Form **990-EZ** 

Department of the Treasury

## **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. gov/Form990FZ for instructions and the latest information

OMB No. 1545-1150

2017

Open to Public

	Interna	I Heven	ue Service	GO to www.iis.gov/PoilipsoE2 for instructions and the latest information.							тороспол
	A Fo	For the 2017 calendar year, or tax year beginning , 2017, and ending					, 20				
	B Ch	eck if a	plicable	C Name of organization	on			_	D Employ	er iden	tification number*
	∏ Ad	dress c	hange	AURA HOME WOME	N VETS						<u>47-</u> 2041216
	Na	me char	nge -	Number and street (or P.O.	box, if mail is not delivered	to street addres	s)	Room/ suite	E Telepho	ne num	ber
,	Init	ial retui	'n								
/	Fin	al retur	n/terminated	50 SOUTH FRE	ENCH BROAD A	VE		203		(8	328) 771-6979
/	∏ Am	ended	return	City or town, state or p	ENCH BROAD Forovince, country, and Z	IP or foreign p	ostal co	ode 2	F Group 6	emption	on
9	∏ Apı	plicatio	n pending	ASHEVILLE NO	28801			<u>(7)</u>	Number	· •	
	G Ac	countii	ng Method	X Cash Accrual	Other (specify)			Н С	heck ▶ 🛛 ı	f the org	anization is not
	I We	Vebsite:         ▶         WWW.AURAHOMEWOMENVETS.ORG         required to attach						ach Sch	nedule B		
	J Ta	x-exe	xempt status (check only one) X 501(c)(3) 501(c)( ) ◀ (insert no ) 4947(a)(1) or 527 (Form 990, 9							0-EZ, o	r 990-PF).
	K Fo	rm of o	organization	X Corporation	Trust Asso	ciation	Other				
	L Ad	d lines	5b, 6c, and 7	b to line 9 to determine	gross receipts. If gross	receipts are \$	200,000	or more, or	of total asse	ts	
ת	(Pa	art II, co	olumn (B) belo	w) are \$500,000 or more	e, file Form 990 instead	of Form 990-	EZ			▶ \$	65,076
201	Par	t I	Revenue,	Expenses, and Ch	nanges in Net As	sets or Fu	nd Bal	ances (se	ee the instru	ctions fo	r Part I)
			Check if the o	rganization used Schedi	ule O to respond to any	question in the	nis Part I				
% 24		1	Contributions	, gifts, grants, and simila	ar amounts received					1	65,076
		2	Program serv	ice revenue including gi	overnment fees and co	ntracts				2	
		3	Membership	dues and assessments				,		3	
1.4		4	Investment in	come	•			•		4	
Ω		5a	Gross amoun	t from sale of assets oth	er than inventory		5a			1 1	
Щ		1	b Less cost or other basis and sales expenses 5b							J	
É		С	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							5c	
₹		6	Gaming and fundraising events								
SCANNED	41	a	Gross income	e from gaming (attach S	chedule G if greater tha	เท	, ,				
49	Revenue		\$15,000)	•	•		6a				
	Š	b		e from fundraising event				of contribut	ons		
<b>~</b>	č		from fundrais	ing events reported on I	ine 1) (attach Schedule	G if the				ļ :	
S.			sum of such	gross income and contri	ibutions exceeds \$15,0	00) .	6b			1 1	
ソ、		С	Less direct e	xpenses from gaming a	nd fundraising events	• •	6c				
ָת יית		d	Net income o	r (loss) from gaming and	d fundraising events (a	dd lines 6a an	d 6b and	d subtract			
D,			line 6c)							6d	
י		7a	Gross sales o	f inventory, less returns	and allowances	• • •	7a				
`		1	Less cost of	-			7b	<del></del>	_	<u>  </u>	
5		C	•	r (loss) from sales of inv	- ·	o from line 7a)				7c	<del></del>
į		8		e (describe in Schedule	•		•	• • •		8	65,076
,		9	<del>.</del> – – –	e. Add lines 1, 2, 3, 4, 5			DE	CEIV		9	03,070
,		10		milar amounts paid (list	in Schedule (1)	. 1.	LLE.	<u>ULIV</u>	ان كاك	<del></del>	··
,	"	11 Benefits paid to or for members					 A.E. 2		11		
	Se	12	-	er compensation, and en	· ·	ctors	NU	V·05 2	018 SE	$\vdash$	
	Expenses	13		ees and other payments		iciors <u>u</u>	<u> </u>	· · ·		13	1,800
	E	14	• •	ent, utilities, and mainte			-00	DEN,	ut l	15	1,000
		15	<b>.</b>	ications, postage, and s		-ا				16	26,171
		16	•	es (describe in Schedul			•			17	27,971
		17	<del> </del>	ses. Add lines 10 throug ficit) for the year (Subtra				•		18	37,105
	ş	18	•	fund balances at begin	-	7 column (A)	· \ (muet :	anree with	•	1.0	- 3,7203
	Net Assets	19		figure reported on prior		., column (A)	, triusi e	agree will!		19	48,535
	Ϋ́	20	•	ingure reported on phores is in net assets or fund b	•	hedule (1)		02	1	20	10,000
	ž	21	_	fund balances at end o				-		21	85,640
		,		iana balances at end 0	, your combine mics i	Janough 20			ΥΥ	ı ~'	55,510

