For	, 990- T	E	xempt Orgar	iization Bus	sine	ss Income	Tax	Return	ı F	OMB No.	1545-0687
	artment of the Treasury			d proxy tax und						Zl	JIU
Inter	nal Revenue Service	For c	alendar year 2010 or other tax ye					<u>30, 20</u>			ic Inspection for inizations Only
A [Check box if address changed		Name of organization (-		s.)		(Empl	oyer identifica oyees' trust, ctions.)	tion number see
	xempt under section	Print	EPSILON THE							4-617	
	501(c)(7)	or Type	Number, street, and room		x, see ir	structions.			E Unrela (See in	ated business structions.)	activity codes
<u> </u>	408(e) 220(e)	l	259 SAINT PA						, "	•	
<u> </u>	408A530(a)		City or town, state, and ZII								
	529(a)	F 0	BROOKLINE, M						900	001	
C B			exemption number (See in		<u> </u>						
	367,650.		corganization type			501(c) trust		401(a) trust	L	Other t	rust
H D	escribe the organization	n's prima	ary unrelated business activ	ity. INTERES	T &	DIVIDEND	INCC	ME, CA	PIT	AL GA	INS
I D	uring the tax year, was	the corp	oration a subsidiary in an a	ffiliated group or a parei	nt-subsi	diary controlled gro	up?	> [Ye	s X	No
<u> If</u>	"Yes," enter the name a	and ident	ifying number of the parent	corporation.							
JI	ne books are in care of	► E	RIC ALLISON					mber 🕨 (<u>-2181</u>
			le or Business Inc	ome		(A) Income		(B) Expenses		(C	Net
	Gross receipts or sale			- ·			:	w. N.			
·b	Less returns and allow		A 15 7)	c Balance	1c			1.1		··.	
2	Cross or goods sold (S	ocnedule	A, line 7)		2			<u>.</u>			
3 4 a	Gross profit. Subtract			***************************************	3						
+a b	Net gain (loce) (Form	וט כמנגנט ס למלא	n Schedule D) art II, line 17) (attach Form	4707\	4a						
C	Capital loss deduction	า for true	ts	4/9/)	4b			:.			
5	Income (loss) from no	artnerchi	ps and S corporations (atta	ch etatement\	4c			<u>, st</u>			
6	Rent income (Schedu		ps and o corporations (atta		6						
7			ne (Schedule E)	***************************************	7						
8	Interest, annuities, roy	valties. a	nd rents from controlled org	ranizations (Sch. F)	8						
9			n 501(c)(7), (9), or (17) org		-						
					9	9,34	3.			!	9,343.
10	Exploited exempt activ	vity incor	ne (Schedule I)	***************************************	10						7,343.
11	Advertising income (S	Schedule	J)	***************************************	11		·			****	
12	Other income (See ins	struction	s; attach schedule.)		12				-		
13	Total, Combine lines	3 throug	jh 12		13	9,34	3.				9,343.
Pa	rt II Deduction	ns No	t Taken Elsewhere	(See instructions fo	r limita	tions on deduction	ns.)				
			tions, deductions must l								
14	Compensation of offi	icers, dir	ectors, and trustees (Sched	ule K)		*******			14		
15	Salaries and wages								15		
16	Repairs and maintena	ance	•••••			• • • • • • • • • • • • • • • • • • • •			16		
17	Bad debts								17		
18	Tayas and lianness	auie)							18		
19 20	Charitable contribution		inatoration for Early to						19		
21	Depreciation (attach)	JIIS (Jee Earm 451	instructions for limitation re	iles.)					20		
22	l ess denreciation cla	imad on	62)	an raturn		21					
23									22b		
24		rred con	pensation plans	***************************************			• • • • • • • • • • • • • • • • • • • •		23		
25	Employee benefit pro	orams							24		
26	Excess exempt expen	nses (Sci	nedule I)	·····					25 26		
27	Excess readership co	ests (Sch	edule J)						27		
28	Other deductions (att	ach sche	edule)	***************************************		***********************		·····	28		
29	Total deductions.	Add line	s 14 through 28						29		0.
30	Unrelated business ta	axable inc	come before net operating l	oss deduction. Subtract	line 29	from line 13			30	-	343.
31	Net operating loss de	duction	(limited to the amount on Iir	ne 30)					31	-	,
32	Unrelated business ta	axable ind	come before specific deduc	tion. Subtract line 31 fro	m line (30			32	9	9,343.
33	Specific deduction (G	enerally	\$1,000, but see instruction:	s for exceptions.)					33		.000.
34	Unrelated busines of zero or line 32	ss taxal	ole income. Subtract line	33 from line 32. If line 3	3 is gre	ater than line 32, ent	ter the sma	ller			242

