Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2016

OMB No. 1545-1150

Open to Public

Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

ΑI	For the	2016 calenda	ar year, or tax year beginning , 2016, and e	nding		, 20
В	Check if ap	oplicable:	C Name of organization	D Emp	loyer ident	tification number
	Address c	change	The Veterans' Council of St. Johns County, Inc.			1971825
	Name cha	-		v/suite E Telep	phone num	
	Initial retu		PO Box 2117		(904)	687-5668
	Amended	n/terminated return	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exemp	
=			St. Augustine, FL 32085-2117		ap Exomp nber ▶	Mon
G	Account	ting Method:	✓ Cash Accrual Other (specify) ►			ne organization is not
ı١	Nebsite	:: ► http://	www.veteranscouncilofstjohns.org/			ne organization is not n Schedule B
J T	ax-exen	npt status (che		'		Z, or 990-PF).
			✓ Corporation ☐ Trust ☐ Association ☐ Other	521 (0,,,,,,,	00,000 2	-2, 0, 000 11).
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	or if total assets		· · · · · · · · · · · · · · · · · · ·
(Pa	rt II, coli	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ ¢	25.004
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (s		otions fo	35,994 or Part I)
		Check if	the organization used Schedule O to respond to any question in this	ee the motru. ≳Part I	onons ic	
	1	Contributio	ns, gifts, grants, and similar amounts received	Ji aiti	1	
	2	Program se	ervice revenue including government fees and contracts		2	35,474
	3		p dues and assessments		3	20
	4	Investment			4	
	5a	Gross amo	unt from sale of assets other than inventory 5a		10000000	
	b		or other basis and sales expenses			
	С	Gain or (los		5c		
	6	Gaming an	ss) from sale of assets other than inventory (Subtract line 5b from line 5a d fundraising events	9	30	
	а		ome from gaming (attach Schedule G if greater than			
e		\$15,000) .	6a	452		
Revenue	b	Gross inco	50	452 ributions		
ě			aising events reported on line 1) (attach Schedule G if the	ibutions		
		sum of suc	h gross income and contributions exceeds \$15,000) 6b			
	С		t expenses from gaming and fundraising events 6c	226		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	and subtract		
		line 6c) .			6d	226
	7a	Gross sales	s of inventory, less returns and allowances 7a		OG	226
	b		of goods sold			
	С	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other rever	nue (describe in Schedule O)		8	500
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	36,220
	10	Grants and	similar amounts paid (list in Schedule O)		10	10,508
	11		id to or for members		11	0,308
es	12	Salaries, ot	her compensation, and employee benefits		12	0
	13	Professiona	al fees and other payments to independent contractors		13	0
Expens	14	Occupancy	r, rent, utilities, and maintenance		14	70
ш	15		blications, postage, and shipping		15	
	16	Other expe	nses (describe in Schedule O)		16	2,406
	17	Total expe	nses. Add lines 10 through 16	.	17	36,915
s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	• • • •	18	49,899
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (mus	t agree with	.0	-13,679
As		end-of-year	r figure reported on prior year's return)		19	20 575
et	20		ges in net assets or fund balances (explain in Schedule O)		20	20,575
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		21	0

Form 990-EZ (2016)

