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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

∠UII Open to Public Unspection

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the 20	11 calendar year, or tax year beginning Jun 1 ,2011, and ending		<u>, 2012</u>
В	Check if appl	cable. C Name of organization Tau Epsilon Phi Fraternity, Inc.	D Employer Identi	
	Address	· · · · · · · · · · · · · · · · · · ·	13-1368	
	Name cl	nange Number and street (or P O box if mail is not delivered to street addr) Room/suit	te E Telephone numi	ber
	Initial re	turn 1000 White Horse Road 512	(856) 7	82-9837
	Termina	ted City, town or country State ZIP code + 4		
	Amende	d return Voorhees NJ 08043	G Gross receipts	\$ 326,732.
	Applicat	on pending F Name and address of principal officer	(a) Is this a group return for affi	liates? Yes X No
		Lane Koplon 1000 White Horse Rd Voorhees NJ 08043 HG	(b) Are all affiliates included? If 'No,' attach a list (see ins	tructions) Yes No
<u>г</u>	Tax-exem		ir ino, attach a list (see ins	aructions)
J	Website		(c) Group exemption number	•
ĸ	Form of or		1910 M State of I	egal domicile NJ
Pa	irt I S	· · · · · · · · · · · · · · · · · · ·	-	
			RATERNAL ORGANI	IZATION
60				
Š				
Ĕ	l			
Activities & Governance	2 Che	ck this box - if the organization discontinued its operations or disposed of more	than 25% of its net asse	ets.
ල ජ		ober of voting members of the governing body (Part VI, line 1a)	\bigcirc 3	22
ก		ber of independent voting members of the governing body (Part VI-line 1b)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	U
Ē	5 Tota	Il number of individuals employed in calendar year 2011 (Part-V, fine 2a)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>
ਰੂ	6 10ta	in number of volunteers (estimate if necessary).	7a	576.
•	/a 10ta	in number of individuals employed in calendar year 2011 (Pallavillile 2a) in number of volunteers (estimate if necessary) . In unrelated business revenue from Part VIII, column (C), line 12 .APR 5 2013 unrelated business taxable income from Form 990-T, line 345	70 76	370.
-	D Net	unrelated business taxable income from Form 950-1, line 34,7	Prior Year	Current Year
	8 Con	tributions and grants (Part VIII, line 1h)	50,065.	4,677.
9		gram service revenue (Part VIII, line 2g)	143,642.	319,605.
Kevenue		estment income (Part VIII, column (A), lines 3, 4, and 7d)	317.	71.
		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		505.
•		al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	194,024.	324,858.
-	+	nts and similar amounts paid (Part IX, column (A), lines 1-3)		
	1	efits paid to or for members (Part IX, column (A), line 4)		
		aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	111,961.	
69				
Expenses	I to a Pro	fessional fundraising fees (Part IX, column (A), line 11e)		建筑区市区2843
Š	b Tota	al fundraising expenses (Part IX, column (D), line 25) ►0.		
ш	17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	317,392.	185,208.
		al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	429,353.	185,208.
	19 Rev	enue less expenses Subtract line 18 from line 12	-235,329.	139,650.
8			Beginning of Current Year	End of Year
Balan		al assets (Part X, line 16)	52,241.	190,417.
Ē	21 Tota	al liabilities (Part X, line 26)	47,373.	45,899.
5	22 Net	assets or fund balances. Subtract line 21 from line 20	4,868.	144,518.
P	art'II	ignature Block		
Jno	ler penalties o	f perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the tion of preparer (other than officer) is based on all information of which preparer has any knowledge.	e best of my knowledge and be	lief, it is true, correct, and
on:	ipiete Declara	tion of preparer tother than officer) is based on all information of which preparer has any knowledge.		
		X Nous C. aplan		3
	gn	Signature of officer	Date	
He	ere	David A. Caplan	Treasurer	
		Type or print name and title	·	I
		Print/Type preparer's name Preparer's speature Date	Check if	PTIN
Pá	nid	ROBERT A. LONGO, CPA TOUR 104/04/1	13 self-employed	P00157352
Pr	eparer	Firm's name ► MULLER, LONGO & COMPANY LL		
J٩	se Only	Firm's address 200 N. WHITE HORSE PIKE	Firm's EIN ► 22	-2507832
	-	SOMERDALE NJ 08083		6) 784-3600
NA-	w the IDS	discuss this return with the preparer shown above? (see instructions)		X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