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Form **990-EZ** (2017)

·P	art II Balance Sheets (see the instruc		<u> •</u>		_	-		
_	Check if the organization used Sched	dule O to respond to any	question in thi		• • • •	<u> </u>		(D) 5 . 1 . 1 .
	O 1:		}	(A)Begii	nning of year 18,5	25	001	(B)End of year 48,640
22	Cash, savings, and investments		ŀ	<del></del>	10,0		-	10,000
23	Land and buildings .	•		<u> </u>	20,0	_	_	27,000
24	Other assets (describe in Schedule O)		• • •	<del></del>	48,5	_	_	85,640
25	Total assets		•		40,3	<u> </u>		05,040
26	Total liabilities (describe in Schedule O)	· Jump /P) must serse with	h line O1\		48,5		26	85,640
27	Net assets or fund balances (line 27 of co art III Statement of Program Se						21	Expenses
Wh Des	Check if the organization used Schalat is the organization's primary exempt purpos scribe the organization's program service accomeasured by expenses. In a clear and concise sons benefited, and other relevant information SEE ATTACHMENT #2	edule O to respond to ar se? SEE ATTACH mplishments for each of manner, describe the se	ny question in to MENT #1 its three larges	this Part III	ervices,		50 org	equired for section 1(c)(3) and 501(c)(4) ganizations, optional others.)
	0.00 1111110111111111111111111111111111	<del></del> -				_		
29	(Grants \$ ) If this an	nount includes foreign gra	ants, check he	re	<b>&gt;</b>		282	27,971
	(Grants \$ ) If this an	nount includes foreign gra	ants, check he	re	<b>&gt;</b>	- 1	<b>2</b> 9a	1
30		<del></del>				_		
	(Grants \$ ) If this an	nount includes foreign gra	ants, check he	re	<b>•</b>		30a	1
31	Other program services (describe in Schedule	e O)			_			
	(Grants \$ ) If this an	nount includes foreign gra	ants, check he	re	▶ [		31a	
32	Total program service expenses (add lines	28a through 31a)				<u> </u>	32	27,971
Pa	art IV List of Officers, Directors, Truste	es, and Key Employees	s (list each one	e even if not	compensated -	s	ee th	e instructions for Part IV)
_	Check if the organization used Sch	edule O to respond to an	y question in t	his Part IV				<u>,</u>
	(a) Name and title	( <b>b)</b> Average hours per week devoted to position	(C) Rep comper (Forms W-2/1	nsation 1099 – MISC)	(d) Health be contributio employee bene and deferred con	ns to	lans,	(e) Estimated amount of other compensation
SE	EE ATTACHMENT #3							
	<u> </u>			<del></del>				
							-	
			.=					

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)	1 \
	Page :

Form	990-EZ (2017) AURA HOME WOMEN VETS 472041216		IP.	age
Par		_		
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			لن
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	20		.,
	detailed description of each activity in Schedule O	33		X
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		Х
25-	,	34		<u> </u>
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		Х
h	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		X
b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000	<del> </del>	
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	. 35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	- 555		1
30	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	<u> </u>	<u> </u>	<u> </u>
b	Did the organization file Form 1120-POL for this year?	37b	<del></del>	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were		<del>                                     </del>	T
-	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		1	1
39	Section 501(c)(7) organizations. Enter.	_	١.	
а	Initiation fees and capital contributions included on line 9 . 39a	į		ľ
ь	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	7		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶	l l	\v-	'
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess	<u> </u>	1	<u>                                     </u>
	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		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			.5
	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	_	<u> </u>	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		ــــــــــــــــــــــــــــــــــــــ	<u>.</u>
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed   NC			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no. ▶			
	Located at ZIP + 4 Located		I	T
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	ļ	X
	If "Yes," enter the name of the foreign country	_   -	ļ ,	İ
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank		ŀ	
	and Financial Accounts (FBAR)			<del></del>
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	L	Χ
	If "Yes," enter the name of the foreign country	-		<b>.</b> [
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		Vaa	l Nia
			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	<del> </del>	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		<del> </del>	
	completed instead of Form 990-EZ	44b	<u> </u>	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<del> </del>	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44.1		-
4-	explanation in Schedule O	_	├	77
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		. X
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			
	meaning of section 312(D)(13)? If Tes. Total 330 and Schedule R May need to be completed instead 0	1 1	I	1