Pa	REPORT OF THE PROPERTY OF THE					
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[20,618	22	6,724
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[199	24	171
25	Total assets		[20,575	-	6,896
26	Total liabilities (describe in Schedule O)				26	0,030
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	20,575		6,896
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		0,000
	Check if the organization used Schedule	O to respond to a	nv auestion in this	Part III 🔽		Expenses
Wha	t is the organization's primary exempt purpose?	Be the voice of Veter	ans in and for St. Jo	hns County, FI		quired for section
Desc as m	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	shments for each on nanner, describe the ach program title.	f its three largest pe services provided	rogram services, I, the number of	org	(c)(3) and 501(c)(4) anizations; optional for ers.)
28	Sponsored 2016 Veterans' Weekend (Nov. 11-13) in a	nd for St. Augustine	and St. Johns Count	у		
	For more details, see Schedule O Form 990-EZ Part	Line 16 Page 12,535				
	(Grants \$ 2,535) If this amount	includes foreign gra	ints, check here .	> 🗆	288	a 25,539
29	Successfully applied to PGA Tour Charities for a gra	nt to be used to purc	nase a new van used	to transport		
	County Veterans from St. Johns County to the US DV	/A Medical Hospital in	Gainesville. The St	Johns County		
	Council on Aging provides drivers; Disabled America	an Veterans' Chapter	6 received this grant	in 2016.		
	(Grants \$ 5,000) If this amount	includes foreign gra	nts, check here .	▶ 🗆	298	a 5,000
30	Homeless Veterans' Stand Down, held in conjunction	with St. Johns Cour	ty Veterans' Service	Office and Elks		
	Lodge 829 and St. Johns County Legal Services, pro	vides Veterans and o	ther homeless and ir	ndigent persons		-
	with clothing, haircuts, showers, legal aid and, for Ve	eterans, tents and sle	eping bags, assistan	ce with claims.		
	(Grants \$ 2,000) If this amount	includes foreign gra	nts, check here .	▶ □	308	2,000
31	Other program services (describe in Schedule O)					
	(Grants \$ 973) If this amount	includes foreign gra	nts, check here .	▶ 🗆	318	14,214
32	Total program service expenses (add lines 28a	through 31a)		>	32	47,753
Par	, , , , , , , , , , , , , , , , , , , ,	/ Employees (list each	one even if not com	pensated—see the in	stru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar		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 employe benefit plans, and deferred compensation) Estimated amount of other compensation
Willia	m Dudley					
Chair		8	0	(0	0
Ray (Quinn					
Vice	Chairman	4	0		0	0
John	Mountcastle					
Treas	surer	4	0		0	0
Micha	ael Rothfeld					
Secre	etary	4	0	ĺ ,	_	0
NO O			· · · · · · · · · · · · · · · · · · ·	1	0	,
	THERS				0	
	THERS		<u> </u>		0	
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Part		in th	ne	Page
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		<u>. L</u>
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	Yes	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		
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 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 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	35b 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			Y
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		✓ ✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39 a	Section 501(c)(7) organizations. Enter:			
b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
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		
С	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.	400		V
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		Į.	
е	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 ► Florida	i		
42a	The organization's books are in care of ▶ John Mountcastle, Treasurer Telephone no. ▶ (9	04) 47	71-120	2
h			-9182	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶	720		lacksquare
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	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:	42c		✓
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		.)	▶ □
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	Yes	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		<u>√</u> √
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<u> </u>
45a	Did the organization have a sectority of the state of the	44u 45a		./
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-F7 (see instructions)			
		45b		√

							Yes	No
46	Did the organization engage, directly or in	ndirectly, in political of	ampaign activities o	n behalf of o	in opposi	tion		
	to candidates for public office? If "Yes," o	complete Schedule C	, Part I			. 46		✓
Part								
	All section 501(c)(3) organization 50 and 51.	s must answer que	estions 47-49b and	1 52, and co	mplete th	e tables f	or line	es
		20 dula () ta uasassas	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	45.5				
	Check if the organization used Sci	nedule O to respond	to any question in	this Part VI	• • •			
47	Did the organization engage in lebbying	activities or house	anation FO1/h\ -1				Yes	No
41	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(n) electi				,	
48	Is the organization a school as described in						✓	
49a	Did the organization make any transfers to						-	
b	If "Yes," was the related organization a se	otion 527 organization						√
50	Complete this table for the organization's	five highest compan	on?		oro diroct	. 49b		d ka
	employees) who each received more than	\$100,000 of compen	nsation from the org	anization If the	ers, ullecti	ors, trustet e. enter "N	one"	и кеу
				(d) Health		C, CIRCI IV	one.	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	to employee	(e) Estimate		
		devoted to position	(Forms W-2/1099-MISC	benefit plans, comper		other com	pensat	ion
NONE								
15251555								
4141114				-				

