

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 private foundations)

OMB No. 1545-1150
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2018 calendar year, or tax year beginning JANUARY, 2018, and ending MAY 31, 2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization ☒ F.O. EAGLES AUXILIARY #595
Number and street (or P.O. box, if mail is not delivered to street address) ☒ P.O. BOX 40122
City or town, state or province, country, and ZIP or foreign postal code GRAND JUNCTION, CO 81504-0122 08

D Employer identification number ☒ 23 7591785

E Telephone number 970-986-8796

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: FDE595.COM

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

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

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			Check if the organization used Schedule O to respond to any question in this Part I			
					<input checked="" type="checkbox"/>	
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	9430.00	2	
	2	Program service revenue including government fees and contracts	2	0		
	3	Membership dues and assessments	3	8913.00		
	4	Investment income	4	360.00		
	5a	Gross amount from sale of assets other than inventory	5a	0		
	b	Less: cost or other basis and sales expenses	5b	0		
	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	0		
	b	Gross income from fundraising events (not including \$ 9430 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	37853-		
Expenses	c	Less: direct expenses from gaming and fundraising events	6c	3440-		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	34413-		
	7a	Gross sales of inventory, less returns and allowances	7a	0		
	b	Less: cost of goods sold	7b	0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
	8	Other revenue (describe in Schedule O)	8	0		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	53,176.00		
	10	Grants and similar amounts paid (list in Schedule O)	10			
	11	Benefits paid to or for members	11	1288.00		
	12	Salaries, other compensation, and employee benefits	12	2035.00		
Net Assets	13	Professional fees and other payments to independent contractors	13	0		
	14	Occupancy, rent, utilities, and maintenance	14	600.00		
	15	Printing, publications, postage, and shipping	15	1161.50		
	16	Other expenses (describe in Schedule O)	16	37,201.00		
	17	Total expenses. Add lines 10 through 16	17	42,285.50		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,890.50		
	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	60,829.26		
	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	71,719.76		

SCANNED JAN 09 2020

08/00

66 4

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	60,829.76	71,719.76
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	60,829.76	71,719.76
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,829.76	71,719.76

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? CHARITY

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	<u>CHILDRENS SHOPPING SPREE</u>		
	<u>TAKING-8082-LOW INCOME + HOMELESS CHILDREN XMAS SHOPPING</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	8706.02
29	<u>THE HOUSE - HOME FOR DISPLACED TEENS</u>		
	<u>20-36 YOUNG PEOPLE LIVE HERE UNTIL THEY CAN GET THE HELP THEY NEED.</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4491.77
30	<u>SUICIDE PREVENTION FOR VETERANS - PROGRAM FOR VETERANS</u>		
	<u>VETERANS HOSPITAL IN GRAND JUNCTION, CO.</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2871.01
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	2132.80
32	Total program service expenses (add lines 28a through 31a)	32	37261.00

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
Deborah Conrad Vice-President	4	0	0	0
Linda Cruz President	4			
Wanda Abigliano Secretary	20	0		
Judy Kelley Treasurer	4	1705		
Carol White Chaplain	4	240		
Janet Meissner Conductor	4	0		
Judy Goode Trustee	4	0		
Lee Reigle Trustee	4	0		
Helen Alley Trustee	4	0		
Dean Trausmeier Inside Guard	4	0		
Ruth Miller Outside Guard	4	0		
Debra Flager Gr. Past President	4	0	0	0

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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ <u>COLORADO</u>		
42a The organization's books are in care of ▶ <u>WANDA GHIGLIAND</u> Telephone no. ▶ <u>970-986-8796</u> Located at ▶ <u>1674 HIGHWAY 50, GRAND JUNCTION</u> ZIP + 4 ▶ <u>81503</u>		
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 ▶	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b 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		<input checked="" type="checkbox"/>

- 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

	Yes	No
46		<input checked="" type="checkbox"/>

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 ☐

- 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

	Yes	No
47		<input checked="" type="checkbox"/>

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

- b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" type="checkbox"/>

- 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
<i>None</i>				

- 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
<i>None</i>		

- 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 ☒ Wanda L. Ghigliano 11-15-19
Signature of officer Date
Type or print name and title WANDA L. GHIGLIANO AUXILIARY SECRETARY

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
Firm's name ▶ Firm's EIN ▶
Firm's address ▶ Phone no. ▶

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

^{#595}
KO. EAGLES AUXILIARY

Employer identification number

23-7591785

CHARITIES - PART I LINE 16 **\$ 37,201.00**

**CHILDRENS SHOPPING SPREE, KIDS WITH CANCER, CASA, VETERANS
SUICIDE PREVENTION, THE HOUSE, EAGLES MEMORIAL FUND, MUSCULAR
DYSTROPHY, ASPEN RIDGE ALZHEIMERS UNIT, KIDS WITH LEUKEMIA,
COLORADO DISCOVER ABILITY, PARKINSONS, HOSPICE, STEPPIN IT UP**