**4 0** 

Department of the Treasury Internal Revenue Service

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

<u>4</u> 0	•	7	
Open to P	U	blic	
Inspection	L	. *.	

Name	of the o	rganization		Employer	identification number		
<u>E</u> ps	<u>ilo</u> n	Nu House Corporation		06-1696			
,Pa	đi.	Organizations Maintaining Donor Advi		s or Acc	counts.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						
			(a) Donor advised funds	(b)	Funds and other accounts		
1	Total	number at end of year					
2	Aggr	egate value of contributions to (during year) .					
3	Aggr	egate value of grants from (during year)					
4	Aggr	egate value at end of year					
5		he organization inform all donors and donor as are the organization's property, subject to the					
6	only 1	he organization inform all grantees, donors, and for charitable purposes and not for the benefiterring impermissible private benefit?	of the donor or donor advisor, or for	any othe	r purpose		
Par	tII.	Conservation Easements. Complete if the organization answered "		·			
1	Purp	ose(s) of conservation easements held by the o					
'	☐ Pr	eservation of land for public use (for example, recreated to the order of natural habitat reservation of open space					
2		plete lines 2a through 2d if the organization heli ment on the last day of the tax year.	d a qualified conservation contribution	in the for	T		
_		· · · · · · · · · · · · · · · · · · ·			Held at the End of the Tax Year		
а							
b		acreage restricted by conservation easements		<del></del>			
С.		per of conservation easements on a certified his	• •	<u> </u>			
d		per of conservation easements included in (or structure listed in the National Register .	c) acquired after 7/25/06, and not of				
3	Numb tax ye	per of conservation easements modified, transfear ►	ferred, released, extinguished, or term	inated by	the organization during the		
4	Numb	per of states where property subject to conserv	ation easement is located ►				
5		the organization have a written policy regains, and enforcement of the conservation easi					
6	Staff a ▶	and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing	conservat	on easements during the year		
7	Amou ►\$	int of expenses incurred in monitoring, inspecting	, handling of violations, and enforcing c	onservatio	on easements during the year		
8		each conservation easement reported on line 2 ection 170(h)(4)(B)(ii)?					
9	balan	rt XIII, describe how the organization reports or ce sheet, and include, if applicable, the text of hization's accounting for conservation easemen	the footnote to the organization's final				
Pari		Organizations Maintaining Collections Complete if the organization answered "Y		Other Sin	nilar Assets.		
1a	of art	organization elected, as permitted under FASE, historical treasures, or other similar assets be, provide in Part XIII the text of the footnote to	held for public exhibition, education,	or resear	ch in furtherance of public		
b	art, hi provid (i) Re	organization elected, as permitted under FAS istorical treasures, or other similar assets held to the following amounts relating to these items evenue included on Form 990, Part VIII, line 1 issets included in Form 990, Part X	or public exhibition, education, or resonant	earch in fu			
2	If the	organization received or held works of art, I	nistorical treasures, or other similar a		Ψ		
		ring amounts required to be reported under FA	<del>-</del>				
a		nue included on Form 990, Part VIII, line 1 .			\$		
<u>b</u>		s included in Form 990, Part X		· · · ·	\$		
For Pa	perwor	k Reduction Act Notice, see the Instructions for F	orm 990.		Schedule D (Form 990) 2019		