f	Total number of other employees paid over	er \$100,000	. • 0					•••••
51	Complete this table for the organization'			t contractors	who each	received	more	than
	\$100,000 of compensation from the orga	nization. If there is no	one, enter "None."		W110 0001	110001100	111010	triar
	(a) Name and business address of each independ	ent contractor	(b) Type of se	nvico		Componenti		
	(.,		(b) Type of se	vice	(0)	Compensation	OH.	
NONE								
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
	Total number of other independent contra			. >		0		
52	Did the organization complete Schedu	le A? <b>Note:</b> All se	ection 501(c)(3) org	anizations m	ust attach	n a		
	completed Schedule A					.► ✓ Yes		10
Under p	enalties of perjury, I declare that I have examined this r rect, and complete. Declaration of preparer (other than	eturn, including accompan	ying schedules and staten	nents, and to the	best of my kr	nowledge and	belief,	it is
	, and the second	omocry is passed on an inic	matori of which prepare	nas any knowle	age.			
Sign	Signature of officer	/	And the state of t		<del>/ .</del>			
Here	( tank	united)		Date	//1			
. 1016	John A. Mountcastle, Treasurer  Type or print name and title				/ / /			
		Preparer's signature	IF	lato	1	DTIAL		
Paid	Print/Type preparer's name	reparer a signature		ate	Check	if PTIN		
Prep	1 <u>-</u>				self-emplo	yed		
Use (					's EIN ▶			
May th	Firm's address ► ne IRS discuss this return with the preparer	shown above? See i	netructions	Pho	ne no.	<u> </u>		
· · · · · · ·	aloodoo alio return with the preparer	SHOWIT ADOVE! SEE I	naductions			Yes	<b>N</b>	10

#### SCHEDULE A (Form 990 or 990-EZ)

## **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

ww.irs.gov/form990. Inspection

Employer identification number The Veterans' Council of St. Johns County, Inc. 27-1971825 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). 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). 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). 6 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.) 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 331/3% 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 331/3% 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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) d 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 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). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D)

(E)

Part II 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

	on A: I abile Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13,507	21,777	7,340	44,538	35,494	122,656
2	Tax revenues levied for the				1,7000	33,434	122,030
	organization's benefit and either paid						
	to or expended on its behalf	o	0	o	0		
3	The value of services or facilities				<u> </u>	0	
	furnished by a governmental unit to the	TO THE PARTY OF TH					
	organization without charge	500	500	500	0.50		
4	Total. Add lines 1 through 3	14,007	500	500	250	250	2,000
		14,007	22,277	7,840	44,788	35,744	124,656
5	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)						
•							32,441
6 Coot	Public support. Subtract line 5 from line 4						92,215
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	14,007	22,277	7,840	44,788	44,788	124,656
8	Gross income from interest, dividends,						
	payments received on securities loans,			İ			
	rents, royalties and income from similar						
	sources	0	0	0	0	0	0
9	Net income from unrelated business						- ,,,,,,,
	activities, whether or not the business						
	is regularly carried on	400	500	0	500	500	1,900
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	103	640	254	170	226	1,393
11	Total support. Add lines 7 through 10						127,949
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	15,050
13	First five years. If the Form 990 is for th			d, third, fourth.	or fifth tax ve		n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor	t Percentage	3				
14	Public support percentage for 2016 (line 6			1. column (fl)		14	72.07 %
15	Public support percentage from 2015 Sch	edule A. Part I	I. line 14			15	70.60 %
16a	331/3% support test-2016. If the organize	zation did not	check the box	on line 13. an	d line 14 is 33		check this
	box and stop here. The organization qual	ifies as a publi	cly supported	organization			
b	331/3% support test-2015. If the organiz	zation did not d	check a box o	line 13 or 16	a and line 15	is 331/2% or m	ore check
	this box and stop here. The organization	qualifies as a r	publicly suppo	ted organization	n	10 00 70 70 01 111	bro, check
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me	ets the "facts.	and-circumete	uncos" tost ob	ook this have	oa, or 166, and	l line 14 is
	Part VI how the organization meets the "f	iacts-and-circu	imetancee" te	t The organiz	eck this box a	ina stop nere.	Explain in
	organization	acts-and-chet	mistances te	st. The organiz	ation qualifies	as a publicly	supported
1.							
b	10%-facts-and-circumstances test—20	115. If the orga	inization did n	ot check a box	on line 13, 1	6a, 16b, or 17a	a, and line
	15 is 10% or more, and if the organization	tion meets the	artacts-and-c	rcumstances"	test, check t	his box and s	top here.
	Explain in Part VI how the organization m	ieets the "fact	s-and-circums	tances" test. 1	ne organization	on qualifies as	a publicly
40	supported organization		• • •				▶ 🗆
18	Private foundation. If the organization did	not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	k this box and :	see
	instructions						▶ 🗆