Form 990-EZ (see instructions)

Form	990-E	Z (2017)								Р	age 4
								<del></del>		Yes	No
46	Did the	e organization engage, directly or indirectly,	, in political camp	aign ac	tivities on	behalf of o	r ın opposı	tion	_	_	
	to can	didates for public office? If "Yes," complete	Schedule C, Par	ti.			•		46	;	X
Pa	rt VI	Section 501(c)(3) organization	ns only					· · · · · · · · · · · · · · · · · · ·		_	
		All section 501(c)(3) organizations must		ns 47-49	b and 52	, and comp	lete the ta	bles for lines			
		50 and 51.									
		Check if the organization used Schedu	le O to respond t	o any q	uestion in	this Part V	l				П
				<del></del>						Yes	No
47	Did the	e organization engage in lobbying activities	or have a section	n 501(h)	election	n effect du	ring the tax	(			$\Box$
••	year? If "Yes," complete Schedule C, Part II							47	,	X	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							48		X	
49a		•	make any transfers to an exempt non-charitable related organization?						49	_	X
b		•	•	5.5 .6.4.	oc organii	Lunon	·		49		X
		"Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and									1 1
50	•	yees) who each received more than \$100,0	•	•	•				-		
	employ	/ees) who each received more than \$100,0	(b) Average		(c) Repo			benefits, contrib-	Г		
		(a) Name and title of each employee	hours per	week	compensa	tion (Forms	utions to	emplovee benefit		mated an	
1101	7.0		devoted to p	osition	W-2/10	99-MISC)	com	and deferred pensation			
NOI	NE.		ļ.								
										-	
-					<u> </u>				<u> </u>		
f		number of other employees paid over \$100,									
51		ete this table for the organization's five high				ntractors w	ho each re	eceived more tha	an	•	
	\$100,0	00 of compensation from the organization.	If there is none,	enter "N	lone."						
(a) Name and business address of each independent contractor					(b) Typ		(C) Compensation				
										<del></del>	
ИОИ	٧E										
			<del></del>								
					···						
		<u> </u>									
d	Total n	number of other independent contractors ea	ach receiving ove	er \$100,0	000	▶ _					
52	Did the	e organization complete Schedule A? Note	e: All section 501	(c)(3) or	ganızatıon	s must atta	ich a		_	_	7
	comple	eted Schedule A · · ·							<u> </u>	Yes 🛚	No
	•	s of perjury, I declare that I have examined this ret	-						dge and l	elief, it is	i
true, c	orrect, ar	nd complete Declaration of preparer (other than of	fficer) is based on al	l informat	ion of whic	h preparer ha	as any knowl	edge.			
	ľ										
Sigr	า	Signature of officer							Date		
Her	e	ALYCE KNAFLICH				HAIR	_				
		Type or print name and title									
		Print/Type preparer's name Pre	eparer's signature	)		Date		Check If	PTIN		
Paic	j	BETTY GOMES	05-09-2018				. – .				
Prei	oarer						Firm's EIN ▶ 431871840				
	Only	Firm's address ▶ 204 EXECUTIV	•					Phone no. 828		-0321	
		discuss this return with the preparer show		truction	s ·				<b>▶</b> 🛭	Yes	No

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

**Employer identification number** Name of the organization AURA HOME WOMEN VETS 47-2041216 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ĸ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than  $33^{1/3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) Is the organization (V) Amount of monetary (vi) Amount of other (i) Name of supported listed in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Yes (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

## Schedule A (Form 990 or 990-EZ) 2017 AURA HOME WOMEN VETS 472041216 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015(d) 2016 Gifts, grants, contributions, and membership fees received. (Do not 21,840 37,210 57,329 include any "unusual grants")

116,379 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 57,329 21,840 37,210 116,379 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 116,379 Public support. Subtract line 5 from line 4. Section B. Total Support (f) Total (b) 2014 (c) 2015 (d) 2016 (e) 2017 Calendar year (or fiscal year beginning in) (a) 2013 21,840 57,329 116,379 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 116,379 Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 0.00 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 331/3% support test -- 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33<sup>1</sup>/3% support test -- 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33<sup>1</sup>/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test -- 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test -- 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

## SCHEDULE O

(Form 990 or 990-EZ)

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 2017

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AURA HOME WOMEN VETS

**Employer identification number** 

47-2041216

PART I LINE 16 - OFFICE EXPENSE \$2,398; PROMOTION, \$1,355; PROPERTY MAINTENANCE 12,454; LIABILITY INSURANCE 1,170; STORAGE 3,585; TAXES AND LICENSES 1,249; VETERANS ASSISTANCE 3,960

PART II LINE 24 - FURNITURE, FIXTURES, STORAGE UNIT