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A For the 2011 calendar year, or tax year beginning 06-01-2011		, and ending 05-31-2012	
B Check if applicable	C Name of organization FRAT ORD OF EAGLES 623 AUXILIARY		D Employer identification number 39-0740465
☐ Address change			E Telephone number (608) 215-9832
☐ Name change			
☐ Initial return			
☐ Terminated			
☐ Amended return			
☐ Application pending			
	F Group Exemption Number 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: _____

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(8) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☒ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. **\$ 123,735**

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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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	2,628	
	4	Investment income		4	310	
	5a	Gross amount from sale of assets other than inventory	5a		5c	0
	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)				
	6	Gaming and fundraising events			6d	29,203
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	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	120,797		
	c	Less direct expenses from gaming and fundraising events	6c	91,594		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)				
	7a	Gross sales of inventory, less returns and allowances	7a		7c	0
b	Less cost of goods sold	7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe in Schedule O)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	32,141	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	11,962	
	11	Benefits paid to or for members		11	1,792	
	12	Salaries, other compensation, and employee benefits		12	856	
	13	Professional fees and other payments to independent contractors		13	300	
	14	Occupancy, rent, utilities, and maintenance		14	12,351	
	15	Printing, publications, postage, and shipping		15	1,767	
	16	Other expenses (describe in Schedule O)		16	10,392	
	17	Total expenses. Add lines 10 through 16		17	39,420	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-7,279	
	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	70,739	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20		
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	63,460	

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	70,739	22	63,460
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	70,739	25	63,460
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,739	27	63,460

Part III

Statement of Program Service Accomplishments

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

☐

What is the organization's primary exempt purpose? RAISE MONEY FOR DONATION TO OTHER ORGANIZATIONS		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	DONATIONS MADE TO VARIOUS ORGANIZATIONS OF MONEY RAISED FOR THAT PURPOSE (Grants \$ 0) If this amount includes foreign grants, check here ☐	28a	11,962
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	11,962

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 significant 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	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	
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 . . . ☐ _____		
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 3801 TOBAN DR Located at ☐ 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)? 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 .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ☐ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ _____ and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 43 _____		
44a	Did the organization maintain any donor advised funds? 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 Form 990-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
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	No

		Yes	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		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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		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				

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		

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	2012-10-01 Date		
	LOUISE JOHNSON PRESIDENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature LYNN GEIER	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	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

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

39-0740465

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.

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	(b) Event #2	(c) Other Events	(d) Total Events
		VARIOUS FUNDRAISING ACTIVITIES (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	120,797		120,797
	2	Less Charitable contributions			0
	3	Gross income (line 1 minus line 2)	120,797	0	120,797
Direct Expenses	4	Cash prizes	54,920		54,920
	5	Non-cash prizes			0
	6	Rent/facility costs			0
	7	Food and beverages			0
	8	Entertainment			0
	9	Other direct expenses	36,674		36,674
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			
					(91,594)
					29,203

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			0
Direct Expenses	2	Cash prizes			0
	3	Non-cash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor	☐ Yes 0 % ☒ No	☐ Yes 0 % ☒ No	☐ Yes 0 % ☒ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			
					(0)
					0

9 Enter the state(s) in which the organization operates gaming activities _____

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	0 %
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 ▶ _____

Address ▶ _____

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 ▶ \$ _____

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

Identifier	ReturnReference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 39-0740465

Name: FRAT ORD OF EAGLES 623 AUXILIARY

Form 990-EZ, Special Condition Description:

Special Condition Description

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
SALLY KELLER 318 WESTMOUNT DR SUN PRAIRIE, WI 53590	JR PAST PRESIDENT 2	0		
LOUISE JOHNSON 1115 E WILSON ST APT 307 MADISON, WI 53703	PRESIDENT 2	0		
SHARON MONDAY 3801 TOBAN DR MADISON, WI 53704	SECRETARY 10	600		
CAROL ALLEN 1617 TROY DR 107 MADISON, WI 53704	INSIDE GUARD 2	0		
MARCIA VIRNIG 6787 SUNSET MEADOWS DR WINDSOR, WI 53598	VICE PRESIDENT 2	0		
SANDRA STEWARD 1612 S GOLFGLN MADISON, WI 53704	TRUSTEE 2	0		
DAWN GEHRETT 136 RICHARD ST BELLEVILLE, WI 53508	TRUSTEE 2	0		
KATHY VIRNIG MADISON, WI 53717	CHAPLAIN 2	0	0	0
CORRINE HOFFMAN 1505 SHERIDAN DR MADISON, WI 53704	TREASURER 5	100	0	0
CHERYL ANDERSON 4820 ANNIVERSARY LN MADISON, WI 53704	CONDUCTOR 2	0	0	0
MARY IMHOFF 1110 N SHERMAN AVE MADISON, WI 53704	OUTSIDE GUARD 2	0	0	0
RACHEL WALTON 3356 FOREST RUN CT MADISON, WI 53704	TRUSTEE 2	0	0	0

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

2011

Open to Public
Inspection

Name of the organization FRAT ORD OF EAGLES 623 AUXILIARY	Employer identification number 39-0740465
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Identifier	Return Reference	Explanation
1	Part I, line 10	Activity RAISE MONEY FOR DONATION Grantee Name WI STATE AUXILIARY Grantee Address W6848 CLOVERDALE RD ONALASKA WI 54650 Amount 1775 Relationship STATE GOVERNING BODY
1	Part I, line 10	Activity LOCAL SUPPORT Grantee Name COMMUNITY PARTNERSHIP Grantee Address 1334 DEWEY CT MADISON WI 53703 Amount 250 Relationship NONE
1	Part I, line 10	Activity DIABETES RESEARCH Grantee Name DIABETES RESEARCH CENTER Grantee Address 1623 GATEWAY CIRCLE SOUTH GROVE CITY OH 43123 Amount 1525 Relationship NONE
1	Part I, line 10	Activity RAISE MONEY FOR DONATION Grantee Name MADISON AUXILIARY 623 Grantee Address 2109 BARTILLON DR MADISON WI 53704 Amount 3245 Relationship ORGANIZATION
1	Part I, line 10	Activity RAISE MONEY FOR DONATION Grantee Name MADISON AERIE 623 Grantee Address 2109 BARTILLON DR MADISON WI 53704 Amount 2562 Relationship MALE AFFILIATION
1	Part I, line 10	Activity CANCER RESEARCH Grantee Name UW CANCER CENTER Grantee Address 600 HIGHLAND AVE MADISON WI 53792 Amount 500 Relationship NONE
1	Part I, line 10	Activity MEDICAL RESEARCH Grantee Name UW FOUNDATION Grantee Address 1848 UNIVERSITY AVE MADISON WI 53726 Amount 1320 Relationship NONE
1	Part I, line 10	Activity SERVICE DOGS Grantee Name WAGS Grantee Address 1338 DEWEY CT MADISON WI 53703 Amount 150 Relationship NONE
1	Part I, line 10	Activity MEDICAL HOUSING Grantee Name RONALD MCDONALD HOUSE Grantee Address 2716 MARSHALL CT MADISON WI 53705 Amount 365 Relationship NONE
1	Part I, line 10	Activity LIBRARY Grantee Name MADISON PUBLIC LIBRARY Grantee Address 201 W MIFFLIN ST MADISON WI 53703 Amount 270 Relationship NONE
2	Part I, line 16	Description TELEPHONE Amount 738
2	Part I, line 16	Description TAXES Amount 2572
2	Part I, line 16	Description GRAND AERIE FEES Amount 2053
2	Part I, line 16	Description CONVENTION AND CONFERENCE FEES Amount 2896
2	Part I, line 16	Description OFFICE EXPENSE Amount 1384
2	Part I, line 16	Description LICENSE AND PERMITS Amount 529
2	Part I, line 16	Description ENTRY FEES Amount 220