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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2012 calendar year, or tax year beginning	09/01	, 2012, and ending	08/31	, 20
B	Check if applicable				
<input type="checkbox"/>	Address change		D Employer identification number		
<input type="checkbox"/>	Name change		43-6064284		
<input type="checkbox"/>	Initial return		E Telephone number		
<input type="checkbox"/>	Terminated		(727)596-8461		
<input type="checkbox"/>	Amended return		F Group Exemption Number ►		
<input type="checkbox"/>	Application pending		1710		
G	Accounting Method		H Check ► <input checked="" type="checkbox"/> 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) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> 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					► \$ 96640
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	0
	2	Program service revenue including government fees and contracts		2	50342
	3	Membership dues and assessments		3	23940
	4	Investment income		4	533
	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	0
	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 \$ 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		
c	Less: direct expenses from gaming and fundraising events		6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0	
7a	Gross sales of inventory, less returns and allowances		7a	21825	
b	Less: cost of goods sold		7b	12687	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	9138	
8	Other revenue (describe in Schedule O)		8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9	83953	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	25298
	13	Professional fees and other payments to independent contractors		13	520
	14	Occupancy, rent, utilities, and maintenance		14	3913
	15	Printing, publications, postage, and shipping		15	5916
	16	Other expenses (describe in Schedule O)		16	61586
17	Total expenses. Add lines 10 through 16 ►		17	97233	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(13280)
	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	213153
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	(45)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	199828

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6
7

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	184515	22 161414
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	51775	24 49339
25	Total assets	236290	25 210753
26	Total liabilities (describe in Schedule O)	23137	26 10925
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	213153	27 199828

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? **ASSIST HOSPITALIZED VETERANS & AWARD SCHOLARSHIPS**

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 and section 4947(a)(1) trusts, optional for others.)

28	DONATE TO VA HOSPITALS FOR HOPITALIZED VETERANS, WHEELCHAIR GAMES, THE PARKE SCHOLARSHIP AND CANCER AID AND RESEARCH		
	(Grants \$ 10500) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	6547
29	VFW NATIONAL HOME FOR CHILDREN AWARDED SCHOLARSHIPS, DONATED FOR CHRISTMAS PARTY, DONATED MONIES TO BE USED FOR DENTAL EXPENSES AT NATIONAL HOME		
	(Grants \$ 9645) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	854
30	"SAME AS # 29"		
	(Grants \$ 7930) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	402
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	7803

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

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	✓
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	✓
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	✓
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	✓
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	✓
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	
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
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	
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) 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	✓
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		
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► SDANDRA MCKINLEY	Telephone no. ► (727)596-8461	
Located at ► 14431 HILLVIEW DRIVE, LARGO, FL	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)? 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.	Yes	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> 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 during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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	✓

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

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	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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

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 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	<i>T Sandra McKinley</i> Signature of officer	<i>1-28-2014</i> Date
	SANDRA MCKINLEY, TREASURER Type or print name and title	

May the IRS discuss this return with the preparer shown above? See instructions

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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

VFW MILITARY ORDER OF THE COOTIE US AUXILIARY MILITARY ORDER

Employer identification number

43-6-64284

FORM 990-EZ PART I, LINE 16 - OTHER GENERAL OPERATING EXPENSES INCLUDING NATIONAL HOME DONATION, SCHOLARSHIPS,

ETC (SEE ATTACHED P&L STATEMENT)

FORM 990-EZ PART I, LINE 20 -INVENTORY ADJUSTMENT (\$45)

