

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
Inspection

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

Department of the Treasury
Internal Revenue Service

▶ 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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) ▶ _____ **H** Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **WWW TEP ORG**

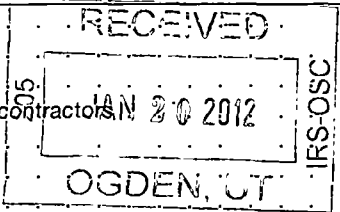
J Tax-exempt status (check only one) – 501(c)(3) 501(c) (7) ◀ (insert no) 4947(a)(1) or 527

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 |
| 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 | |
| Expenses | 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 |



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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 | | |
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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

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
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
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.
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.
40b 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?
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
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
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
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
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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 |
|--|--|------------------|---|--|
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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 |
|--|---------------------|------------------|
| | | |
| | | |
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| | | |

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

Signature of officer: *Frank T Panczyszyn* Date: 1-15-2012

Type or print name and title: FRANK T PANCZYSZYN, QUAESTOR(TREASURER) /INTERIM OFFICE COORDINATOR

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check 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