F	orm 990-T	E	Exempt Org	nization Bu	sine	ess Incon	ne T	ax Re	turn	OMB No. 15	i45-0687
	partment of the Treasury	!	(4	and proxy tax un	der so	ection 6033(d	e))			20 °	12
V ان تصف	ernal Revenue Service Check box if	Ford	Palendar year 2012 or other tax	year beginning JUL	<u>1, 2</u>	012 , and end	ing JI	<u>UN 30</u>			Inspection fo
	address changed		Name of organization (Check box if name	change	d and see instructi	ons.)		(c	mployer identification imployees' trust, se	
B	Exempt under section	Print	EPSILON THI	TA CORPORA	יויד∩וי	TNC			in	structions.)	
_ [X 501(c)(7)	10	Number, street, and roo	m or suite no. If a P.O. b	OX. See i	nstructions			E Ur	04-6170 related business a	956
	408(e)220(e)	ł	259 SAINT I	AUL STREET	o.v., 000 i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			[s	ee instructions)	civity codes
	408A 530(a)		City or town, state, and								
	529(a)	F 0	BROOKLINE,	MA 02446					90	0001	
U.	at end of year	C Chook	exemption number (see corganization type		<u> </u>						
	493,673.	G CHECK	organization type	X 501(c) corporation	on L	501(c) trust	İ	401(a	ı) trust	Other tru	st
Н		n's prima	ary unrelated business ac	ivity > INTERE	<u>с</u> т	DIVIDEN	D TN	COME		D37	
	Juring the tax year, was	the corp	oration a subsidiary in an	affiliated group or a pare	ent-subs	idiary controlled o	roun?	COME,		TAL GAI	
	T yes, enter the name a	and ident	itying number of the pare	nt corporation.		.a.a.y doma osiou g	·oup:		., 🚩	TES A INC	i
j Ja	The books are in care of	<u>▶</u> B	ARRY DAVIS				Telephoi	ne number	▶ 617	-961-76	56
لتنتنا وب			le or Business Ind	ome	· · · · · · ·	(A) Income			penses	(C) N	
g .	 Gross receipts or sale Less returns and allow 						8				
2			A, line 7)	c Balance	1c		8		1000		100
3	Gross profit. Subtract	line 2 fro	van lina 4		3		3				
48	Capital gain net incom	ne (attach	Schedule D)		4a		3				
ľ	Net gain (loss) (Form	4797, Pa	rt II, line 17) (attach Form	4797)	4b						
- 0	Capital loss deduction	ı for trust	S		4c						
5	Income (loss) from pa	artnership	is and S corporations (att	ach statement)	5			100	Company of the con-	## ## ## ## ## ## ## ## ## ## ## ## ##	· · · · · · · · · · · · · · · · · · ·
- 6 -	Rent income (Schedul				6				Processing Company	344	
7	Unrelated debt-finance	ed incom	e (Schedule E)		7						
8	Interest, annuities, roy	alties, an	d rents from controlled o	rganizations (Sch. F)	8						
∌ 9	70 L L L O		501(c)(7), (9), or (17) or								
10	,	ity incom	ne (Schedule I)		9	10,2	72.			10_	272.
11	Advertising income (Si	chedule .	l)	***************************************	10						
12	Other income (see inst	ructions;	attach statement)		11	<u>-</u>					
13	Total. Combine lines :	3 through	1 12		12	10,27	72			~	
	Int II Deduction	ıs Not	Taken Elsewher	e (see instructions fo	r limitat	ione on doductio	2001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10,	272.
J	(except for co		ons, deductions must	be directly connected	l with ti	ne unrelated bus	iness ir	ncome)			
14	Compensation of office	cers, direc	ctors, and trustees (Sche	dule K)					14		
15 16	Outerioo and mages										
17	Pan o and manten		*******						40		
18									1 47		
19	Taxes and licenses	10142)	structions for limitations		••				18		
20	Charitable contribution	ns (see in	structions for limitation r	ules)		•••••	••••••		19		
21		01713 TOUR	-/			9†			20		
22	ress achieciation ciali	nea on S	chedule A and elsewhere	on return		222			204		
23	Debiedou								00		
24		uu comp	cuadanii higila						24		
25 26	- Project Bulletit prog	I WELLO							l or		
20 27	Excess exempt expens	on tonic	uunc ()						00		
28		10 (00)160	iuic u)								
29	- mar addadant Metter	on oraron	FULLE?						00		
30	·	iuu iiiioo	14 through 28 me before net operating I						1 00		0.
31	THE STATE OF THE PROPERTY OF THE CONTRACT OF T		mee to the amount on in	IP 3(1)					1	10,	<u> 272.</u>
32	Om oldtod buomicoo taxi	anic ilicoi	we newie 2060ill nedite	IOD. SUDTRACT line 31 troi	m lina 91	ገ			مم ا	10	777
33	obecure academon (Ae)	ici aity op i	,vvv, but see instructions	For exceptions)					32		272.
34	our crated pasinicss	taxable	e income. Subtract line	33 from line 32. If line 33	3 is grea	ter than line 32, en	iter the s	maller	33	<u> </u>	000.
22370	OF ZEIO OF THIS 32					, •			34	9 1	272.
23701 11-11-	13 LHA For Papers	work Red	uction Act Notice, see in	structions.						Form 990- 7	

