See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492303001501

Form **990-EZ**

# Short Form
# 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)**

▶ 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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

**2010**

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 06-01-2010 , and ending 05-31-2011**

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

**C** Name of organization
FRAT ORD OF EAGLES 623 AUXILIARY

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
2109 BARTILLON DR

City or town, state or country, and ZIP + 4
MADISON, WI 53704

**D Employer identification number**
39-0740465

**E** Telephone number
(608) 215-9832

**F** Group Exemption Number ▶

**G** Accounting method ☑ Cash ☐ Accrual Other (specify) ▶

**I Website:** ▶

**J Tax-Exempt status** (check only one) — ☐ 501(c)(3) ☑ 501(c)( 8) ◀(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 ▶ $ 144,887

## 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 | |
| | 2 | Program service revenue including government fees and contracts | | 2 | |
| | 3 | Membership dues and assessments | | 3 | 2,856 |
| | 4 | Investment income | | 4 | 400 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less cost or other basis and sales expenses | 5b | | |
| | c | 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 | 81,846 | |
| | b | Gross income from fundraising events (not including $ 59,785 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000) | | | |
| | c | Less direct expenses from gaming and fundraising events | 6c | 97,926 | |
| | d | Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) | | 6d | 43,705 |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less cost of goods sold | 7b | | |
| | 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 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 9 | 46,961 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | 16,316 |
| | 11 | Benefits paid to or for members | | 11 | 3,044 |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | 772 |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 350 |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 4,837 |
| | 15 | Printing, publications, postage, and shipping | | 15 | 1,332 |
| | 16 | Other expenses (describe in Schedule O) | | 16 | 20,784 |
| | 17 | **Total expenses.** Add lines 10 through 16 | | 17 | 47,435 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | -474 |
| | 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 | 71,213 |
| | 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 | 70,739 |

## Part II Balance Sheets

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

| (See the instructions for Part II ) | (A) Beginning of year | | (B) End of year |
|---|---|---|---|
| 22 Cash, savings, and investments | 71,213 | 22 | 70,739 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | | 24 | |
| 25 **Total assets** | 71,213 | 25 | 70,739 |
| 26 **Total liabilities** (describe in Schedule O) | | 26 | |
| 27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 71,213 | 27 | 70,739 |

## Part III Statement of Program Service Accomplishments

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

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

What is the organization's primary exempt purpose?
RAISE MONEY FOR DONATION TO OTHER ORGANIZATIONS

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

| | | | |
|---|---|---|---|
| **28** RAISE MONEY IN VARIOUS WAYS FOR DONATION TO OTHER NON-PROFITS AND CHARITABLE PURPOSES (Grants $ 16,316) If this amount includes foreign grants, check here . . . ▶ ☐ | | 28a | |
| **29** (Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | | 29a | |
| **30** (Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | | 30a | |
| **31** Other program services (describe in Schedule O) (Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | | 31a | |
| **32 Total program service expenses** (add lines 28a through 31a) . . . . . ▶ | | 32 | 0 |

## 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 |
|---|---|---|---|---|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

**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 . . . . . | 33 | | No |
| 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) . . . . . | 34 | | No |
| 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? | 35a | | No |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions) . . . . . | 35b | | No |
| 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 . . . . . | 36 | | No |
| 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? . . . . . | 37b | | No |
| 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? | 38a | | No |
| 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 | | | |
| 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 . . . . | 40b | | No |
| 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 . . ▶ 0 | | | |
| 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 . . . . . | 40e | | No |
| 41 | List the states with which a copy of this return is filed ▶ _____ | | | |
| 42a | The organization's books are in care of ▶ SHARON MONDAY Telephone no ▶ (608) 240-0033 | | | |
| | Located at ▶ 3801 TOBAN DR MADISON, WI ZIP + 4 ▶ 53704 | | | |
| 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)? | 42b | | No |
| | If "Yes," enter the name of the foreign country ▶ _____ | | | |
| | 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 ? | 42c | | No |
| | 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 | | | |
| | | | Yes | No |
| 44a | Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.* | 44a | | No |
| b | Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ* | 44b | | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | No |
| 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* | 44d | | No |

| | | Yes | No |
|---|---|---|---|
| **45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ* | **45** | | No |
| **45a** 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 must be completed instead of Form990-EZ* | **45a** | | No |
| **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** | | No |

**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.

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** | | No |
| **48** Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | **48** | | No |
| **49a** Did the organization make any transfers to an exempt non-charitable related organization? | **49a** | | No |
| **b** If "Yes," was the related organization a section 527 organization? | **49b** | | No |

**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 |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |

**50(f)** Total number of other employees paid over $100,000 . . . . . ▶ 0

**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 |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |

**51(d)** Total number of other independent contractors each receiving over $100,000 . . . . . ▶ 0

**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 — 2011-10-30 — Date

SALLY KELLER PRESIDENT — Type or print name and title

**Paid Preparer's Use Only**

| Preparer's signature | Date | Check if self-employed | Preparer's taxpayer identification number (See instructions) |
|---|---|---|---|
| LYNN GEIER | | ☑ | |

Firm's name (or yours if self-employed), address, and ZIP + 4: PROFESSIONAL ASSISTANCE PLUS LLC, 226 CHELLIS ST, WAUSAU, WI 54401 — EIN ▶ — Phone no ▶ (715) 842-7958