TEEA0101 07/05/11

Form	n 990 (2011) Tau Epsilon Phi Fraternity, Inc.	13-1368460	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		\Box
1	Briefly describe the organization's mission:		
	COLLEGE FRATERNAL ORGANIZATION		
			
			
	Did the organization undertake any significant program services during the year which were not listed on t	he prior	
_	Form 990 or 990-EZ?		es 🗓 No
	If 'Yes,' describe these new services on Schedule O.	٠ ب	
3	•	res2	es X No
3	If 'Yes,' describe these changes on Schedule O.	ices.	es <u>K</u> 110
4			
	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported	ount of grants and a	illocations to
4 8	a (Code:) (Expenses \$ including grants of \$) (R	tevenue \$)
	MANAGING, ADMINISTERING AND OVERSEEING OPERATION OF THE		
	FRATERNITY THOUGHOUT THE UNITED STATES.		
4	h (Codo: \ \Experies \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
41	b (Code:) (Expenses \$ including grants of \$) (R	evenue \$,
		- 	
			
			
			
			
		- 	
			
			
			
40	c (Code:) (Expenses \$ including grants of \$) (R	evenue \$)
		 -	
			
		- 	
		- 	
4 d	d Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
40	e Total program service expenses >		

-				
		Γ	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		<u>x</u> _
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; 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	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
-	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 ь		х
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
1	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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	<u> </u>
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		x
l	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b 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 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	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	19		x
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		x
(b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

13-1368460 Form 990 (2011) Tau Epsilon Phi Fraternity, Inc. Page 4 Part W Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule 1 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х 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 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) 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 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х 27 Х 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): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х 32 32 Х 33 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ... **b** 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 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 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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No n 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ol **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X (gambling) winnings to prize winners? 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 2b X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a **4** a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х 5b Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? .. 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b Organizations that may receive deductible contributions under section 170(c). 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? 7 a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 70 Х d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. 10a 30,200. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 0. 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 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. a 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 organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand . . . 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? Х 14a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

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Pa	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b by a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or characteristics.	elow, a anges i	and f	or
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			х
Sec	ction A. Governing Body and Management			
			Yes	No
	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 O.	22		
	b Enter the number of voting members included in line 1a, above, who are independent 1b	0		
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		Х
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		х
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		Х
6	Did the organization have members or stockholders?	6		Х
7	a 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
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	X	
	b Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or 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		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	. 10a	Х	
	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?	10ь	х	
11:	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			•
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		х
	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 is done	. 12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
	a The organization's CEO, Executive Director, or top management official	15a		Х
	b Other officers of key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
	b If 'Yes,' did 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Ser	ction C. Disclosure	1 100		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ►	-		_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	 vailable	for pu	ıblıc
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avaithe public during the tax year.	ıılable to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	anization	•	

► TAXPAYER

Form 990 (2011)	Tau	Epsilon	Phi	Fraternity,	Inc.	

13-1368460

age 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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

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

Check this box if neither the organization	nor any r	elated	org	anız	atio	n com	pen	sated any current office	er, director, or trustee	e
(A) Name and title	(B) Average hours per week	unles	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			box,	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	adividual france or director	anstitutional faistee	Offirer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) LANE_KOPLON CONSUL	20.00			x				0.	0.	0.
(2) DONALD ANSPAUCH JR VICE CONSUL	1.00			х				0.	0.	0.
(3) A SCOTT LACKERNICK VICE CONSUL	10.00			х				0.	0.	0.
(4) CHARLES WOLF VICE CONSUL	1.00			х				0.	0.	0.
(5) OSCAR AMIGON UNDERGRADUATE VICE CONSUL	1.00			х				0.	0.	0.
	5.00			X				0.	0.	0.
TIMOTHY_SMITHTRIBUNE	1.00			Х				0.	0.	0.
(8) KENNETH HURTADO PRAETOR	1.00			х				0.	0.	0.
_(9)										
(10)										
מו)	-									
(12)										
(13)										
(14)										