Pa	it III	Tax Computation						The second secon	
3	35 O	rganizations taxable as corporat	ions (see instru	ctions for tax comp	utation).				
	Co	ontrolled group members (section	ns 1561 and 156	33) check here 🕨	See instruct	ions and:			
	a Er	nter your share of the \$50,000, \$2							
	(1) \$							
	b E	nter organization's share of: (1) A							
	(2) Additional 3% tax (not more tha	an \$100,000)		\$			4.00	
		come tax on the amount on line 3					>	35c	1,391.
•		rusts taxable at trust rates (see in							
		Tax rate schedule or	Schedule D (Fo	rm 1041)				36	
1	37 P	roxy tax (see instructions)						37	
: 3	88 Al	ternative minimum tax		,	,			38	
		otal. Add lines 37 and 38 to line 3	5c or 36, which	ever applies				39	1,391.
Pa	rt IV	Tax and Payments							· · · <u> </u>
4	IOa Fo	reign tax credit (corporations atta	ach Form 1118;	trusts attach Form	1116)	40a			
	b 0	ther credits (see instructions)				40b		_	
	c G	eneral business credit. Attach For	m 3800			40c			
	d Ci	redit for prior year minimum tax (a	attach Form 880	11 or 8827)		40d			
	e To	otal credits. Add lines 40a throug	h 40d					40e	
4	li Si	ubtract line 40e from line 39	· · · · · · · · · · · · · · · · · · ·		·····	<u></u>		41	1,391.
4	2 0	ubtract line 40e from line 39 ther taxes. Check if from; Fo	rm 4255 🔙	Form 8611	Form 8697 🔙 F	orm 8866 Other	(attach statement)	42	
4	la To	otal tax. Add lines 41 and 42						43	1,391.
4	14 a Pa	ayments: A 2011 overpayment cr	edited to 2012			44a			
)12 estimated tax payments					1,100	•	
	c Ta	x deposited with Form 8868				44c		_	
	d Fo	reign organizations; Tax paid or v	withheld at sour	ce (see instructions	5)	44d		1.6	
		ackup withholding (see instruction							
	f Ci	edit for small employer health ins	urance premiur	ns (Attach Form 89	41)	441		183	
	g 01	ther credits and payments:	Fo	orm 2439				- F	
		Form 4136	0	ther	Tot	al 🕨 44g	.,.		
4	15 To	otal payments. Add lines 44a thro	ugh 44g		<u></u>			45	1,100.
4		stimated tax penalty (see instruction						46	<u> </u>
4		ix due. If line 45 is less than the t						47	292.
4	18 O	verpayment. If line 45 is larger th	an the total of li	nes 43 and 46, ente	r amount overpaid			48	
Z Company	19 Er	ter the amount of line 48 you wa	nt: Credited to 2	<u>013 estimated tax</u>	<u> </u>		efunded 📂	49	
2.0 1.00.2.7		Statements Regardii					··· · · · · · · · · · · · · · · · · ·		
		time during the 2012 calendar ye							Yes No
		ties, or other) in a foreign country	•					inancial	
_	Accou	nts. If "Yes," enter the name of the the tax year, did the organization receive see instructions for other forms the org	foreign country	here	of ar transferor to a	oroign truet?			X
						oteiðu traett			X
		he amount of tax-exempt interest							Sec. ac. Sec. Sec. Sec. Sec. Sec. Sec. Sec. Se
		le A - Cost of Goods S	Old. Enter me	ethod of inventor	<u> </u>				
1	Invent	ory at beginning of year	1		6 Inventory at er	,			
-	Purchases 2 7 Cost of goods sold. Subtract line 6								
3	Cost o	f labor	3		from line 5. En	ter here and in Part I, I	ine 2	7	
4 a	Additional section 283A costs (att. statement) 4a 8 Do the rules of section 263A (with respect to								Yes No
b	b Other costs (attach statement) 4b property produced or acquired for resale) apply to								25 nov. a at 15 no
5	Total.	Add lines 1 through 4b	5		the organizatio				
O:	_	Under penalties of perjury, I declare the correct, and complete. Declaration of	iat I have examined preparer (other that	d this return, including n taxpaver) is based or	accompanying schedu all information of whi	iles and statements, and t ch preparer has any knowl	o the best of my kn edge.	owledge and beli	ief, it is true,
Sign		An and recombined the service of the	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			. ,		May the IRS disc	uss this return with
Her	е	CLIENT'S	CUPY			ASURER	I	he preparer show	— ` I
		Signature of officer		Date	Title			nstructions)?	Yes No
		Print/Type preparer's name		Preparer's signat	ure	Date	Check	if PTIN	
Pa	id	MICHAEL T. SO	KOLSKI,				self- employed		
Pre	pare	er CPA		L		08/22/13	T		L06133
Us	e On	y Firm's name ➤ YOSHI			PC		Firm's EIN	► 04-C	3014517
				AD, SUIT				/ m o = \	000 4040
		Firm's address > BUR	LINGTON	, MA 018	U3-4126		Phone no.	(781)	273-1010
	1 01-11	L10						Fo	rm 990-T (2012)

