Form	990-T	E	xempt Organization Bus	sines	s Income T	ax Returr	) <u> </u>	<b>2008</b> No. 1545-0687
	ment of the Treasury		(and proxy tax und				O O	ZUUO pen to Public Inspection for
A	Check box if address changed	Forc	alendar year 2008 or other tax year beginning JUL 1  Name of organization ( Check box if name of			<u>UN 30, 20</u>	D Employ (Employ	pen to Public Inspection for 11(c)(3) Organizations Only er identification number rees' trust, see instructions & D on page 9.)
<u>—</u>	empt under section	Print	  EPSILON THETA CORPORAT	T/ONT	TNC			-6170956
	501(c)(7)	F31111	Number, street, and room or suite no. If a P.O. bo				E Unrelate	ed business activity codes
	408(e) 220(e)	Туре	259 SAINT PAUL STREET	ν, ουυ μα	ge 5 of mot dottons.		(See ins	tructions for Block E 9.)
	408A 530(a)	I	City or town, state, and ZIP code					
	529(a)		BROOKLINE, MA 02446				9000	0.1
C Bo		F Grout	exemption number (See instructions for Block F.)	<b>&gt;</b>			12 2 2 2	
	374,554.		corganization type X 501(c) corporation		501(c) trust	401(a) trust		Other trust
H De		n's nrim:	ary unrelated business activity. > INTERES	3 ጥሬ	DIVIDEND I	NCOME, CA	APITA	L GAINS
			poration a subsidiary in an affiliated group or a pare					X No
			tifying number of the parent corporation.	in oubon	stary commonate group.			
			PED ALLISON		Teleph	one number 🕨 (	(617)	776-6543
			le or Business Income		(A) Income	(B) Expense		(C) Net
1a	Gross receipts or sal	es				deleter er e	Ones I	Assessment of the control of the
b	Less returns and allo	wances	<b>c</b> Balance ►	1c				
2	Cost of goods sold (	Schedule	A, line 7)	2				
			om line 1c	3				
			h Schedule D)	4a	,	Delight Berg	1,535.	
			art II, line 17) (attach Form 4797)	4b				
			ets	4c	,			
			ips and S corporations (attach statement)	5		garan da	MAN I	
				6		, , , , , , , , , , , , , , , , , , , ,		
			ne (Schedule E)	7				
			and rents from controlled organizations (Sch. F)	8				•
			on 501(c)(7), (9), or (17) organization					
_				9	7,243.			7,243.
10	, , , , , , , , , , , , , , , , , , , ,		me (Schedule I)	10				
			; J)	11				
12	Other income (See in	struction	s; attach schedule.)	12		Jan Barra da		
			gh 12	13	7,243.			7,243.
	rt II Deduction	ons No	ot Taken Elsewhere (see instructions for					<u> </u>
	(Except for	contribu	utions, deductions must be directly connecte	d with t	he unrelated busines	s income.)		
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15							15	
16								
17								
18	Interest (attach sch	edule) .					18	
19	Taxes and licenses						19	2,203.
20			e instructions for limitation rules.)				20	
21			562)					
22	Less depreciation c	laimed o	Schedule A and elsewhere on return		22a		22b	
23								
24			mpensation plans				24	
25							25	
26			chedule i)				26	
27			hedule J)				27	
28			nedule)				28	
29			es 14 through 28				29	2,203.
30			ncome before net operating loss deduction. Subtra				30	5,040.
31			(limited to the amount on line 30)				31	
32			ncome before specific deduction. Subtract line 31 f				32	5,040.
33			y \$1,000, but see instructions for exceptions)			· ·	33	1,000.
34	Unrelated busine	ess taxa	able income. Subtract line 33 from line 32. If line	33 is gre	eater than line 32, enter f	rie smaller		4 040