Partition A. Officers, Directors, Trust	ees, r	\ey	EII			es,	and	i nignest Con	ipensaled Em	pioyees	(COIII)
(A) Name and title	(B) Average hours per	box,	, unle er an	Pos heck ss pe	more rson irecto	than is both or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	amou	(F) timated nt of other pensation
	per week (describ e hours for related organi- zations in	Individual trus or director	Institutional tr	Officer	Key employed	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	orga	om the anization d related nizations
	zations in Sch O)	stee	ustee			ensated					
<u>(15)</u>											
(16)											
(17)											
(18)										İ	
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)		.					* * *	0.	0		0.
Total number of individuals (including but not limited from the organization		se lis	ted	abov	ve) v	vho i	rece		<u> </u>		
											Yes No
Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc.	dividua	1	_		-		•			3	Х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	an \$15	0,000	0? <i>li</i>			ompi			отті	4	X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpens mplete	atior Sch	r from	m ai <i>le J</i>	ny u for :	nrela such	ated <i>per</i>	organization or in	idividual 	5	Х
Section B. Independent Contractors 1. Complete this table for your five highest compensate	d inder	end	ent d	cont	ract	ore t	hat i	received more tha	n \$100 000 of		
Complete this table for your five highest compensate compensation from the organization. Report compensation. (A)	sation	for th	ne ca	alen	dar	year	end	ling with or within			
(A) Name and business address (B) Description of services Compensation											
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►	ut not	limite	ed to	the	se I	isted	abo	ove) who received	more than		

Pai	t VIII Statement of Revenue		<u></u> T		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns				
SA	g Noncash contributions included in lns 1a-1f: \$	4,677.			
$\overline{}$	h Total. Add lines 1a-1f	4,0//.			
3	2a MEMBERSHIP DUES 713990	305,554.	305,554.	0.	0.
ا يَوْ	b LEADERSHIP CONFERNCE REGISTRATION 713990	4,665.	4,665.	0.	0.
8	c GRAND CHAPTER 713990	9,386.	9,386.	0.	0.
Ę.		9,300.	9,300.	····	<u> </u>
25				-	
₹.	6 All other management and a second	-			
PROGRAM SERVICE REVENUE	f All other program service revenue .	210 605			-
-	g Totali Add lines 2a-2i	319,605.			
	Investment income (including dividends, interest and other similar amounts)	71.	0.	71.	0.
	4 Income from investment of tax-exempt bond proceeds	71.	•		<u>`</u>
	5 Royalties	40.	0.	40.	0.
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less: rental expenses .				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Sequestres (ii) Other			····	
	assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	u Net gain or (1055)				
ENUE	8a Gross income from fundraising events (not including \$				
ا يَوْ	of contributions reported on line 1c).				
OTHER REVEN	See Part IV, line 18				
Ĕ	b Less: direct expenses				
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities.				
	9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b				
	c Net income or (loss) from gaming activities			·	
	10a Gross sales of inventory, less returns and allowances a 2, 339.				
	b Less: cost of goods sold b 1,874.				
	c Net income or (loss) from sales of inventory	465.	0.	465.	0.
	Miscellaneous Revenue Business Code	3001	, , , , , , , , , , , , , , , , , , ,		†
	11a				
	b				
	c			-	
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	324.858.	319,605,	576.	0.