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, p	ompicte i ait	,	
Caler	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees				, , ,	(0) 2010	(i) rotal
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid	-					
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		WARE				
6							
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
, u	received from disqualified persons .	Parameter Andrews					
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support	<b>,</b>					
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses	Linear					
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	·····					
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	n, or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					
	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	%
16 Sooti	Public support percentage from 2015 Sch	nedule A, Part	III, line 15 .	· · · · ·	· · · · ·	16	%
3ecu 17	on D. Computation of Investment In				(0)		
18	Investment income percentage for 2016 (	ine iuc, colum	nn (t) divided b	y line 13, colui	mn (f))	17	<u>%</u>
19a	Investment income percentage from 2015	i ocnedule A, l	chook the har	on line 44		18	<u>%</u>
134	331/3% support tests—2016. If the organi 17 is not more than 331/3%, check this box	and ston here	The organization	. un une 14, ai on qualifice co	nu line 15 is m	ore than 331/39/	
b	331/3% support tests—2015. If the organiz	ation did not o	heck a hox on	line 14 or line 1	u publicly suppt 19a and line 16	is more than 2	on . $\triangleright$ $\square$
-	line 18 is not more than 331/3%, check this b	oox and stop h	ere. The organi	zation qualifies	s as a publicly s	upported organi	zation ► 🗀
20	Private foundation. If the organization di						

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## S

Sect	ion A. All Supporting Organizations		·	~
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c 4a	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
	"Yes," and it you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a 5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		+
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		·	,
1	Did the directors trustees or membership of any annual second second second	550-02/00/995	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		<u> </u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	Section Section 1	CONTRACTOR SON
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
^		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3		2		
Ū	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3	l	
1				
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	20,1402,20,10,400	0.0000000000000000000000000000000000000
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
_		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	100000000000000000000000000000000000000	Constant of the
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru nizat	st on Nov. 20, 1970 (exp ions must complete Sec	lain in Part VI). <b>See</b> tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	200	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall		agrated Tune III "	<u></u>
instructions).	уш	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	Page i
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		
5	Qualified set-aside amounts (prior IRS approval required)	)		
6	Other distributions (describe in Part VI). See instructions	•		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	ch the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
<u>C</u>	From 2013			
<u>d</u>	From 2014			
<u>e</u>	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2016 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
<u>e</u>	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
No Suppler	No Supplemental Information Required						
***************************************							
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~							
A A A A A A A A A A A A A A A A A A							

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

The Veterans' Council of St. Johns County, Inc.