Form 990-T (2012) EPSILON THETA CORPORATION, INC. 04-6170956 Page 2

Form 990-T (2012) EPSILON Schedule C - Rent Inco	N THE	TA COF	RPOR <i>I</i> Prope	TION	I, INC.	Propert	y Leas	04-617 ed With Real Pro	095 pert	6 Page 3 y)(see instructions)
1. Description of property										
(1)										The second secon
(2)										
(3)										
(4)										
	2	. Rent receive	ed or accru	ed						
(a) From personal property (if rent for personal property 10% but not more that	is more tha	age of h	(b)	ofrent for p	nd personal prope ersonal property e t is based on profi	xceeds 50% o	entage r if	3(a) Deductions direct columns 2(a) a	ly connec nd 2(b) (a	sted with the income in attach statement)
(1)										
(2)										
(3)										
_(4)										
Total		0.	Total				0.			
(c) Total income. Add totals of columere and on page 1, Part 1, line 6, or			ter				^	(b) Total deductions. Enter here and on page 1,		
Schedule E - Unrelated			Incom	ne (see	instructions)		0.	Part I, line 6, column (B)	<u> </u>	0.
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 (000)	il lota dottorio,			3. Deductions directly co	nnected	with or allocable
					2. Gross in or allocabl		1.3	to debt-finar	ced prop	erty
1. Description of o	debt-finance	ed property			financed		(a)	Straight line depreciation (attach statement)	į	(b) Other deductions (attach statement)
(1)										
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	3	debt-finar	adjusted ba llocable to noed proper statement)	rty	6. Column by colu			7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)						%			+-	,
(2)						%				
(3)						%			<u> </u>	
(4)						%	<u> </u>			
					I	70	Er	iter here and on page 1, art I, line 7, column (A).		inter here and on page 1, Part I, line 7, column (B).
Tatala										. , , , , ,
Totals								<u> </u>		0.
Total dividends-received deduction Schedule F - Interest, A	ns includ	eo in column	iec ar	nd Don	te From C	ontrollo	1 Organ	nizatione (assim	>	0.
Solicanic i - Interest, A	miuitic	is, Hoyan	ies, ai		t Controlled O			inzations (see ins	tructio	ns)
4				EXEMP		1			—	
Name of controlled organization	า	2. Emptoyer ider numb			3. related income see instructions)	Total of	4. I specified nts made	Part of column 4 the included in the control organization's gross in	Hing	Deductions directly connected with income in column 5
(1)										
(2)										
(3)		,				, i				
(4)										
Nonexempt Controlled Organiza	tions					•				
7. Taxable Income	8. Netu	nrelated income	(loss)	9. Tot	al of specified pay	ments 1	n Partofo	olumn 9 that is included	11 De	ductions directly connected
		ee instructions)			made		in the cont	rolling organization's ross income		income in column 10
(1)										
(2)										
(3)				<u> </u>						
(4)										
				<u> </u>			Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Enter h	d columns 8 and 11. ere and on page 1, Part I, line 8, column (B).
Totals								0.		0.
•	·	· · · · · · · · · · · · · · · · · · ·						U .	······································	Form 990-T (2012)
223721 01-11-13										FUTHL 330-1 (2012)