Pan X. Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX						
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages						
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)						
9	Other employee benefits						
10							
11	Fees for services (non-employees):						
	a Management		İ				
	b Legal	59,316.	0.	59,316.	0.		
	Accounting			33,3233	<u></u>		
	d Lobbying				***************************************		
	Professional fundraising services. See Part IV, line 17						
	Investment management fees						
	g Other	106.	0.	106.	0.		
	Advertising and promotion	2001		100.			
13		10,361.	945.	9,416.			
14	Information technology	10/3011	545.	3,410.			
15	Royalties						
16	Occupancy	15,990.	2,463.	13,527.			
17	F	15,376.	3,803.	11,573.	0.		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	13,3,0.	3,003.	11,373.	<u> </u>		
19	Conferences, conventions, and meetings	15,535.	15,535.	0.	0.		
20	Interest	713.	0.	713.	0.		
21	Payments to affiliates						
22	Depreciation, depletion, and amortization				=		
23	Insurance	48,624.	0.	48,624.	0.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
ŧ	BANK CHARGES	1,397.	0.	1,397.	0.		
ı	TELEPHONE	1,032.	0.	1,032.	0.		
	BAD DEBT	250.	250.	0.	0.		
	MEMBERSHIPS & DUES	2,258.	0.	2,258.	0.		
	All other expenses	14,250.	14,250.	0.	0.		
	Total functional expenses. Add lines 1 through 24e	185,208.	37,246.	147,962.	0.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Check here ► if following						
_	SOP 98-2 (ASC 958-720)	<u>. </u>					

Pant X 2 Balance Sheet End of year Beginning of year 44,203 1 96,080. 2 3 3 Pledges and grants receivable, net 4 34,735. Δ Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 5 and highest compensated employees. Complete Part II of Schedule L 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 employees' beneficiary 6 organizations (see instructions) 7 Notes and loans receivable, net . . . 8 15,500. 4,728. 9 40,386. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10 c 10Ь **b** Less: accumulated depreciation . 11 Investments - publicly traded securities 11 12 12 Investments – other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 3,310. 15 3,716. Other assets. See Part IV, line 11 190,417. 16 Total assets. Add lines 1 through 15 (must equal line 34) 52,241 16 17 Accounts payable and accrued expenses 21,574 17 9,797. 18 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 25 25 25,799 36,102. Total liabilities. Add lines 17 through 25 . . . 47,373. 26 45,899 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. 4,868. 27 144,518. Unrestricted net assets 27 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 4,868. 33 33 144,518. 34 Total liabilities and net assets/fund balances 52,241. 34 190,417.

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Form 990 (2011)

		13-1368460	F	age 12
Pa	Reconciliation of Net Assets		•	
	Check if Schedule O contains a response to any question in this Part XI			\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	324,	858.
2	Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	2	185,	208.
3	Revenue less expenses. Subtract line 2 from line 1	. 3	139,	650.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	4,	868.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	. 6	144,	518.
Pe	Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	Ī	2a	х
	b Were the organization's financial statements audited by an independent accountant?		2b	X
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both:	sued on a		
	Separate basis Consolidated basis Both consolidated and separate basis	į		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ne Single	3a	x
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3b	

Form **990** (2011)

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TEEA0112 07/06/11

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

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Employer Identification number

Internal Revenue Service Name of the organization

Department of the Treasury

Tau Epsilon Phi Fraternity, Inc. 13-1368460 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Yes Partill Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . 2a **b** Total acreage restricted by conservation easements . 2b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes l No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: Revenues included in Form 990, Part VIII, line 1 **►**\$ (ii) Assets included in Form 990, Part X ▶\$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 ▶\$ b Assets included in Form 990, Part X **>**\$