023701 03-03-11

instructions)? X Yes Print/Type preparer's name if PTIN Check Preparer's signature Date MICHAEL T. SOKOLSKI. self- employed Paid 10/19/11 P00106133 Preparer Firm's EIN 04-3014517 Firm's name ► YOSHIDA & SOKOLSKI, PC Use Only 20 MALL ROAD, SUITE 322 (781) 273-1010 Firm's address ► BURLINGTON, MA 01803-4126 Phone no.

0.

Schedule G - Investment Income	of a Section 501(c)(7), (9)	, or (17) Organization
(ann instructions)		

(see instructions)				
1. Description of income	2. Amount of income	Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
	9,308.			
HT BANK INTEREST	35.			
	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 9,343. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

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).		44		Enter here and on page 1, Part II, line 26,
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

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)						
(2)						-{
(3)			1			
(4)						
Totals (carry to Part II, line (5))	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	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)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.	1			0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.	era da da esta e		-	0.

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

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

	EPSILON THETA	CORPORATION	N, INC.			04-	6170956	
Pa	art I Short-Term Cap	oital Gains and Lo	osses - Asset	s Held One Year o	r Less			
	(a) Description of property (Example: 100 shares of Z Co.)	erty (b) Date acquired (c) Date sold (d) Sales price (e) Cost (c) Co.) (mo., day, yr.) (see instructions) (see in				asis s)	(f) Gain or (loss) (Subtract (e) from (d))	
1								
			·					
			0050 11 00 07			T _		
2	Short-term capital gain from insta Short-term gain or (loss) from lik					2		
3	Unused capital loss carryover (at	-		CED CDA		3	4 200	
5	Net short-term capital gain or (lo			SEE STA		5	(4,289.) $-4,289.$	
				Held More Than (0	-4,209.	
	IDELITY	ital Gallis and Lo	33C3 - A33CL	STICIO MICIC ITIAII	Jile Teal	Т		
	VESTMENTS	03/22/04	06/30/11	17,983.	17,1	15.	868.	
		00722702	00/00/11	17,5001				
				·				
						1		
						•		
7	Enter gain from Form 4797, line					7		
8	Long-term capital gain from insta	allment sales from Form 6	3252, line 26 or 37			8		
9	Long-term gain or (loss) from like	e-kind exchanges from Fo	orm 8824			9		
10	Capital gain distributions (see ins	structions)				10	1,687.	
11	Net long-term capital gain or (los		ugh 10			11	2,555.	
	art III Summary of Par							
12	Enter excess of net short-term ca					12		
13	Net capital gain. Enter excess of r)	13		
14	Add lines 12 and 13. Enter here a	,. •	, , , ,				_	
						14	0.	
ILAZ C	Note. If losses exceed gains, see							
JWA	For Paperwork Reduction Act	Notice, see the Instruction	ons for Form 1120.			Sch	edule D (Form 1120) (2010)	

Form **2220**

Department of the Treasury

Underpayment of Estimated Tax by Corporations ➤ See separate instructions.

➤ Attach to the corporation's tax return.

OMB No. 1545-0142

2010

Name

Internal Revenue Service

EPSILON THETA CORPORATION, INC.

FORM 990-T

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 not attach Form 2220.