Form 990-T (2012) EPSILO	ON THETA CO	RPORATION	, INC.		04-61709	956 _{Page}
Schedule G - Investme (see ins	ent Income of a tructions)	Section 501(c)	(7), (9), or (17) O	rganization	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, age
1 . Des	cription of income		2. Amount of income	Deductions directly connected (attach statement)		and set-asides
(1) FIDELITY-			10,260.	(drines) States Herry		(col. 3 plus col. 4)
(2) WAINWRIGHT BA	ANK INTERES	r _	12.			
(3)						
(4)						
			Enter here and on page 1, Part I, line 9, column (A).	100 p. 100 p		Enter here and on page Part I, line 9, column (B).
Totals			10,272.			0
Schedule I - Exploited (see instr	Exempt Activity uctions)	income, Othe	er Than Advertis	ing Income		
· · · · · · · · · · · · · · · · · · ·	T		4. Net income (loss)			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	
(1)						
(2)						
(3)						
(4)	Enter here and on	P-1		nta dan kan	CHICAGO SE SERVICES	ustrate forms
	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	0.1	0,		er danger 15 vil 5		0.
Schedule J - Advertisi	ng income (see in Periodicals Repo	structions)	scalidated Pasia			
	r criodicais riepe	nteu on a cor	isoliuateu pasis			
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, comput 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)						than column 4).
(2)						\dashv
(3)						
(4)						
•						
Totals (carry to Part II, line (5))	0	<u>. c</u>),			0.
Part II Income From I	Periodicals Repo 7 on a line-by-line bas	rted on a Sep	arate Basis (For e	each periodical list	ted in Part II, fill in	-
	7 Off a line by line bas	15.7	4			
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, comput cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 8 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part i	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,	•			Enter here and on page 1,
Totals, Part II (lines 1-5)	ine 11, col. (A).	line 11, col. (B).				Part II, line 27.
Schedule K - Compens	ation of Officers	, Directors, a	nd Trustees (see		The state of the s	
1. Na	ame		2. Title	3. Pero time dev busir	oted to	impensation attributable unrelated business
(1)					%	
(2)					%	
(3)				<u> </u>	%	
(4)	art II line 4.4	<u> </u>			%	· · · · · · · · · · · · · · · · · · ·
Total. Enter here and on page 1, Pa	art II, lane 14				>	<u>0.</u>
223731 01-11-13						Form 990-T (2012)

Page 4

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.

Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

Name

Employer identification number

_	EPSILON THETA CORI	PORATION. INC.			\ A	6170056
	Man Short-Term Capital Ga	aine and I neepe A	ssets Held One Year	orless	104	- <u>6170956</u>
or	3. This form may be easier to complete if you und off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d)	(e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e)	(g) Adjustments to go or loss from Form(s) 85 Part I, line 2, column	149	(h) Gain or (loss). Subtract column (e) from column (d) and
1	Short-term totals from all Forms 8949 with			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.9/	combine the result with column (c
_	box A checked in Part I					
2	Short-term totals from all Forms 8949 with					
	box B checked in Part I			į		
3	Short-term totals from all Forms 8949 with		 			
	box C checked in Part I					
4	Short-term capital gain from installment sales	s from Form 6252, line 26 or 3	37		Τ.	
5	Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824	′′		4	
6	Unused capital loss carryover (attach comput	ation)	CPP CM	3 Minastrang 1	5	
7	Net short-term capital gain or (loss). Combin	e lines 1 through 6 in column	p ጋውር 21	WIEWENT I	6	(4,289.)
1	antil Long-Term Capital Gai	ins and Losses - Ass	sets Hold More Than	One Veer	7	-4,289.
or	nplete Form 8949 before completing line 8, 9, 10. This form may be easier to complete if you not off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part II.	(e) Cost or other basis from Form(s) 8949, Part II.	(g) Adjustments to gai or loss from Form(s) 894	in	(h) Gain or (loss). Subtract
	Long-term totals from all Forms 8949 with	line 4, column (d)	tine 4, column (e)	Part II, line 4, column (J)	column (e) from column (d) and combine the result with column (g)
Ť	box A checked in Part II					
O	Long-term totals from all Forms 8949 with					
Ü	box B checked in Part II					
10	Long-term totals from all Forms 8949 with					
IV	box C checked in Part II					
11	Enter anin from Ferry 4702 (1)					
ii fa	Enter gain from Form 4797, line 7 or 9	***************************************			11	
12	Long-term capital gain more lessamment sales	from Enros 6252 line 26 or 21	7	ľ	12	
	= 4.18 roun exham 8mm or (1022) 110111 IlK6-KIIII	exchanges from Form 8824			13	
	Suprice gam distributions				14	
10	gant of (1000). Outsigning	HRES O LITUUDH 14 IN COMBO	h		15	
基建	and Summary of Parts I and	i <u>i</u> l				
16	Enter excess of net short-term capital gain (line	e 7) over net long-term capita	loss (line 15)		16	
.,	mor polynor dann ruter exceps of tiel lottil-felitt	Capital dain (line 15) over net	Short-term capital loce (line 7)		17	
8	Add lines 16 and 17. Enter here and on Form 1	l 120, page 1, line 8, or the pro	per line on other returns		18	0.
	•				10 [<u> </u>
	Note. If losses exceed gains, see Capital losse	s in the instructions.				
W۸	For Paperwork Reduction Act Notice, s	en the Instructions for C	1100			
		ee me manuchans 101 FORM	1 120.		Sch	edule D (Form 1120) (2012)

Form

Department of the Treasury

Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. ▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

FORM 990-T

OMB No. 1545-0142

2012

Name

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 not attach Form 2220.