Form 990-	, ,	EPSILON THE	TA COR	PORATION	, INC	<u>.                                    </u>		(	04-61	7095	6		Page
Part I		ax Computation	Alana Con inc	trustiana far tay as	moutation					1			
35		izations Taxable as Corpora					٨.						
		olled group members (section								1.5			
а		your share of the \$50,000, \$2		9,925,000 taxable i			r):	ŧ		1,11,11			
		\$	(2) \$			3) [\$		[					
b		organization's share of: (1) A											
	(2) A	dditional 3% tax (not more th	an \$100,000)	***************************************		. \$							
C		e tax on the amount on line 3							, <b>&gt;</b>	35c		6	06.
36	Trusts	Taxable at Trust Rates. See	instructions	for tax computation	a. Income to	ax on the amount	on line :	34 from:					
		Tax rate schedule or							•	36			
37		tax. See instructions											
38													
39		Add lines 37 and 38 to line 3								1		- 6	06.
	10tai.	ax and Payments	OG OF OG, WHILE	ctievei applies		<u> </u>				100			00.
				Or toursts attack Fau			400						
		n tax credit (corporations att					40a			-			
										-			
C	Gener	al business credit. Attach For	m 3800				40c			-			
		for prior year minimum tax (											
е	Total	<b>credits</b> . Add lines 40a throug	ıh 40d							40e			
41	Subtra	act line 40e from line 39								41	***************************************	6	06.
42	Other	act line 40e from line 39 taxes. Check if from:	orm 4255 🗔	Form 8611	] Form 869	97 🔲 Form 88	66 🗀	Other (atta	ch schedule)	42			
43												6	06.
	Pavm	ents: A 2007 overpayment cr				***************************************	44a			14.14			
		estimated tax payments					44b	•	1,760				
							44c	-	<u> </u>	<b>-</b>			
		eposited with Form 8868								-			
		n organizations; Tax paid or					44d						
		p withholding (see instruction	ns) <u></u>				44e						
f		credits and payments:		Form 2439									
		Form 4136		Other		Total 🕨	44f						
45	Total	<b>payments.</b> Add lines 44a thro	ough 44f	**********	<u>.</u> .	<u></u>				45		1,7	60.
46		ated tax penalty (see instructi											1.
47	Tax d	ue. If line 45 is less than the t	otal of lines 4	3 and 46, enter am	ount owed					47			
48		ayment. If line 45 is larger th										1,1	53.
49		the amount of line 48 you wa					640			49		5	13.
Part \	/ 5	Statements Regardi	ng Certai	n Activities a	ind Oth	er Informati				ge 18)		-	
		during the 2008 calendar ye										Yes	No
		urities, or other) in a foreign (											X
-								Troport of a	n oigh Dan	K QIIU			- 23
2 Duri	iffulat A	CCOUNTS. If YES, enter the nai ax year, did the organization receiv age 5 of the instructions for other	e a distribution f	right country here ► from, or was it the gran	tor of, or tran	nsferor to, a foreign tru	ıst?					MARTI	37
									***********				X
		mount of tax-exempt interest											<u> </u>
Sched	iuie <i>i</i>	A - Cost of Goods S	<b>ΟΙα.</b> Enter	method of invent	ory valuat	· · · · · · · · · · · · · · · · · · ·							
			1 1			N/A	<u> </u>			· · · · · · · · · · · · · · · · · · ·			
1 Inve	entory a	at beginning of year	1		6 Inve	ntory at end of yea	ar			6			
2 Pur	chases	*********	2		7 Cost	t of goods sold. S	ubtract	line 6		55,5			
3 Cos	t of lab	or	3		from	n line 5. Enter here	and in	Part I, line 2		7			
		section 263A costs	4a		8 Dot	he rules of section	263A (	with respect	to			Yes	No
		s (attach schedule)	4b			perty produced or							
		lines 1 through 4b	5			organization?	aoqu., o	u .uuuu.,	app., to				X
3 100		der penalties of perjury, I declare the	- 1	ned this return, includi			statemen	ts, and to the i	est of my kr	nowledge at	d belief, it is	true.	
Sign	cor	rect, and complete. Declaration of	preparer (other t	han taxpayer) is based	on all inform	ation of which prepar	rer has ar	ny knowledge.		, o i i o o o o			
Here		Alleria	$^{\circ}$ $^{\circ}$		1.					-	discuss thi		with
11010		Cignotites of officer		Dota		TREASUR	<u>LER</u>				r shown belo	· -	٦.
		Signature of officer		Date		Title					)7 X Y		No
Detal		Preparer's				Date		eck if	F	•	SSN or PT		
Paid Prepare	,,	signature MICHAE	LT.S	OKOLSKI,	CPA	11/12/0	9 self	f-employed			<u>01061</u>		
Use Onl		Firm's name (or YOSHI	DA & S	OKOLSKI,	PC				EIN O	4 - 30	<u> 14517</u>		
	-	employed), 20 MA		D, SUITE				ľ	Phone no.				
				MA 0180		6				(78	1) 27	3-1	010