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492303001501

**SCHEDULE G (Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization
FRAT ORD OF EAGLES 623 AUXILIARY

**Employer identification number**
39-0740465

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☑ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

| **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | No | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** . . . . . ▶ | | | | 0 | 0 | 0 |

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

| | | (a) Event #1 (event type) | (b) Event #2 (event type) | (c) Other Events (total number) | (d) Total Events (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | | | | 0 |
| | 2 Less Charitable contributions | | | | 0 |
| | 3 Gross income (line 1 minus line 2) | 0 | 0 | 0 | 0 |
| Direct Expenses | 4 Cash prizes | | | | 0 |
| | 5 Non-cash prizes | | | | 0 |
| | 6 Rent/facility costs | | | | 0 |
| | 7 Food and beverages | | | | 0 |
| | 8 Entertainment | | | | 0 |
| | 9 Other direct expenses | | | | 0 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 0 |
| | 11 Net income summary Combine lines 3 and 10 in column (d) ▶ | | | | 0 |

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | 81,846 | | | 81,846 |
| Direct Expenses | 2 Cash prizes | 57,548 | | | 57,548 |
| | 3 Non-cash prizes | | | | 0 |
| | 4 Rent/facility costs | | | | 0 |
| | 5 Other direct expenses | | | | 0 |
| | 6 Volunteer labor | ☐ Yes 0 % 0 % ☑ No | ☐ Yes 0 % 0 % ☑ No | ☐ Yes 0 % 0 % ☑ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | 57,548 |
| | 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | 24,298 |

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableWI

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," Explain

**11** Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

**13** Indicate the percentage of gaming activity operated in

| | | | |
|---|---|---|---|
| **a** | The organization's facility . . . . . | **13a** | 1 00 % |
| **b** | An outside facility . . . . . | **13b** | 0 % |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ KATHY VIRNIG

Address ▶ 402 TOPEKA TRAIL
WAUNAKEE, WI 53597

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

**c** If "Yes," enter name and address

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☑ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 0

## Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|---|---|---|

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492303001501 |
|---|---|---|

**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 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**
FRAT ORD OF EAGLES 623 AUXILIARY

**Employer identification number**
39-0740465

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990-EZ, PART I, LINE 10 | GRAND AERIE & STATE AUX & MISC CHARITIES - 7736 COMMINITY PARTNERSHIP - 730 DIABETES RESEARCH CENTER - 1800 HEART & STROKE FOUNDATION - 100 USO - 50 HONOR FLIGHT - 200 UW FOUNDATION - 3000 DANE COUNTY HUMANE SOCIETY - 1250 ORCU PORUS - 250 RONALD MCDONALD HOUSE - 600 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION TELEPHONE , AMOUNT 787 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION INSURNACE , AMOUNT 1200 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION RENT AND UTILITIES , AMOUNT 7501 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION TAXES , AMOUNT 3760 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION GRAND AERIE FEES , AMOUNT 1993 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION CONVENTION AND CONFERENCE FEES , AMOUNT 4096 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION OFFICE EXPENSE , AMOUNT 882 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION LICENSE AND PERMITS , AMOUNT 565 |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 39-0740465
**Name:** FRAT ORD OF EAGLES 623 AUXILIARY

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 |
|---|---|---|---|---|
| MARGARET CASS<br>2829 COOLIDGE ST<br>MADISON, WI 53704 | JR PAST PRESIDENT 2 | 0 | 0 | 0 |
| SALLY KELLER<br>318 WESTMOUNT DR<br>SUN PRAIRIE, WI 53590 | PRESIDENT 2 | 0 | 0 | 0 |
| LOUISE JOHNSON<br>1115 E WILSON ST APT 307<br>MADISON, WI 53703 | VICE PRESIDENT 2 | 0 | 0 | 0 |
| ANNETTE VANOVER<br>3865 SUNNYWOOD DR<br>DE FOREST, WI 53532 | CHAPLAIN 2 | 0 | 0 | 0 |
| SHARON MONDAY<br>3801 TOBAN DR<br>MADISON, WI 53704 | SECRETARY 10 | 600 | 0 | 0 |
| KRISTINE SHIELDS<br>4256 SUNSET RIDGE<br>COTTAGE GROVE, WI 53527 | TREASURER 5 | 100 | 0 | 0 |
| CAROL ALLEN<br>1617 TROY DR 107<br>MADISON, WI 53704 | CONDUCTOR 2 | 0 | 0 | 0 |
| MARCIA VIRNIG<br>6787 SUNSET MEADOWS DR<br>WINDSOR, WI 53598 | INSIDE GUARD 2 | 0 | 0 | 0 |
| SANDRA STEWARD<br>1612 S GOLFGLEN<br>MADISON, WI 53704 | OUTSIDE GUARD 2 | 0 | 0 | 0 |
| DAWN GEHRETT<br>136 RICHARD ST<br>BELLEVILLE, WI 53508 | TRUSTEE 2 | 0 | 0 | 0 |
| RACHEL WALTON<br>4820 ANNIVERSARY DR<br>MADISON, WI 53704 | TRUSTEE 2 | 0 | 0 | 0 |
| JUDITH SCHERER<br>923 LAWRENCE ST<br>MADISON, WI 53715 | TRUSTEE 2 | 0 | 0 | 0 |