Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A	FOR TE	e 2015 calendar year, or tax year beginning 001 1, 2015 and e	enaing U	UN 30, 40	<u> 170                                   </u>					
В	Check it applicat	C Name of organization		D Employer ide	entificati	on number				
	Addr chan									
	Nam chan	ge Doing business as		04	<u>1-617</u>	0956				
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	ımber					
	Final returi			6.2	<u> 17-73</u>	4-9211				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 91,174							
Amended return  Applica- Applica-  A										
	Applition	F Name and address of principal officer: TROY WELTON		for subordi	nates?	Yes X No				
	pending 259 SAINT PAUL STREET, BROOKLINE, MA 02446  I Tax-exempt status: 501(c)(3) X 501(c) (7)  (insert no.) 4947(a)(1) or 527  (insert no.) 1  (insert no.) 527  (insert no.) 527  (insert no.) 1  (insert no.) 527  (insert no.)									
1	Tax∙ex	empt status: 501(c)(3)X 501(c)(7) ◀ (insert no.) 4947(a)(1) or	r 527	If "No," atta	ach a list	. (see instructions)				
J	Webs	te: ▶ HTTP://WWW.EPSILON-THETA.ORG/		H(c) Group exer						
			E L Year	of formation: 192	24 <b>M</b> St	ate of legal domicile: MA				
P	art I									
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: MTT F	RATER	NITY HOUS	SING					
า เล	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its i	net asset	s.				
Ve	3			***************************************	1 1	23				
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)				23				
တို	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)				0				
itie	6	Total number of volunteers (estimate if necessary)			6	0				
ċį	_	Total unrelated business revenue from Part VIII, column (C), line 12			7a	32,657.				
⋖	1	Net unrelated business taxable income from Form 990-T, line 34			7b	31,657.				
				Prior Year	-	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)			0.	917.				
	9	Program service revenue (Part VIII, line 2g)		50,88	30.	50,255.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	21,28		32,657.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- 1	12,91		7,345.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,08		91,174.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	- 1		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	,	-	0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.				
× be	b	Total fundraising expenses (Part IX, column (D), line 25)	0.							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		57 <u>,5</u> (		50,852.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		57,50		<u>50,852.</u>				
	19	Revenue less expenses. Subtract line 18 from line 12		27,5	77.	40,322.				
Ses			Ве	ginning of Current		End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		450,0		473,648.				
A AS	21	Total liabilities (Part X, line 26)		429,25		412,508.				
컐	22	Net assets or fund balances. Subtract line 21 from line 20		20,83	L8.	61,140.				
L	art II	Signature Block								
		alties of perjury, I declare that I have examined this return, including accompanying schedules				owledge and belief, it is				
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparet	has any knowledge	•					
		Cional Control of the	Date							
Sig		Signatüre of officer 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date						
Here TROY WELTON, TREASURER Type or print name and title										
				Date Ch	eck	PTIN				
Paid	ł	Print/Type preparer's name  MICHAEL T. SOKOLSKI, CPA	Ī	.1/14/16 set		P00106133				
	arer '	Firm's name YOSHIDA & SOKOLSKI, PC	.  4	Firm's El		4-3014517				
	Only	Firm's address 20 MALL ROAD, SUITE 322		THE SET	· • • • • • • • • • • • • • • • • • • •	T OOTTOEL				
	July .	BURLINGTON, MA 01803-4126		Phone or	. (781	) 273-1010				
Mar	the I	RS discuss this return with the preparer shown above? (see instructions)		FI HORO III		X Yes No				