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Employer identification number** 

27-1971825

Organiz	Organization type (cneck one):						
Filers o	f:	Section:					
Form 99	00 or 990-EZ	√ 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		☐ 527 political organization					
Form 99	00-PF	☐ 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		☐ 501(c)(3) taxable private foundation					
Check if	Vour organization is a	covered by the <b>General Rule</b> or a <b>Special Rule</b> .					
	nly a section 501(c)(7)	, (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General	Rule						
<b>V</b>	For an organization fi or more (in money or contributor's total co	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ntributions.					
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

The Veterans' Council of St. Johns County, Inc.

27-1971825

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Jerome V. Jacalone  433 East 51st St., Apt 8C  New York, NY 10022	\$\$\$10,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			

Name of organization

The Veterans' Council of St. Johns County, Inc.

Employer identification number
27-1971825

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		s				

Name of organization

Name of or				Employer identification number			
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organizate contributions of \$1,000 or loss for the	the year from any one conscions completing Part III.	<b>contributor.</b> Complete the total of execution of executi	ete columns (a) through (e) and			
	contributions of \$1,000 or less for the Use duplicate copies of Part III if add		ation once. See inst	ructions.) > \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held			
	Transferee's name, address, ar	(e) Transfer of		f transferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No.	(b) Purpose of gift	(c) Use of gift	(4)	Description of how gift is held			
Part I		(a) 000 01 girt		Description of now girt is neig			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relations		Relationship of	f transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held			
-							
-		***************************************					
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of	transferor to transferee			
-							

#### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

		s, on Form 990, Part IV, line 5 (Proxy	r rax) (see separate	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
	ee separate instructions), t				
	ection 501(c)(4), (5), or (6) orga of organization	anizations: Complete Part III.			
	•			Employer idei	ntification number
	eterans' Council of St. John	s County, Inc.			27-1971825
Part 1	Provide a description of	e organization is exempt und	er section 501(	c) or is a section 527 (	organization.
•	definition of "political car	,			IV. (see instructions for
2	Political campaign activit	y expenditures (see instructions) .			6
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)	<u> </u>	80
Part	Complete if the	e organization is exempt und	er section 501(d	c)(3).	,
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 🕨 💲	0
2	Enter the amount of any	excise tax incurred by organizatior	n managers under	section 4955 ▶ \$	0
3	If the organization incurre	ed a section 4955 tax, did it file For	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part	Complete if the	e organization is exempt und	er section 501(d	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
_					
2		filing organization's funds contrib			
3	Total exempt function acti	vities		· · · · · · · · • \$	
3		expenditures. Add lines 1 and 2.			
4		Alla Farma 4400 DOL (C. 111)			
4		file Form 1120-POL for this year?			
5	erganization made noum	ses and employer identification nur	nber (EIN) of all se	ection 527 political organi	zations to which the filing
	the amount of political co	ents. For each organization listed, ontributions received that were pro	enter the amount	paid from the filing organi	ization's funds. Also enter
	as a separate segregated	fund or a political action committed	e (PAC). If addition	delivered to a separate p	de information in Part IV
			(1 7 to): 11 dddition	Tar space is needed, provi	de information in rait iv.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political
				funds. If none, enter -0	contributions received and promptly and directly
					delivered to a separate political organization. If
					none, enter -0
/4\					
(1)					
(2)					
(2)					
(3)					
(0)					
(4)					
· ·/					
(5)					
,					
(6)					
. ,					