REV 10/27/20 PRO

<b>Par</b>	Organizations Maintain	ing Collection	ns of Art, His	storical Tr	easures, or	Other Similar A	ssets (c	ontın	iued)
3	Using the organization's acquisition collection items (check all that app		and other reco	ords, check	any of the fo	llowing that make	significan	ıt use	of its
а	☐ Public exhibition	•	d	☐ Loan o	r exchange pr	rogram			
b	Scholarly research					·			
С	☐ Preservation for future generati	ons		•		******************************			-
4	Provide a description of the organ XIII.	nization's collec	tions and expl	ain how the	ey further the	organization's exe	mpt purp	ose II	n Part
5	During the year, did the organizat								
	assets to be sold to raise funds rai			part of the	organization's	s collection?	<b> Y</b> €	es [	_ No
Par	Escrow and Custodial A Complete if the organizat 990, Part X, line 21.	-		rm 990, Pa	art IV, line 9,	or reported an ar	mount or	n For	rm 
	Is the organization an agent, trus included on Form 990, Part X?							es [	□No
b	If "Yes," explain the arrangement in	n Part XIII and d	complete the to	bliowing tac	oie: F		Amount		
_	Reginning balance				}	1c	Milourit		
c d	Beginning balance				-	1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an am				_	dial account liability	y? <b>☐ Y</b> €	es [	No
b	If "Yes," explain the arrangement is								
<b>#Par</b>									
	Complete if the organizat	ion answered	"Yes" on For	m 990, Pa	art IV, line 10	) <u> </u>			
		(a) Current y	rear (b) Pr	or year	(c) Two years bad	ck (d) Three years bac	k (e) Four	r years	back
1a	Beginning of year balance								
b	Contributions						<del></del>		
С	Net investment earnings, gains, an								
	losses								
d	Grants or scholarships					<u>-</u>			
e	Other expenditures for facilities an programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage			e (line 1g, d	column (a)) he	eld as:			
a	Board designated or quasi-endowr Permanent endowment ►	ment ▶ %							_
D	Term endowment ►	<sup>70</sup>							
U	The percentages on lines 2a, 2b, a		rual 100%						
3a	Are there endowment funds not in			zation that	are held and	administered for the	ne ,	Yes	T NI =
	organization by: (i) Unrelated organizations						3a(i)	res	No
							3a(ii)		<del>                                     </del>
ь	If "Yes" on line 3a(ii), are the related						3b	<u> </u>	_
4	Describe in Part XIII the intended u	•	•				00		<u> </u>
'Pari						****			
	Complete if the organizat		"Yes" on For	m 990, Pa	art IV, line 11	a. See Form 990.	, Part X,	line 1	10.
	Description of property	(a) Co	st or other basis nvestment)	(b) Cost or o	other basis	(c) Accumulated depreciation	(d) Boo		
1a	Land		853,950.	ļ —		4 " 6 14 " 41 "	8	53,9	950.
b	Buildings		226,365.			140,066.			299.
С	Leasehold improvements								
d	Equipment		211,457.			167,800.			657.
e	Other		632,108.			229,799.			309.
Total.	Add lines 1a through 1e. (Column (c	d) must equal Fo	orm 990, Part .	X, column (	B), line 10c.) .		1,3	86,2	215.

Part VII	Investments — Other Securities.  Complete if the organization answered "Yes" on For	m 990. Part IV. lii	ne 11b. See Form	990 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(C)				
(D)				
(E)			<u> </u>	<del></del>
(F)				
(G)			<del>-</del>	
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12) . ▶		<del>                                     </del>	- 1.
Pärt VIII	mn (b) must equal Form 990, Part X, col. (B) line 12) .  Investments – Program Related.		10	A a de y
Bell Sviii	Complete if the organization answered "Yes" on Form	m 990 Part IV lu	ne 11c See Form	000 Part Y line 13
<del></del> -	(a) Description of investment	(b) Book value	<del></del>	nod of valuation
	(a) Description of investment	(b) Book value	, , ,	of-year market value
(1)				
(2)				
(3)				
(4)	<del></del>			
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)				
(8)			<u> </u>	
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.		1	Land Charles
T COLOR	Complete if the organization answered "Yes" on Form	m 990. Part IV. lir	e 11d. See Form	990 Part X line 15
· · ·	(a) Description	,		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)		· · · · · · · · · · · · · · · · · · ·		
(8)		****		
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15.)		<u>▶</u>	
Part X	Other Liabilities.	000 David IV Iv-		F 000 B+ V
	Complete if the organization answered "Yes" on Form	m 990, Part IV, IIr	ne 11e or 11f. See	Form 990, Part X,
1.	line 25.			(F) D==1=1.=
	(a) Description of liability	<del></del>		(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				<del></del>
(4)				
(5)		<del></del>		
(6)				
(8)				•
(9)				
<del></del>	nn (b) must equal Form 990, Part X, col. (B) line 25)			
	uncertain tax positions. In Part XIII, provide the text of the footnot			nts that reports the
	liability for uncertain tax positions under FASB ASC 740. Check			

Par			ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV,		1
1	Total revenue, gains, and other support per audited financial statements	· · · · · <u>1</u>	ļ
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,	
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	مان الأدار الأدار الأدار الأدار الأدار الأدار الأدار الأدار الأدار الأدار الأدار الأدار الأدار الأدار الأدار ا	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ļ -,	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		·   •
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	Reconciliation of Expenses per Audited Financial Statements W		turn.
	Complete if the organization answered "Yes" on Form 990, Part IV,		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		İ
а	Donated services and use of facilities		
b	Prior year adjustments	. بر ,	
С	Other losses		
d	Other (Describe in Part XIII.)		İ
е	Add lines 2a through 2d	<del></del>	
3	Subtract line 2e from line 1	<u>3</u>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	7. 3	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5	
	Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part : XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provic		
_,		•	
			*****
			••
		***************************************	
	······		***
			***************************************
	, , , , , , , , , , , , , , , , ,		

Schedule D (Foi		Page 5
Part XIII	Supplemental Information (continued)	
•		
		•
_		
•		
		***************************************
	,	

## 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

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Epsilon Nu House Corporation 06-1696568 Pt VI, Line 11b: The return is reviewd by the Treasurer before it is signed and sent to the Internal Revenue Service.