Part III   Statement of Program Service Accomplishments
Bidelity describe the organization's mission: MIT FRATERNITY HOUSING    Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?   Yes if "Yes," describe these new services on Schedule O.   Did the organization cease conducting, or make significant changes in how it conducts, any program services?   Yes if "Yes," describe these changes on Schedule O.   Describe the organization's program service accomplishments for each of its three largest program services, as measured by exponses Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported.   Coste
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
the prior Form 990 or 990 EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services?  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported.  4a (Code:) (Expenses \$
the prior Form 990 or 990 EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services?  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported.  4a (Code: ) [Expenses \$   including grants of \$   ) (Revenue \$   FRATERNITY HOUSING CORPORATION THAT MANAGES THE REAL ESTATE ASSETS of RESIDENTIAL FRATERNITY AT MIT.  EXPENSES RELATED TO MAINTENANCE, INSURANCE AND PUBLICITY.  4b (Code: ) [Expenses \$   including grants of \$   ) (Revenue \$   ) (Rev
the prior Form 990 or 990 EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services?  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported.  4a (Code: ) [Expenses \$   including grants of \$   ) (Revenue \$   FRATERNITY HOUSING CORPORATION THAT MANAGES THE REAL ESTATE ASSETS of RESIDENTIAL FRATERNITY AT MIT.  EXPENSES RELATED TO MAINTENANCE, INSURANCE AND PUBLICITY.  4b (Code: ) [Expenses \$   including grants of \$   ) (Revenue \$   ) (Rev
the prior Form 990 or 990 EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services?  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported.  4a (Code: ) [Expenses \$   including grants of \$   ) (Revenue \$   FRATERNITY HOUSING CORPORATION THAT MANAGES THE REAL ESTATE ASSETS of RESIDENTIAL FRATERNITY AT MIT.  EXPENSES RELATED TO MAINTENANCE, INSURANCE AND PUBLICITY.  4b (Code: ) [Expenses \$   including grants of \$   ) (Revenue \$   ) (Rev
Justice of the composition of th
Did the organization cease conducting, or make significant changes in how it conducts, any program services?   Yes if "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported.  4a (code:) (Expenses \$
If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported.  4a (Code:) (Expenses
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, as revenue, if any, for each program service reported.  4a (Code:   Copenses   Including grants of S   Including grants o
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported.  4a (code:) (Expenses \$\frac{1}{2} \text{including grants of \$\frac{1}{2}} \text{] (Favenue \$\frac{1}{2} \text{FRATERNITY HOUSING CORPORATION THAT MANAGES THE REAL ESTATE ASSETS of RESIDENTIAL FRATERNITY AT MIT.  EXPENSES RELATED TO MAINTENANCE, INSURANCE AND PUBLICITY.  4b (code:) (Expenses \$\frac{1}{2} \text{ including grants of \$\frac{1}{2}} ) (Revenue \$\frac{1}{2}  CONTINUED EFFORTS TO IMPROVE RELATIONSHIPS WITH THE UNIVERSITY AND TO HELP MAINTAIN THE VIABILITY OF THE FRATERNITY AND CORPORATION AS STUDENT HOUSING.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported.  4a (code:) (Expenses \$\frac{1}{2} \text{including grants of \$\frac{1}{2}} \text{] (Favenue \$\frac{1}{2} \text{FRATERNITY HOUSING CORPORATION THAT MANAGES THE REAL ESTATE ASSETS of RESIDENTIAL FRATERNITY AT MIT.  EXPENSES RELATED TO MAINTENANCE, INSURANCE AND PUBLICITY.  4b (code:) (Expenses \$\frac{1}{2} \text{ including grants of \$\frac{1}{2}} ) (Revenue \$\frac{1}{2}  CONTINUED EFFORTS TO IMPROVE RELATIONSHIPS WITH THE UNIVERSITY AND TO HELP MAINTAIN THE VIABILITY OF THE FRATERNITY AND CORPORATION AS STUDENT HOUSING.
revenue, if any, for each program service reported.  4a (Code: ) (Expenses   Including grants of \$   ) (Revenue \$   FRATERNITY HOUSING CORPORATION THAT MANAGES THE REAL ESTATE ASSETS OF RESIDENTIAL FRATERNITY AT MIT.  EXPENSES RELATED TO MAINTENANCE, INSURANCE AND PUBLICITY.  4b (Code: ) (Expenses   Including grants of \$   ) (Revenue
4a (Code:)(Expenses \$\frac{1}{2} \text{ including grants of \$\frac{1}{2}} ) (Revenue \$\frac{1}{2} \text{ REAL ESTATE ASSETS of RESIDENTIAL FRATERNITY AT MIT.}  EXPENSES RELATED TO MAINTENANCE, INSURANCE AND PUBLICITY.  4b (Code:)(Expenses \$\frac{1}{2} \text{ including grants of \$\frac{1}{2}} ) (Revenue \$\frac{1}{2} \text{ Revenue \$\frac{1}{2}} ) (Revenue \$\frac{1}{2} ) (Revenue \$
FRATERNITY HOUSING CORPORATION THAT MANAGES THE REAL ESTATE ASSETS ( RESIDENTIAL FRATERNITY AT MIT.  EXPENSES RELATED TO MAINTENANCE, INSURANCE AND PUBLICITY.  4b (code:)(Expenses \$
RESIDENTIAL FRATERNITY AT MIT.  EXPENSES RELATED TO MAINTENANCE, INSURANCE AND PUBLICITY.  4b (Code:)(Expenses \$ including grants of \$) (Revenue \$)  CONTINUED EFFORTS TO IMPROVE RELATIONSHIPS WITH THE UNIVERSITY AND 'TO HELP MAINTAIN THE VIABILITY OF THE FRATERNITY AND CORPORATION AS STUDENT HOUSING.
EXPENSES RELATED TO MAINTENANCE, INSURANCE AND PUBLICITY.  4b (Code: )(Expenses
4b (Code:) (Expenses \$
CONTINUED EFFORTS TO IMPROVE RELATIONSHIPS WITH THE UNIVERSITY AND TO HELP MAINTAIN THE VIABILITY OF THE FRATERNITY AND CORPORATION AS STUDENT HOUSING.
CONTINUED EFFORTS TO IMPROVE RELATIONSHIPS WITH THE UNIVERSITY AND TO HELP MAINTAIN THE VIABILITY OF THE FRATERNITY AND CORPORATION AS STUDENT HOUSING.
CONTINUED EFFORTS TO IMPROVE RELATIONSHIPS WITH THE UNIVERSITY AND TO HELP MAINTAIN THE VIABILITY OF THE FRATERNITY AND CORPORATION AS STUDENT HOUSING.
CONTINUED EFFORTS TO IMPROVE RELATIONSHIPS WITH THE UNIVERSITY AND TO HELP MAINTAIN THE VIABILITY OF THE FRATERNITY AND CORPORATION AS STUDENT HOUSING.
CONTINUED EFFORTS TO IMPROVE RELATIONSHIPS WITH THE UNIVERSITY AND TO HELP MAINTAIN THE VIABILITY OF THE FRATERNITY AND CORPORATION AS STUDENT HOUSING.
TO HELP MAINTAIN THE VIABILITY OF THE FRATERNITY AND CORPORATION AS STUDENT HOUSING.
STUDENT HOUSING.
4c       (Code:) (Expenses \$
4c       (Code:) (Expenses \$
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$
4c       (Code:) (Expenses \$
4c         (Code:) (Expenses \$
4c         (Code:) (Expenses \$
4d Other program services (Describe in Schedule O.)
4d Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )
4d Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶

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)? Х 1 If "Yes," complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 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 Х similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the 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," complete X 8 Schedule D, Part III 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 services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  $X_{\underline{\phantom{a}}}$ 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total X 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 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 Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b Х 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 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 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 X foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 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, X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 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

	entonimot of required communication			
200	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	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	200		
21	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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
- 1u	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		X
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			
Ŭ	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		
	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		X
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):			
а	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		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		į	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	ļ	-
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?		<b>47</b>	
	Note. All Form 990 filers are required to complete Schedule O	38	X	Щ_

Part V	Statements Regarding Oth	ner IRS Filings and Tax Comp	liance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	1c		
2a	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 2a			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	c-		Х
1.	any contributions that were not tax deductible as charitable contributions?	6a		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	0.0		
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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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 year7d			
ę	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	L	ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	
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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a 0 •			
a			1	
່ ນ 11			ĺ	
ii a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)		İ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			1
	Enter the amount of reserves on hand		ļ	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(00.15)

Form 990 (2015) EPSILON THETA CORPORATION, INC. 04-6170956 Page
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.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part Vi	******		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	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 0.			
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			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
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?	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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		77
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14_		X
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?			37
	The organization's CEO, Executive Director, or top management official	15a		_ <u>X</u> _
b	Other officers or key employees of the organization	15b		
16	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х
T.	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		<u> </u>
a	in 'Yes,' and 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			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	1011		
17	List the states with which a copy of this Form 990 is required to be filed ►MA		-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvailab	le	-
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	TROY WELTON - 339-234-2497			
	25 ALFRED ST, WOBURN, MA 01801			