YOSHIDA & SOKOLSKI, PC 20 MALL ROAD, SUITE 322 BURLINGTON, MA 01803-4126

(781) 273-1010 Form **990-T** (2008)

Form 990-T (2008)	EPSILON THETA	CORPORATION,	INC.	04-6170956	Pa
Schedule G	- Investment Income	of a Section 501(c)(7	7), (9), or (17) Organization		
	(see instructions on pag	ie 21)			

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1) FIDELITY	7,229.			
(2) WAINWRIGHT BANK INTEREST	14.			
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	▶ 7,243.			0.
Schedule I - Exploited Exempt Activity Income,	Other Than Advertis	ing Income		-

## (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						-
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

## Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			1 1 1 1 1 1 1 1 1			a Andrews David
(2)						
(3)					3 .	
(4)						
Totals (carry to Part II, line (5))	<u>▶</u> 0.	0.				0.

#### Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	<b>2</b> Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.	. 4.3	in the comment		0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (8).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.		Bagasala Tudas		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14		<b>.</b>	0.

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. See separate instructions.

OMB No. 1545-0123

Name

Employer identification number

Part   Short-Term Capit			ts Held One \	ear o	· Less	04-	6170956
(a) Description of property (Example: 100 shares of Z Co.)	(b) Date acquired	(c) Date sold mo., day, yr.)	(d) Sales pric (see instruction	e	(e) Cost or other (see instruction		(f) Gain or (loss) (Subtract (e) from (d))
FIDELITY FREEDOM			24,	852.	29,	208.	-4,356.
			<u>.</u>				
2 Short-term capital gain from installn						2	<i>J</i> *
3 Short-term gain or (loss) from like-k	-	m 8824					
4 Unused capital loss carryover (attack	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						4 256
5 Net short-term capital gain or (loss). Part II Long-Term Capita						5	-4,356
Fait ii Long-Term Capita	ii Gairis ariu Los:	969 - H9961	S HEIU WOLE	inan (	MIC TEAL		
						•	
							,
					***************************************		
7 Enter gain from Form 4797, line 7 or	***********************					7	
8 Long-term capital gain from installm	ient sales from Form 625	2, line 26 or 3/	•••••			8	
<ul><li>9 Long-term gain or (loss) from like-k</li><li>10 Capital gain distributions (see instru</li></ul>							67
11 Net long-term capital gain or (loss).						11	67
Part III Summary of Parts	I and II	* 10					<u> </u>
12 Enter excess of net short-term capita		ong-term capital	loss (line 11)			12	
13 Net capital gain. Enter excess of net						13	
14 Add lines 12 and 13. Enter here and	on Form 1120, page 1,	line 8, or the pro	per line on other ret	urns. If th	e corporation has		
qualified timber gain, also complete	Part IV	••••				14	0 .
Note. If losses exceed gains, see Ca	pital losses in the instru	ctions.					
Part IV Alternative Tax for timber gain under section						y if the c	corporation has qualified
15 Enter qualified timber gain (as define	4		T		istractions.	Т	
16 Enter taxable income from Form 1120, page	, ,, ,,					1	
17 Enter the smallest of: (a) the amount on line 15; (b) th						1	
18 Multiply line 17 by 15%						18	
19 Subtract line 13 from line 16. If zero	or less, enter -0-		19				Astaba asa
20 Enter the tax on line 19, figured usin					urn with which		
Schedule D (Form 1120) is being file	ed				•••••	20	
			21			_	
Subtract line 21 from line 16. If zero					•	-	
23 Multiply line 22 by 35%						23	
Add lines 18, 20, and 23						24	
with which Schedule D (Form 1120)						25	
26 Enter the employ of time 24 or line 25 Alex						26	