Pantilli Organizations Maintair	ning Collection	s of Art, Histo	<u>rical Treasures, or</u>	r Other Similar As	sets (contir	าued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and o	-		hat are a significant us	e of its collect	ion
a Public exhibition		d Loan o	r exchange programs			
b Scholarly research		e 📙 Other				
c Preservation for future general	tions					
4 Provide a description of the organi Part XIV.		•	•		e in	
5 During the year, did the organization assets to be sold to raise funds raise.	on solicit or receive ther than to be mair	donations of art, tained as part of	historical treasures, or the organization's colle	other similar ction?	Yes	No
Escrow and Custodial line 9, or reported an a	Arrangements. amount on Form	Complete if the 1990, Part X, I	ne organization an line 21.	swered 'Yes' to Fo	orm 990, Pa	irt IV,
1a is the organization an agent, trusto included on Form 990, Part X?				r assets not	Yes	No
b If 'Yes,' explain the arrangement in	n Part XIV and com	plete the following	table:			
					Amount	
c Beginning balance				1c	<u></u> -	
d Additions during the year				. 1d	 	
e Distributions during the year				1e		
f Ending balance				1f		
2a Did the organization include an am	nount on Form 990,	Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement in	n Part XIV.				_	
Part V Endowment Funds. Co.		ganization ans	wered 'Yes' to For	m 990, Part IV, Iır	ne 10.	
	(a) Current year	(b) Prior year	(c) Two years back	k (d) Three years back	(e) Four ye	ears back
1 a Beginning of year balance					ال المالية	
b Contributions						
c Net investment earnings, gains,						100
d Grants or scholarships						- 12.
e Other expenditures for facilities and programs			-			
f Administrative expenses		 				ξ.
g End of year balance		-				CONTRACT.
2 Provide the estimated percentage	of the current year	and halance (line	la column (a)) held as	l		
a Board designated or quasi-endown	•	eria balance (iirie	rg, coluitiii (a)) field as	.		
b Permanent endowment ►		o				
c Temporarily restricted endowment	 -	Q.				
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10				
The percentages in lines 2a, 2b, a	na zc snoula equal	100%.				
3a Are there endowment funds not in organization by:	the possession of the	he organization th	at are held and admini	stered for the	Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related or	ganizations listed as	s required on Sch	edule R?		3ь	
4 Describe in Part XIV the intended	uses of the organiza	ation's endowment	t funds			
Paন পা Land, Buildings, and E	<u>.quipment. See</u>	Form 990, Pa	rt X, line 10.			
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land					4	
b Buildings						
c Leasehold improvements						
d Equipment						
e Other						
Total. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part X, co	lumn (B), line 10(c).)			
BAA					edule D /Form	990) 2011

Schedule D (Form 990) 2011 Tau Epsilon Phi Fraternity, Inc.

13-1368460

Page 2

Schedule D (Form 990) 2011 Tau Epsilon Phi Fi	raternity, Inc.	13-1368460 Page 3
Part VII Investments - Other Securities. See		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
<u>(D)</u>		
<u>(E)</u>		
<u></u>		
<u>(G)</u>		
<u>(H)</u>		
_()		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)	F 000 D V	!: 12
Part VIII Investments - Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		· · · · · · · · · · · · · · · · · · ·
<u>(9)</u> (10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)		
Part IX Other Assets. See Form 990, Part X, I	ine 15.	
	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B		
Part X Other Liabilities. See Form 990, Part		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO CHAPTER GROUPS	26,10	
(3) LOAN DUE TO TEP FOUNDATION	10,00	0.
(4)		
(5)		
<u>(6)</u>		
<u>(7)</u>		
(8)		
(9)		
(10) (11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. > 36,10	2
2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of		

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2011 Tau Epsilon Phi Fraternity, Inc.		-1368460	Page 4
Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater	ments		
1 Total revenue (Form 990, Part VIII, column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year. Subtract line 2 from line 1	•		
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV.)			
9 Total adjustments (net). Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Par XII Reconciliation of Revenue per Audited Financial Statements With	Revenue per Re	turn	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Ī		
a Net unrealized gains on investments 2a	ļ		
b Donated services and use of facilities			
c Recoveries of prior year grants 2c			
d Other (Describe in Part XIV.)			
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1	<i>.</i> . [3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Ī		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIV.) 4b			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Reconciliation of Expenses per Audited Financial Statements With	n Expenses per l	Return	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Ī		
a Donated services and use of facilities			
b Prior year adjustments 2b			
c Other losses			
d Other (Describe in Part XIV.)			
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1	· F	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV.) 4b		1	
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pari শ্লাপ Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and any additional information.	1a and 4; Part IV, Im	es 1b and 2b; s part to provide	
		_	
			-
		- 	
	·		

Schedule D (Form 990) 2011 Tau Epsilon Phi F Park XV Supplemental Information (continued	raternity, Inc.	13-1368460 Page 5
Part XIV Supplemental Information (continued	<u> </u>	
		_ .
		··
		.
,		
		·
		·
		·
		·
		·
		·
		·

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public inspection

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. Department of the Treasury Internal Revenue Service

	Employer identification number
Tau Epsilon Phi Fraternity, Inc.	13-1368460
Pt VI, Line 11a Return sent to Acting Quaestor and Consul for r	eview and filing.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Tau Epsilon Phi Fraternity, Inc.

