

Form **990EZ**


Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 06-01-2019, and ending 05-31-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 province, country, and ZIP or foreign postal code
MADISON, WI 53704

D Employer identification number
39-0740465

E Telephone number
(608) 204-0675

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: ▶

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 127,303

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

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	16,282
	3	Membership dues and assessments	3	2,479
	4	Investment income	4	190
	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	
	6	Gaming and fundraising events		
	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	64,240
	c	Less: direct expenses from gaming and fundraising events	6c	64,640
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-400
	7a	Gross sales of inventory, less returns and allowances	7a	44,003
	b	Less: cost of goods sold	7b	36,150
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	7,853
	8	Other revenue (describe in Schedule O)	8	109
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	26,513

Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	33,361
	11	Benefits paid to or for members	11	2,732
	12	Salaries, other compensation, and employee benefits	12	624
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	2,598
	15	Printing, publications, postage, and shipping	15	1,404
	16	Other expenses (describe in Schedule O)	16	8,327
	17	Total expenses. Add lines 10 through 16 ▶	17	49,046
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-22,533
	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	63,575
	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	41,042

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	63,575	22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	63,575	25 0
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,575	27 0

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?
RAISE MONEY FOR DONATION TO OTHER CHARITABLE PURP

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
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐

29
(Grants \$) If this amount includes foreign grants, check here ☐

30
(Grants \$) If this amount includes foreign grants, check here ☐

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐

32 Total program service expenses (add lines 28a through 31a) ☐

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a

29a

30a

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CYNTHIA EBSEN	2	0		
PRESIDENT				
KATHY VIRNIG	1	0		
JR PAST PRESIDENT				
MELANIE STAPELMANN	1	0		
VICE PRESIDENT				
SHARON MONDAY	5	630		
SECRETARY				
MARGARET CASS	2	0		
TREASURER				
SARAH STATZ	1	0		
CONDUCTOR				
JULIE GULLICKSON	1	0		
TRUSTEE				
KIMBERLY SHAW	1	0		
CHAPLAIN				
JENNIFER HOLZAPFEL	1	0		
INSIDE GUARD				
CHRISTI NEWTON	1	0		
TRUSTEE				
JULIE GULLICKSON	1	0		
TRUSTEE				
MARCIA VIRNIG	1	0		
TRUSTEE				

Form **990-EZ** (2019)

Part V Other Information (Note the Schedule A and personal benefit contract 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
35a 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		
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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) 244-3146
Located at ▶ 3801 TOBAN DR. MADISON, WI ZIP + 4 ▶ 53704

	Yes	No
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside 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 during the year? 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.	46	No

Part VI Section 501(c)(3) Organizations Only
All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	No
48	Is the organization a school as 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
49b	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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations 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		2020-11-08 Date		
	CYNTHIA EBSEN PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LYNN R GEIER	Preparer's signature	Date 2020-10-11	Check ☒ if self-employed	PTIN P00950093
	Firm's name ▶ PROFESSIONAL ASSISTANCE PLUS LLC			Firm's EIN ▶ 27-2526631	
	Firm's address ▶ PO BOX 1302 WAUSAU, WI 544021302			Phone no. (715) 301-6932	

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

Additional Data

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

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 DONATION TO VARIOUS ORGANIZATIONS OF MONEY RAISED FOR THAT PURPOSE (Grants \$ 33,361) If this amount includes foreign grants, check here . . . ☐		28a	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses	1 Gross revenue	64,240			64,240
	2 Cash prizes	44,869			44,869
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	18,885			18,885
	6 Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				63,754
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				486

9 Enter the state(s) in which the organization conducts gaming activities: WI

a Is the organization licensed to conduct 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 conduct 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 conducted in:

a	The organization's facility	13a	100 %
b	An outside facility	13b	%

14

Enter 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 535971056

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 of the third party:

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

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
FRAT ORD OF EAGLES 623 AUXILIARY

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

39-0740465

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 8	Other Revenue: MISCELLANEOUS Amount: 109

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	Activity: COLLEGE SCHOLARSHIPS Grantee Name: KATHRINE GONZAGOWSKI SCHOLARSHIP Grantee Address: MADISON WI 53701 Amount: 20800 Relationship: NONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	Activity: Grantee Name: MADISON COLLEGE Grantee Address: MADISON MADISON WI 53701 Amount: 1600 Relationship: NONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	Activity: Grantee Name: DUBUQUE COLLEGE Grantee Address: DUBUQUE IA 52001 Amount: 400 Relationship: NONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	Activity: Grantee Name: UW PLATTEVILLE Grantee Address: PLATTEVILLE WI 53818 Amount: 400 Relationship: NONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	Activity: Grantee Name: MADISON AERIE 623 Grantee Address: MADISON WI 53701 Amount: 750 Relationship: GOVERNING BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	Activity: Grantee Name: BADGER HONOR FLIGHT Grantee Address: MADISON WI 53701 Amount: 7381 Relationship: NONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	Activity: Grantee Name: WI STATE AUXILIARY Grantee Address: MADISON WI 53701 Amount: 705 Relationship: NONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	Activity: Grantee Name: CARBONE CANCER CENTER Grantee Address: MADISON WI 53701 Amount: 125 Relationship: NONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	Activity: Grantee Name: UW MADISON Grantee Address: MADISON WI 53701 Amount: 400 Relationship: NONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	Activity: Grantee Name: UNIVERSITY OF GEORGIA Grantee Address: ATHENS GA 30602 Amount: 400 Relationship: NONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	Activity: Grantee Name: US STEVENS POINT Grantee Address: STEVENS POINT WI 54481 Amount: 400 Relationship: NONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 16	Description: TELEPHONE Amount: 2328

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 16	Description: TAXES Amount: 3589

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 16	Description: PER CAPITA Amount: 1269

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 16	Description: CONVENTION FEES Amount: 539

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 16	Description: LICENSE AND PERMITS Amount: 50

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 16	Description: MISCELLANEOUS Amount: 280

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 16	Description: OFFICE EXPENSE Amount: 225

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 16	Description: BANK CHARGES Amount: 47