#### Form **2220**

Department of the Treasury Internal Revenue Service

## **Underpayment of Estimated Tax by Corporations**

➤ See separate instructions.

➤ Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0142 2008

EPSILON THETA CORPORATION, INC.

Employer identification number

04-6170956 Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax

_	penalty line of the corporation's income tax return, but do i	n <b>ot</b> a	ttach Form 2220.				_	
	Part I Required Annual Payment							
. 1	Total tax (see instructions)					1		606.
•	Total tax (300 Holl wolfor)						$\dashv$	
2:	a Personal holding company tax (Schedule PH (Form 1120), lir	1e 2f	i) included on line 1	2a	1	A		
	<b>b</b> Look-back interest included on line 1 under section 460(b)(2							
	contracts or section 167(g) for depreciation under the income	•		2b				
	(6)					, i		
	c Credit for federal tax paid on fuels (see instructions)			20		Adii Mar		
	d Total. Add lines 2a through 2c					2d	.	
3	Subtract line 2d from line 1. If the result is less than \$500, do	not	complete or file this form.	The corporation			$\exists$	
	does not owe the penalty					3		606
4	Enter the tax shown on the corporation's 2007 income tax ref						$\exists$	
	or the tax year was for less than 12 months, skip this line a		•			4	.	3,489
	•							
5	Required annual payment. Enter the smaller of line 3 or line	4. 11	the corporation is require	d to skip line 4,				
	enter the amount from line 3					5		606
:	Part II Reasons for Filing - Check the boxes belo	ow th	nat apply. If any boxes are	checked, the cor	poration	n must file Form 2220		
	even if it does not owe a penalty (see instructions).							
6	The corporation is using the adjusted seasonal install	men	t method.					
7	The corporation is using the annualized income instal	lmer	nt method.					
_8_	The corporation is a "large corporation" figuring its first	st re	quired installment based o	n the prior year's	tax.			
F	Part III Figuring the Underpayment							
			(a)	(b)		(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers; Use 5th month), 6th, 9th, and 12th months of the					,	-	
	(a) the 15th day of the 4th (Form 990-PF filers; Use 5th month), 6th, 9th, and 12th months of the							
	corporation's tax year	9	10/15/08	12/15,	<u> </u>	03/15/09	$\Box$	06/15/09
10	Required installments. If the box on line 6 and/or line 7							
	above is checked, enter the amounts from Sch A, line 38. If							
	the box on line 8 (but not 6 or 7) is checked, see instructions							
	for the amounts to enter. If none of these boxes are checked,							
	enter 25% of line 5 above in each column.	10	152.		<u> 51.</u>	152	•	151.
11	Estimated tax paid or credited for each period (see							
	instructions). For column (a) only, enter the amount							
	from line 11 on line 15	11		1,	760.			
	Complete lines 12 through 18 of one column before		representation of the state for the					
	going to the next column.							
	Enter amount, if any, from line 18 of the preceding column	12				1,457		1,305.
	Add lines 11 and 12	13			760.	1,457	•	1,305.
	Add amounts on lines 16 and 17 of the preceding column	14			52.		_	
	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	1,€	<u> 808.</u>	1,457	•	1,305.
16	If the amount on line 15 is zero, subtract line 13 from line	ĺ						
	14. Otherwise, enter -0-	16			0.	0	_	
17	Underpayment. If line 15 is less than or equal to line 10,							
	subtract line 15 from line 10. Then go to line 12 of the next							
	column. Otherwise, go to line 18	17	152.				_	
18	<b>Overpayment</b> . If line 10 is less than line 15, subtract line 10							, chair
	from line 15. Then go to line 12 of the next column	18		1,4	57.	1,305	•	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Form 2220 (2008)