	Part I Required Annual Payment							
1	Total tax (see instructions)						1.	1,251.
	 a Personal holding company tax (Schedule PH (Form 1120), lir b Look-back interest included on line 1 under section 460(b)(2 contracts or section 167(g) for depreciation under the income) for	completed long-term		ta the state of th		1. 1	
	c Credit for federal tax paid on fuels (see instructions) d Total. Add lines 2a through 2c						2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do does not owe the penalty			······································			3	1,251.
4	Enter the tax shown on the corporation's 2009 income tax rei or the tax year was for less than 12 months, skip this line a		•				4	753.
	Required annual payment. Enter the smaller of line 3 or line enter the amount from line 3 Part II Reasons for Filing - Check the boxes below	ow th	·				5 20	753.
6 7 8	even if it does not owe a penalty (see instructions). The corporation is using the adjusted seasonal install The corporation is using the annualized income instal The corporation is a "large corporation" figuring its fire	lment Ilmen	t method.	on the prior yea	ır's tax.			
			(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 corporation's tax year	9	10/15/10	12/1!		03/15/2	L 1	06/15/11
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.	1	188.		189.		38.	188.
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	190.		109.		<u>, , , , , , , , , , , , , , , , , , , </u>	100.
12	Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column	12			2.			
13	Add lines 11 and 12	13	CNA ()		2.			
14	,	14				18	37.	375.
15	Subtract line 14 from line 13. If zero or less, enter -0	15	190.		2.		0.	0.
16	14. Otherwise, enter -0-	16			0.	18	37.	
	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			187.	18	38.	188.
18	Overpayment. If line 10 is less than line 15, subtract line 10	10	2					

JWA

Form 2220 (2010)

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	ĺ				
month instead of 3rd month.)	19				
Number of days from due date of installment on line 9 to the					
date shown on line 19	20				
Number of days on line 20 after 4/15/2010 and before 7/1/2010	21				
22 Underpayment on line 17 x Number of days on line 21 x 4%	22	\$	\$	\$	\$
365					
3 Number of days on line 20 after 08/30/2010 and before 10/1/2010	23				
			į		
4 Underpayment on line 17 x Number of days on line 23 x 4%	24	\$	\$	\$	\$
365					
25 Number of days on line 20 after 9/30/2010 and before 1/1/2011	25				
	26	\$	\$	\$	\$
365	ŀ				
7 Number of days on line 20 after 12/31/2010 and before 4/1/2011	27	SE	E ATTACHED	WORKSHEET	
28 Underpayment on line 17 x Number of days on line 27 x 3%	28	\$	\$	\$	\$
365					
9 Number of days on line 20 after 3/31/2011 and before 7/1/2011	29				
Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
350					·
1 Number of days on line 20 after 6/30/2011 and before 10/01/2011	31				
12 Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
•	}				
Number of days on line 20 after 9/30/2011 and before 1/1/2012	33				
4 Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
303					
5 Number of days on line 20 after 12/31/2011 and before 2/16/2012	35				
Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
7 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
Penalty . Add columns (a) through (d) of line 37. Enter the to	otal h	ere and on Form 1120;	line 33;		
or the comparable line for other income tax returns	,				38 \$ 13

* 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.

JWA

Form 2220 (2010)

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

lame(s)				Identifying N	umber
EPSILON TH	ETA CORPORATIO	ON, INC.		04-61	70956
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penaity
		-0-			
10/15/10	188.	188.			
10/15/10	-190.	-2.			
12/15/10	189.	187.	16	.000109589	
12/31/10	0.	187.	74	.000082192	
03/15/11	188.	375.	16	.000082192	
03/31/11	0.	375.	76	.000109589	
06/15/11	188.	563.	107	.000109589	
09/30/11	0.	563.	46	.000082192	
			,		
<u></u>					
•					
			·····		
	`				
					Augusti III
naity Due (Sum of Colu	ımn F).				1

^{*} Date of estimated tax payment, withholding credit date or installment due date.

CHEDULE D	C	APITAL LOSS CARRYOVE	STATEMENT	1	
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	
\$ \$200	2005 2006 2007				
To American	2008 2009	4,289		4,2	89
CAPITAL LOSS	CARRYOVER TO	CURRENT TAXABLE YEAR		4,2	89