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Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public
Inspection

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

A For the 2009 calendar year, or tax year beginning		09/01	, 2009, and ending	08/31	, 2010
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		VFW MILITARY ORDER OF THE COOTIE US AUXILIARY Number and street (or P O box, if mail is not delivered to street address) c/o 14431 Hillview Drive Room/suite City or town, state or country, and ZIP + 4 Largo, FL 33774		43-6064284 E Telephone number 727-596-8461	
				F Group Exemption Number ► 1710	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ► **CASH/ACCRAUL**

I Website: ►J Tax-exempt status (check only one) — 501(c) (4) ► (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **119,617****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	0
	2	Program service revenue including government fees and contracts	2	54,604
	3	Membership dues and assessments	3	35,015
	4	Investment income	4	4,587
	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	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	0
	b	Less: direct expenses other than fundraising expenses	6b	0
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	25,411
	b	Less: cost of goods sold	7b	19,046
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	6,365
	8	Other revenue (describe ► <u>See Statement 1</u>)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	100,571
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	29,793
	13	Professional fees and other payments to independent contractors	13	530
	14	Occupancy, rent, utilities, and maintenance	14	5,720
	15	Printing, publications, postage, and shipping	15	6,951
	16	Other expenses (describe ► <u>See Statement 1</u>)	16	61,536
Net Assets	17	Total expenses. Add lines 10 through 16	17	104,530
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,959
	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	234,670
	20	Other changes in net assets or fund balances (attach explanation) <u>See Statement 2</u>	20	-2,282
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	228,429

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22	191,773	22
23	0	23
24	59,980	24
25	251,753	25
26	17,083	26
27	234,670	27

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Assist hospitalized veterans and to award scholarships.**
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	Donate to VA Hospitals for hospitalized veterans and the Parke scholarship.			
	(Grants \$ 12,460) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	5,195	
29	VFW National Home for Children awarded scholarships, donated for Christmas party, donated the money to purchase a fuel-efficient car.			
	(Grants \$ 11,113) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	0	
30	Scholarships awarded to students pursuing medical careers.			
	(Grants \$ 8,500) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	144	
31	Other program services (attach schedule) <u>See Statement 5.</u>			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a		
32	Total program service expenses (add lines 28a through 31a)		32	65,119

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for 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
Pamela Hamilton 5030 Yearling Lane, Jacksonville, FL 32210	President, 20	0		14,060
K Rosemarie Brown 707 Greenlawn, Dayton, OH 45403	Senior Vice President, 5	0	0	0
Gloria Roberts 104 Emerson Road, Pittsburgh, PA 15209	Junior Vice President, 5	0	0	0
Sandra McKinley 14431 Hillview Drive, Largo, FL 33774	Treasurer, 40	0	0	14,400
Mary Frederick 206 Branscomb Rd, Green Cove Springs, FL 32043	Secretary, 5	0	0	1,333

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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, attach a statement explaining 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0	37b	✓
b Did the organization file Form 1120-POL for this year?		
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 period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
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 ► 0		
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	✓
41 List the states with which a copy of this return is filed. ► _____		
42a The organization's books are in care of ► Sandra McKinley Located at ► 14431 Hillview Drive, Largo, FL 33774	Telephone no. 727-596-8461	
	ZIP + 4 33774	
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	✓
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	✓
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

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 46–49b and complete the tables for lines 50 and 51.

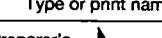
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No																																								
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46																																									
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47																																									
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48																																									
b	If "Yes," was the related organization a section 527 organization?	49a																																									
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."	49b																																									
<table border="1"> <thead> <tr> <th>(a) Name and address of each employee paid more than \$100,000</th> <th>(b) Title and average hours per week devoted to position</th> <th>(c) Compensation</th> <th>(d) Contributions to employee benefit plans & deferred compensation</th> <th>(e) Expense account and other allowances</th> </tr> </thead> <tbody> <tr> <td>None</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		(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																																				
(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																																										

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 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 . . . ►

Sign Here	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			
	 Signature of officer		 Date	
	 Sandra McKinley, Treasurer			
Paid Preparer's Use Only	 Preparer's signature	 Date	 Check if self-employed	 Preparer's identifying number (See instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	 EIN		 Phone no
May the IRS discuss this return with the preparer shown above? See instructions  				

May the IRS discuss this return with the preparer shown above? See instructions for details. Yes No

Statement 1 : Other Expenses Schedule

Statement 2 : Other Changes In Net Assets Schedule

Statement 3 : Other Assets

Statement 4 : Liabilities Schedule

Statement 5 : Other Program Service Accomplishments

Statement 1
Form: 990-EZ
Page 1
Line Number: Part I Line 16

VFW MILITARY ORDER OF THE COOTIE US
43-6064284

Other Expenses Schedule

Description	Amount
Bank Charges	225
Chaplain Expenses	198
Hospital and VAVS Programs	17,655
Membership Program Awards	700
National Home Program	11,113
Scholarship Program	8,644
Supreme Convention Awards & Expenses	5,013
Travel and Lodging	14,256
Treasurer's Bond	342
Office Assistant	1,256
Office Supplies	2,134
Total:	61,536

Statement 2
Form 990-EZ
Page 1
Line Number: Part I Line 20

VFW MILITARY ORDER OF THE COOTIE US
43-6064284

Other Changes In Net Assets Schedule

Description	Amount
Inventory Adjustment	-2,282
Total:	-2,282

Statement 3
Form 990-EZ
Page 1
Line Number Part II Line 24

VFW MILITARY ORDER OF THE COOTIE US
43-6064284

Other Assets

Description	BOY Amount	EOY Amount
Accounts Receivable	13,524	11,876
Inventory	45,456	41,775
Equipment Rent, Repair	1,000	1,000
Total:	59,980	54,651

Statement 4
Form 990-EZ
Page 1
Line Number Part II Line 26

VFW MILITARY ORDER OF THE COOTIE US
43-6064284

Liabilities Schedule

Description	BOY Amount	EOY Amount
Accounts Payable	17,083	14,890
Total:	17,083	14,890

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Various expenses to accomplish the above program services	0		59,780
Total:			59,780