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)	
19	Enter the date of payment or the 15th day of the 3rd month						
	after the close of the tax year, whichever is earlier (see						•
	instructions). (Form 990-PF and Form 990-T filers: Use 5th			į.			
	month instead of 3rd month.)	19					
20	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
21	Number of days on line 20 after 4/15/2008 and before 7/1/2008	21					
22	Underpayment on line 17 x Number of days on line 21 x 6%	22	\$	\$	\$	\$	
	300						
23	Number of days on line 20 after 06/30/2008 and before 10/1/2008	23					
						A Principle of the Prin	
24	Underpayment on line 17 x Number of days on line 23 x 5%	24	\$	\$	\$	\$	
	300						
25	Number of days on line 20 after 9/30/2008 and before 1/1/2009	25					
	•						
26	Underpayment on line 17 x Number of days on line 25 X 6%	26	\$	\$	\$	\$	
	300						
27	Number of days on line 20 after 12/31/2008 and before 4/1/2009	27	SEE	ATTACHED W	ORKSHEET		
						_	
28	Underpayment on line 17 x Number of days on line 27 x 5%	28	\$	\$ 	<u>  \$</u>	\$	
29	Number of days on line 20 after 3/31/2009 and before 7/1/2009	29					
00			· ·	•	h .	h	
30	Underpayment on line 17 x Number of days on line 29 x *%  365	30	Φ	\$	\$	\$	
94		0.4					
01	Number of days on line 20 after 6/30/2009 and before 10/01/2009	31		,			
20	Underpayment on line 17 x Number of days on line 31 x *%	32	ę.	\$	\$	<b> </b>	
ŲZ.	365	02	Ψ	Ψ	Ψ	T W	
33	Number of days on line 20 after 9/30/2009 and before 1/1/2010	33					
00	Number of days on the 20 and 9/30/2009 and before 1/1/2010	-00					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	<b> </b>	
•	365 .:	÷	<u> </u>				
35	Number of days on line 20 after 12/31/2009 and before 2/16/2010	35					
	Transport of days of find 25 dates 1275 (2200 data policie 2 10/2010						
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	<b> </b> \$	\ <sub>\$</sub>	
	365			,	,	<u> </u>	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	<b>s</b>	<b> </b> \$	<b> </b> \$	
	with with the post and and and and and any		1_1.			1	
38	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal h	ere and on Form 1120: lir	ne 33:			
	or the comparable line for other income tax returns			,	38	<b> </b> \$	1.

JWA

Form 2220 (2008)

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

# FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying No	ımber
EPSILON TH	ETA CORPORAT	ION, INC.		04-61	70956
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
jerský lidos II. – tjeky.		-0-			
10/15/08	152.	152.	29	.000163934	1
11/13/08	-880.	-728.			
12/10/08	-880.	-1,608.			
12/15/08	151.	-1,457.			
12/31/08	0.	-1,457.	74	.000136986	
03/15/09	152.	-1,305.	,		
03/31/09	0.	-1,305.	76	.000109589	
06/15/09	151.	-1,154.			
				- Application	
	`				
·					
enalty Due (Sum of Coli				<u></u>	1

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.