Pa	rt II-A Complete if the organiza section 501(h)).	tion is exemp	t under section 5	601(c)(3) and file	d Form 5768 (ele	ction under
A	Check ► ☐ if the filing organization	belongs to an	affiliated group (a	nd list in Part IV	each affiliated gro	up member's
	name, address, EIN, ex	penses, and sh	nare of excess lob	bying expenditu	res).	•
<u>B</u>	Check ► ☐ if the filing organization	checked box A	and "limited cor	ntrol" provisions a	apply.	
	Limits on Lo	bbying Expend	litures		(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
	a Total lobbying expenditures to influer	ice public opinic	on (grass roots lobb	ying)		
	b Total lobbying expenditures to influer	ice a legislative		ng)		
	c Total lobbying expenditures (add line					
	<ul> <li>d Other exempt purpose expenditures</li> <li>e Total exempt purpose expenditures (</li> </ul>			• • • • • •		
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	add lines ic and	from the following	and American Control		
	f Lobbying nontaxable amount. Ente columns.	er the amount	from the following	ig table in both		
	If the amount on line 1e, column (a) or (b	is: The lebbyin	a mantavable assess	-4:		
	Not over \$500,000		ng nontaxable amou amount on line 1e.	nt is:		
	Over \$500,000 but not over \$1,000,000		us 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess			
	Over \$17,000,000	\$1,000,000.		Στοι φτ,σοσ,σοσ.		
	g Grassroots nontaxable amount (enter					
	h Subtract line 1g from line 1a. If zero of	r less, enter -0-				
İ	Subtract line 1f from line 1c. If zero or	less, enter -0-				
	j If there is an amount other than ze	ro on either lin	e 1h or line 1i, di	d the organization	file Form 4720	
	reporting section 4911 tax for this ye					Yes No
	(Some organizations that made a	section 501(h) e	g Period Under se election do not ha structions for lines	e to complete all	of the five column	s below.
	Lobby	ng Expenditure	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
(	e Grassroots ceiling amount (150% of line 2d, column (e))	7.6				
1	f Grassroots lobbying expenditures					, , , , , , , , , , , , , , , , , , , ,

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	า 5768
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)	(b)
aesc	ription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
a	Volunteers?	✓		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
C C	Media advertisements?		✓	(
d	Mailings to members, legislators, or the public?	<b>✓</b>		(
e f	Publications, or published or broadcast statements?	<b>✓</b>		
g g	Grants to other organizations for lobbying purposes?	<b>_</b>	<b>✓</b>	(
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	1		
i	Other activities?	<b>√</b>		
j	Total. Add lines 1c through 1i	<b>V</b>		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1	· ·
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	First or process	1	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), (	or se	ction
		***************************************		Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."	)(5), ( )R (b)	or se Part	ction : III-A, line 3, is
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		ı
•	·			ı
a b	Current year		2a	
C	Carryover from last year		2b	
3	Total	•	2c	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		3	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	vina		
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Par	V Supplemental Information			
Provide 2 (see	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, lines 1 and
	see Schedule O for responses to Part II-B.			

Schedule C (Form 990 or 990-EZ) 2016				
Part IV	Supplemental Information (continued)			
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		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		


SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 **2016**

Department of the Treasury Internal Revenue Service 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.

• Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the Organization

The Veterans' Council of St. Johns County, Inc.