Related Organizations and Unrelated Partnerships

Part Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

201

OMB No. 1545-0047

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Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

Employer identification number 13-1368460

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)					
(g)					
Partill Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations duri	ns (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had ing the tax year.)	Janization answered	'Yes' to Form 990), Part IV, line 34 b	ecause it had

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(bX13) controlled entity?	(13) thty?
						Yes	N _o
(1) THE TEP FOUNDATION INC 13-5151286 1000 WHITE HORSE RD, VOORHEES NJ 08043	SCHOLARHIPS						
		NY	501 (C) (3)	Line 7			
(Z)							
						•	
(3)							
							ļ
(4)							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

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TEEA5001 09/08/11

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2011 Tau Epsilon Phi Fraternity, Inc.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Schedule R (Form 990) 2011 (k) Percentage ownership Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) General or managing partner? (g) Share of end-of-year assets ŝ Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income Dispropor-tionate allocations? ŝ € Yes Type of entity (C corp, S corp, or trust) (g)
Share of
end-of-year
assets (c) (d)
Legal domicile
(state or foreign controlling entity (f) Share of total income 05/24/11 (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) TEEA5002 Primary activity (d)
Direct
controlling entity (c)
Legal
domicile
(state or
foreign (a) (a) Name, address, and EIN of related organization (b) Primary activity (a) ne, address, and EIN of related organization Perfit IV Name, i 1 ŀ 8A B ဌ q 8 Ø ଫ୍ଲ ପ୍

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Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note Complete tine 1 if any entity is listed in Darts II III or 11/ of this school-do				L
	ons listed in Parts II-IV	6		Yes No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	:	:	. 1a	×
b Gift, grant, or capital contribution to related organization(s)	:		1 P	×
c Gift, grant, or capital contribution from related organization(s)	: : : : : : : : : : : : : : : : : : : :		1c	×
d Loans or loan guarantees to or for related organization(s)	:		1 9	×
e Loans or loan guarantees by related organization(s)			-1e	×
f Sale of assets to related organization(s)		:	-1	×
g Purchase of assets from related organization(s)		:	19	×
h Exchange of assets with related organization(s).		:	1 h	X
i Lease of facilities, equipment, or other assets to related organization(s)	:		-1	×
				-2-
J. Lease of facilities, equipment, or other assets from related organization(s)			;	<u>* </u>
k Performance of services or membership or fundraising solicitations for related organization(s)	:	: : : : : : : : : : : : : : : : : : : :	-	×
I Performance of services or membership or fundraising solicitations by related organization(s)	:	: : :	=	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	: : .	:	13	×
n Sharing of paid employees with related organization(s)	:	:	- I	×
 Keimbursement paid to related organization(s) for expenses 			- - -	×
p Reimbursement paid by related organization(s) for expenses	: : : : : : : : : : : : : : : : : : : :	:	. 1p	×
q Other transfer of cash or property to related organization(s)			70	×
r Other transfer of cash or property from related organization(s)	•		-	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	covered relationships	and transaction thresho	$\left\{ \cdot \right\}$	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	termining volved
(D)				
(3)				
(4)				
(5)				
(9)				
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Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.) Per V Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

ביניוני, אינו אינו ביניונים המונים המונים לכי וומת מניים ביניונים בינים ביניונים בינים ביניונים ביניונים ביניונים ביניונים ביניונים ביניונים ביניונ		S Superior Superior			1	an an an an an an an an an an an an an a				ļ		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	Ħ	(e) Are all p	artners	Share of	(g) Share of	(h) Dispropor-	or- Code V-UBI	Pe	General or	(k) Percentage
	 .	(state or roreign country)	(related, unre- lated, excluded	section 501(c)(3) organizations?	X3) toons?	total income		tionate allocation	s amount in box is? 20 of Schedule K-1	e a	naging rtner?	ownersnip
			section 512-514)	Yes	ş			Yes	No.	Yes	ž	
(2)												
								_				
			•						-			
(3)										-		
(4)										_		
(5)												
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(b)											_	
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Penit VII	Supplementa	I Information part to provide		-	nses to questions on Schedule R	
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