,	Part Required Annual Payment					
ì	1 Total tax (see instructions)				· · · · · · · · · · · · · · · · · · ·	
	1 Total tax (see instructions)		*************************			1,391
•	2 a Personal holding company tax (Schedule PH (Form 1120)	. line	26) included on line 1	20		
	b Look-back interest included on line 1 under section 460(b)(2) 1	for completed long-term	2a		
	contracts or section 167(g) for depreciation under the inco	me i	forecast method	1 22		
	c Credit for federal tax paid on fuels (see instructions)			0.		
	d Total. Add lines 2a through 2c 3 Subtract line 2d from line 1. If the result is less than \$500.		***************************************	2c		(1945) (1945)
	3 Subtract line 2d from line 1. If the result is less than \$500,	do a	of complete or file this for	m The personaling		d
	does not owe the benaity					
	4 Enter the tax shown on the corporation's 2011 income tax	retur	n (see instructions) Caus	inni if the touring and	3	1,391.
	or the tax year was for less than 12 months, skip this line	and	enter the amount from it	ion 2 on line f		_
			onter the amount hom h	ille o un line o	4	927.
1	5 Required annual payment. Enter the smaller of line 3 or li	ne 4	If the corporation is room	ired to akin line 4	J ·	
_	cuter the autofilf NoW We 3					
e e	Reasons for Filing - Check the boxes be even if it does not owe a negative (see instructions	elow	that annly If any hovee a	ro chacked the corporation	5	927.
_	even if it does not owe a penalty (see instructions	3).	marappiy. It any boxes at	re checked, the corporation	on must file Form 2220	
€		/ allme	nt method			
7	The corporation is using the annualized income inst	allm	en meneu.			
8	The corporation is a "large cornoration" figuring its f	iret r	one niculiva. Anuirad inetaliment heard	Lamatha and a control		
	Part III Figuring the Underpayment	11311	edanea merannem pasea	on the prior year's tax.		
			(*)	1	1	T"
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 tay year.		(a)	(b)	(c)	(d)
	(d) the 15th day of the 4th (Form 990-PF filers:			•		
	corporation's tax year	9	10/15/10	20/25/20		
10	Required installments. If the box on line 6 and/or line 7	9	10/15/12	12/15/12	03/15/13	06/15/13
	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.	۱ م	222		İ	
1	Estimated tax paid or credited for each period (see	10	232.	232.	231.	232.
	instructions). For column (a) only, enter the amount					
	form the state of the	١				
	Complete lines 12 through 18 of one column before	11			1,100.	,
	going to the next column.					
2	Enter amount, if any, from line 18 of the preceding column					
3	Add lines 11 and 10	12				405.
4	Add amounts on lines 16 and 17 of the preceding column	13			1,100.	405.
5	Subtract line 14 from line 13. If zero or less, enter -0-	14		232.	464.	
R	If the amount on line 16 is asset to the same of the s	15	0.	0.	636.	
•	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-					
,		16	图 阿内克尔克斯伊雷	232.	0.	
	Underpayment. If line 15 is less than or equal to line 10,					A STATE OF THE PARTY OF THE PAR
	subtract line 15 from line 10. Then go to line 12 of the next		İ			
,	column. Otherwise, go to line 18	17	232.	232.	İ	
•	Overpayment. If line 10 is less than line 15, subtract line 10		-			
	from line 15. Then go to line 12 of the next column	18		E	40=	

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. For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2012)

JWA

FORM 99	7 - 0
---------	---------------------

EPSILON THETA CORPORATION, INC.

04-6170956

Page 2

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					
	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 4/15/2012 and before 7/1/2012	21				
22	Underpayment on line 17 x Number of days on line 21 x 3%	22	\$	\$	\$	\$
23	Number of days on line 20 after 06/30/2012 and before 10/1/2012	23				
24	Underpayment on line 17 x Number of days on line 23 x 3%	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2012 and before 1/1/2013	25				
26	Underpayment on line 17 x Number of days on line 25 x 3%	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2012 and before 4/1/2013	27	SEE	ATTACHED W	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 3%	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2013 and before 7/1/2013	29				
30	Underpayment on line 17 x Number of days on line 29 x *96	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2013 and before 10/01/2013	31	, , , , , , , , , , , , , , , , , , , ,			
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2013 and before 1/1/2014	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2013 and before 2/16/2014	35				-
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 38	37	\$	\$	\$	\$
	Penalty. Add columns (a) through (d) of line 37. Enter the tot or the comparable line for other income tax returns	al he	ere and on Form 1120; lin	e 33;	38	\$ 1.

NA/A

Form 2220 (2012)

^{*} 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

lame(s)				Identifying Nun	nber 8
EPSILON THE	CTA CORPORATION (B)	ON, INC.	(D)	04-617	
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/12	232.	232.	61	.000081967	
12/15/12	232.	464.	3	.000081967	
12/18/12	-1,100.	-636.			
12/31/12	0.	-636.	74	.000082192	
03/15/13	231.	-405.			
06/15/13	232.	-173.			
				·	
				·	
	·				
					-

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

EPSILON THE	ETA CORPORATION	, INC.		04-6170956
SCHEDULE D	Cz	APITAL LOSS CARRYOV	ÆR	STATEMENT 1
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2007 2008 2009 2010 2011	4,289		4,289
CAPITAL LOSS		CURRENT TAXABLE YEA	AR	4,289