FORM 990-EZ PART II, LINE 24 - INVENTORY \$49242, UNDEPOSITED FUNDS \$97

FORM 990-EZ PART II, LINE 26 - ACCOUNTS PAYABLE \$10925

11:35 AM

10/16/13

Accrual Basis

Supreme MOCA
Profit & Loss
September 2012 through August 2013

	Sep '12 - Aug 13
VAVS Deputy Travel/Lodging	1,001 28
VAVS Rep Allowance	550 00
VAVS Rep Travel	1,021 00
Total Hospital	17,046 79
Inspector Awards	60.00
Membership Expenses	
Membership Awards	600 00
Total Membership Expenses	600.00
National Home	
National Home Awards	147 72
National Home Donation	8,000 00
National Home Mgmt Fee	399 86
National Home Misc	145 00
National Home Special Project	1,000 00
NH Christmas Party	500 00
NHSP Mgmt Fee	306 38
Total National Home	10,498 96
Postage	2,135 27
Scholarship	
Scholarship Awards	100 00
Scholarship Mgmt Fee	496 83
Scholarship Postage	105.66
Scholarships-Medical	7,629 50
Total Scholarship	8,331.99
Secretary	
Secretary Allowance	298 30
Secretary Office	18 36
Total Secretary	316 66
Supreme Convention	
Convention General Expense	4,138 58
Convention Supply Asst Expenses	246 14
Total Supreme Convention	4,384 72
Supreme President	
Greetings	25 00
SP Allowance	10,600 00
Total Supreme President	10,625 00
Travel	
Misc Travel	1,162 08
Travel, Grand Conventions	10,077 31
Travel, Inspection	657 53
Travel, Supreme Convention	746 66
Travel, Tomb Trek	899 38
Total Travel	13,542 96
Travel Lodging	
Hotel, Misc	539 52
Hotel, President's Homecoming	195 04
Hotel, Supreme Convention	1,998.84
Hotel, Tomb Trek	375 94
Total Travel Lodging	3,109 34
Treasurer	
Accounting Fees	520 00
Bond	400 00
Office Assistant	1,162 60
Office Printing	3,112 45
Office Space/Security	2,602 24
Office Telephone/fax/email	1,310 94
Treasurer's Supplies	1,241 34

11:35AM
10/16/13
Accrual Basis

**Supreme MOCA
Profit & Loss
September 2012 through August 2013**

	Sep '12 - Aug 13
Treasurer Allowance	14,400 00
Total Treasurer	24,749 57
Ways & Means Expenses	158 93
Total Expense	97,233 16
Net Income	-13,280.37

11:35 AM

10/16/13

Accrual Basis

Supreme MOCA
Profit & Loss
September 2012 through August 2013

Sep '12 - Aug 13

Income	
Charter Fees	100 00
Discrepancies	133 50
Hospital Income	
Fun Fines	1,780.58
Hospital Income - Other	<u>5,858 00</u>
Total Hospital Income	7,638 58
Interest Income	533 43
Management Fee Income	1,696 45
Membership	23,940 00
Membership Chairman Income	862 00
N.H. Spec Proj Income	6,127 65
National Home Fund Income	
Nati Home Misc	120 00
National Home Fund Income - Other	<u>7,997 27</u>
Total National Home Fund Income	8,117 27
Scholarship Income	9,936 64
SPSP Income	9,867 57
Supply Sales	21,825 09
Supreme Convention Income	
Convention Registration	<u>4,282.00</u>
Total Supreme Convention Income	4,282.00
Uncategorized Income	0 00
Ways & Means	<u>1,580 00</u>
Total Income	96,640 18
Cost of Goods Sold	
Cost of Goods Sold	<u>12,687 39</u>
Total COGS	<u>12,687 39</u>
Gross Profit	83,952.79
Expense	
Bank Charge	74 00
Chaplain	
Chaplain Expenses	128 34
Flowers	<u>344 18</u>
Total Chaplain	472 52
ERRR	
Computer Software Upgrades	176 95
Equipment Rental	552 00
Equipment Repair	148 00
Equipment Replacement	<u>189 50</u>
Total ERRR	1,066 45
Historian Book Awards	60.00
Hospital	
Clown Pins	421 50
Commissioner Allowance	1,300 00
Commissioner Postage	100 86
Commissioner Travel/Lodging	684 32
Dist 1 Expenses	200 00
Dist 2 Expenses	132 56
Dist 3 Expenses	123 92
Dist 4 Expenses	138 20
Dist 5 Expenses	56 57
Dist 7 Expenses	39 00
Hospital Awards	284 20
Parke Scholarship	500.00
SPSP Cancer Donation	500 00
SPSP Donation	9,500 00
SPSP Mgmt Fee	493 38