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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning **JUN 1**, 2010, and ending **MAY 31**, 20 **11**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
TAU EPSILON PHI FRATERNITY, INC

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1000 WHITE HORSE RD 512

City or town, state or country, and ZIP + 4
VOORHEES, NJ 08043

D Employer identification number
13-1368460

E Telephone number
215 221 4080

F Group Exemption Number ►

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ►

I Website: ► **WWW.TEP.ORG**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	50,065
	2	Program service revenue including government fees and contracts	2	13,000
	3	Membership dues and assessments	3	130,642
	4	Investment income	4	317
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
Expenses	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c	Less: direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	194,024
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	111,961
	13	Professional fees and other payments to independent contractors	13	24,522
14	Occupancy, rent, utilities, and maintenance	14	18,187	
15	Printing, publications, postage, and shipping	15	761	
16	Other expenses (describe in Schedule O)	16	273,922	
17	Total expenses. Add lines 10 through 16	17	429,353	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-235,329
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	240,197
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	4,868

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	107,259	22 44,203
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	176,208	24 8,038
25 Total assets	283,467	25 52,241
26 Total liabilities (describe in Schedule O)	43,270	26 47,373
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	240,197	27 4,868

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? COLLEGE FRATERNAL ORGANIZATION

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 CENTRAL ADMINISTRATION OF MEMBER DEVELOPMENT, RISK MANAGEMENT, AND PHILANTHROPY ACTIVITIES OF 14 COLLEGIATE FRATERNITY CHAPTERS THROUGHOUT THE U S		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GEORGE HASENBERG 1000 WHITE HORSE RD, VOORHEES, NJ 08043	EXEC DIRECTOR (25)	\$58,653		
GLENN LINDER 80 BUDDINGTON RD UNIT 5, GROTON CT 06340	CONSUL (5)	0		
LOUIS DAGEN 4508 SWEETGALE DR, SAN RAMON, CA 94582	QUAESTOR (1)	0		
THEODORE BRADPIECE 10366 ORMOND ST, SHADOW HILLS CA 91040	VICE CONSUL/SECR(1)	0		
BRIAN BARRICK 1467 EL PRADO AVE, LEMON GROVE CA 91945	MEMBER AT LARGE (1)	0		
MARK KAY 233 EXCALIBUR DRIVE, NEWTOWN SQ PA 19073	MEMBER AT LARGE (1)	0		
PETER GEBHART 100 MAIN ST 101 E, LITTLE FALLS, NJ 07424	M A L/PRAETOR (1)	0		
CLINT HASENBERG 1000 WHITE HORSE RD, VOORHEES NJ 08043	DIR OF COMMS, M A L (40)	25212		

Part V**Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a 0		
b Gross receipts, included on line 9, for public use of club facilities 39b 0		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ TAXPAYER Telephone no. ▶ 215 221 4080		
Located at ▶ 1000 WHITE HORSE RD, SUITE 512, VOORHEES, NJ ZIP + 4 ▶ 08043		
b 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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

- | | | Yes | No |
|---|------------|-----|----|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | 45 | | |
| a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45a | | |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | |

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- | | | Yes | No |
|--|------------|-----|----|
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here 1-15-2012
 Signature of officer Date
 FRANK T PANCZYSZYN, QUAESTOR (TREASURER) / INTERIM OFFICE COORDINATOR
 Type or print name and title

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no ▶			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE O
(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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TAU EPSILON PHI FRATERNITY, INC

Employer identification number

13-1368460

PART II - LINE 24 - OTHER ASSETS

BEGINNING OF YEAR

END OF YEAR

ACCOUNTS RECEIVABLE - NET

168,170

0

INVENTORIES

4,728

4,728

SECURITY DEPOSIT

3,310

3,310

TOTALS TO FORM 990-EZ, PART II, LINE 24

176,208

8,038

PART II - LINE 26 - TOTAL LIABILITIES

BEGINNING OF YEAR

END OF YEAR

ACCOUNTS PAYABLE & ACCRUED EXPENSES

27,474

21,574

DUE TO TEP-URI

15,796

15,799

LOAN DUE TO TEP FOUNDATION

0

10,000

TOTALS TO FORM 990-EZ, PART II, LINE 26

43,270

47,373

PART I, LINE 16 - OTHER EXPENSES STATEMENT

BANK FEES

725

CONFERENCES AND MEETINGS

531

TRAVEL

1,283

OFFICE SUPPLIES

521

LIABILITY AND D&O INSURANCE

46,799

BAD DEBT EXPENSE

224,063

TOTALS TO FORM 990-EZ, PART I, LINE 16

273,922

Name of the organization

TAU EPSILON PHI FRATERNIT, INC

Employer identification number

13-1368460

PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

BETWEEN 5/12 AND 5/14/2011, MEMBERS OF THE LISTED OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES SIGNED A SETTLEMENT AGREEMENT WHERE THEY RESIGNED AFTER MONTHS OF LEGAL ACTION AND APPOINTED AN INTERIM GRAND COUNCIL THAT WAS CHARGED WITH RUNNING THE NATIONAL FRATERNITY AND HOLDING ELECTIONS TO INSTALL A NEW BOARD OF TRUSTEES AT THE EARLIEST POSSIBLE TIME (10/22/2011) THE FOLLOWING MEMBERS WERE APPOINTED TO THE INTERIM GRAND COUNCIL

MEMBER	POSITION/ROLE
LANE KOPLON	CONSUL (PRESIDENT)
SCOTT LAKERNICK	1ST VICE CONSUL (VP)
MARC TOLMAN	2ND VICE CONSUL
ANDREW COMITER	3RD VICE CONSUL
KYLE MILLER	UNDERGRADUATE VICE CONSUL
FRANK "TED" PANCZYSZYN	QUAESTOR (TREASURER)
ROBERT CALHOUN	TRIBUNE (SECRETARY)
KEN HURTADO	PRAETOR
TIM SMITH	MEMBER AT LARGE
GLENN DEWAR	MEMBER AT LARGE
DJ JONES	MEMBER AT LARGE
THOMAS GILMOUR	MEMBER AT LARGE
BRIAN DUNGEY	MEMBER AT LARGE
NATHANIEL BROUGHTY	MEMBER AT LARGE
JONATHAN SCHMERIN	MEMBER AT LARGE

ON 5/21/2011, THE INTERIM GRAND COUNCIL WAS GIVEN ACCESS TO THE TAU EPSILON PHI FRATERNITY, INC, OFFICE AND RECORDS THE ORGANIZATION HAD BEEN IN BANKRUPTCY COURT AND UNDER THE CUSTODIANSHIP OF JOSEPH MARCHAND, ESQ , AS OF 1/24/2011 AND ALL EMPLOYEES WERE RELIEVED OF THEIR DUTIES EFFECTIVE 1/21/2011 THE DATA PROVIDED IN THIS RETURN IS BASED ON AN ANALYSIS OF BANK STATEMENTS, VENDOR RECORDS, AVAILABLE COMPUTERIZED ACCOUNTING RECORDS, AND BILLING RECORDS COLLECTED FROM MEMBERS