## 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 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	$\vdash$	cer an	dad	recto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e ar	stee			ısateı		(W-2/1099-MISC)	(***2/1039*****100)	organization
	organizations	trust	al tru		yee	ed unit		()		and related
	below	/dual	institutional trustee	ا بة ا	Key employee	Highest compensated employee	36.			organizations
	line)	) Pul	Inst	Officer	Key	喜島	Former			
(1) CLIFTON LEIGH	2.00									
DIRECTOR		Х						0.	0.	0.
(2) JAN-WILLEM MAESSEN	2.00									
DIRECTOR		X		<u></u>		L		0.	0.	0.
(3) KEVIN HWANG	1.00									
VICE PRESIDENT		X						0.	0.	0.
(4) BARRY DAVIS	1.00									
DIRECTOR		X						0.	0.	0.
(5) ERIN MAIN	1.00									
DIRECTOR		X						0.	0.	0.
(6) ALEX DEHNERT	1.00									
DIRECTOR		Х				·		0.	0.	0.
(7) DAVID FARHI	1.00								_	
PRESIDENT		Х					ļ	0.	0.	0.
(8) LUCERO GUTIERREZ	1.00								_	_
DIRECTOR		X				ļ		0.	0.	0.
(9) ADAM HESTERBERG	1.00								_	_
SECRETARY		Х						0.	0.	0.
(10) DANIEL GRAZIEN	1.00								_	
DIRECTOR		X				<u> </u>		0.	0.	0.
(11) IAN LAI	1.00									•
DIRECTOR	4 00	X						0.	0.	0.
(12) ALICE LEUNG	1.00									•
DIRECTOR	1 00	X				ļ		0.	0.	0.
(13) DAVID MAZE	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(14) TROY WELTON	1.00	37							0	0
TREASURER	1 00	Х						0.	0.	0.
(15) SALLY WOLFE	1.00	7.5								0
DIRECTOR	1 00	Х	,					0.	0.	0.
(16) ALEX ARKHIPOV	1.00	\						0.	0.	0
DIRECTOR	1 00	X	-			$\vdash$		U.	<u> </u>	0.
(17) EMLIY MARCUS	1.00	·								0
DIRECTOR		Х				L		0.	0.	0.

(A) Name and title	(B) (C) Average hours per (do not check more than one box, unless person is both an							(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	tee or director	Institutional trustee		irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org	other pensa om th anizat d relat unizati	ation e ion ed
(18) PRAVINA SAMARATUNGA DIRECTOR	1.00	х						0.	0.			0.
(19) QUANQUAN LIU DIRECTOR	1.00	X						0.	0.			0.
(20) GARY WANG	1.00	X						0.	0.			0.
(21) LOTTA BLUMBERG	1.00	X						0.	0.			0.
(22) DANIEL PALUMBO	1.00							0.	0.			0.
DIRECTOR (23) SASHA FLEISCHMAN	1.00	X										
DIRECTOR		Х	ļ					0.	0.			0.
		-										
1b Sub-total		<u></u>		L				0.	0.			0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	t VII, Section A							0.	0.			0.
2 Total number of individuals (including bu	rt not limited to th	nose	liste	ed a	bov	e) wl		<u>-</u>				0
compensation from the organization											Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	or such individual									3		X
4 For any individual listed on line 1a, is the and related organizations greater than \$	150,000? <i>If</i> "Yes	, " cc	mpl	ete S	Sch	edul	e J t	for such individual		4		X
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," c										5_		X
Section B. Independent Contractors  1 Complete this table for your five highest										ation	rom	
the organization. Report compensation t										(0		
(A) Name and busine	ess address	N	ON:	E				Description of s	ervices C	Compe		n
				-								
2 Total number of independent contractor		not l	imite	ed to		se li	stec	d above) who received n	nore than			
\$100,000 of compensation from the org	ariizatiOn 🏲				-	U				Form	990 (	(2015)

`		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	62,306.	2	46,794.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,839.	4	10,944.
	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	
	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			
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities	383,9 <u>25</u> .	11	415,910.
	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)	450,070.	16	473,648.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	
	23	Secured mortgages and notes payable to unrelated third parties	429,252.	23	412,508.
	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	100 050	25	410 500
	26	Total liabilities. Add lines 17 through 25	429,252.	26	412,508.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
·Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ∠X			
sor		and complete lines 30 through 34.	0		_
set	30	Capital stock or trust principal, or current funds	0.	30	0.
As	31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	20,818.	32	61,140.
-	33	Total net assets or fund balances	20,818.	33	61,140.
	34	Total liabilities and net assets/fund balances	450,070.	34	473,648.

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization EPSILON THETA CORPORATION, INC.	Employer identification number 04-6170956
FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:	
FRATERNITY	
HODY OOO DADE UT GUGETON A LINE C	
FORM 990, PART VI, SECTION A, LINE 6:  ORGANIZATION HAS MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
BOARD OF DIRECTORS ARE ELECTED BY MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 11:	
A DRAFT OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S	GOVERNING BODY
BEFORE IT WAS FILED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLIC	TS OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON WRITTEN
REQUEST.	