27-1971825

Form 990-EZ Part 1 Line 8	Other Revenue: Advertising income from Veterans' Council's newsletter and website. As this does not exceed \$1,000, it is not taxable and Schedule T is not required.
Part 1 Line 10	Grants and other donations \$5,000 Disabled American Veterans' Chapter 6, St. Augustine for DAV Van Replacement \$1,206 City of St. Augustine for Maps of Military Battles & Installations programs \$1,085 Wreaths Across America for Wreaths at St. Augustine National Cemetery programs \$1,000 Ponte Vedra High School Band for Veterans' Day programs \$1,000 St. Augustine High School Band for Veterans' Day programs \$500 Bartram High School Band for Veterans' Day programs \$482 (net) Forward March, Inc. for Renewal of Hamblen American Legion Post programs \$200 Kari Shimer for Aid to A Distressed Veteran \$35 Andrew Jackson High School ROTC for Reimbursement for meals programs
Part 1 Line 14	Rent of Post Office Box 2117 St. Augustine, FL 32085-2117
Part 1 Line 16	Other Expenses grouped functionally (line by line tabulation follows this grouping): Program Expenses:
	 Veterans' Day Weekend \$26,469 Second Annual Veterans' Day Grande Parade \$8,178
	Over 1,000 marchers were observed by several thousand of our local citizenry, as they marched along San Marco Ave., past the Castillo de San Marco then along Avenida Menendez, Cathedral Place and Cordova Avenue. The flyover, military vehicles, JROTC units from our local High Schools, Veterans from World War II and all conflicts since then, two Military Marching Bands and several local High School marching bands was reviewed by diplomatic and military from Great Britain and Spain, as well as our Florida Air National Guard BG Simpler. Several gross of small American Flags were distributed to children watching this parade, at a cost of \$640
	Military Film Festival at the Corazon Theatre \$800
	The Veterans' Council, in conjunction with Florida Veterans' Programs and Projects, has produced five documentaries featuring stories of local Veterans' service. Preserving this history is only the first part of the mission. The Council involved students from Flagler College and from The Art Institute of Jacksonville in three of the documentaries, which shared stories of Veterans of World War II, Korea and Viet Nam. Other documentaries told the stories of four Northeast Florida Veterans who were held captive in these three wars, and lastly, the story of K-9s for Warriors, a St. Johns County-based Public Charity assisting disabled Veterans with service animals.
	The Council has donated these documentaries to the University of Florida, where each is featured on the University's Digital Military Library website, to Flagler College and the University of North Florida, as well as most public schools in St. Johns, Flagler and Putnam

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047
2016
Open to Public
Inspection
Employer Identification Number

27-1971825

Name of the Organization

The Veterans' Council of St. Johns County, Inc.

Form 990-EZ Part 1 Line 16 (continued) Counties. In addition, museums at The Pentagon, the World War II Museum in New Orleans, LA, the National POW Museum in Andersonville, GA and the Library of Congress have copies.

All these documentaries have also been broadcast by Jacksonville's local PBS affiliate, WJCT-TV; the Prisoners of War documentary "Stolen Valor" was also broadcast worldwide on The Pentagon Channel.

During Veterans' weekend (November 11-13, 2016), The Corazon Theatre donated the use of their theatre to play each of these documentaries, and to host a reception for VIPS on Friday, November 11 after the Second Annual St. Augustine Veterans' Day Parade.

Of special interest was the introduction to "Stolen Valor" by James Moyer, Chairman of The Ride Home, Inc., a Florida Non-Profit Corporation, paying tribute to Former American Prisoners of War and the families of those Americans still Missing in Action. National POW/MIA Recognition Day reminds us of the sacrifices our soldiers and their families make for our great country every day and our responsibility to let them all know that we Will NOT Forget. Combined Conflict totals in the last century equate to more than 120,000 Prisoners Of War repatriated and over 83,000 still listed as Missing in Action.

To pay tribute to the Former Prisoners of War and the Families of those still Missing In Action, The RIDE HOME hosts an annual event which takes place in and around the cities of Americus and Andersonville, Georgia, home of the National Prisoners of War Museum. With the support of American Patriots, the Ride Home is able to provide dinner and lunch, as well as lodging for over 200 Honored Guests. This annual event is open to the public and we strongly encourage you to join us as we show our gratitude for the sacrifices these former POWs and MIA families have made for Our Country.

Lee Greenwood Concert Sunday, Nov. 13 \$17,491

Held at the St. Augustine Amphitheatre and sponsored by the Ancient City Chapter, Military Officers' Association of America, several thousand attended this patriotic concert which was partially underwritten by the Council. Any surplus over costs would be distributed by the Ancient City Chapter to local Veterans' organizations.

Subsequent Events: In 2017, the Ancient City Chapter reimbursed \$4,383 to the Council for Lee Greenwood Concert advertising and St. Johns County Sheriff David Shoar reimbursed the Council \$1,915 for the security expense imposed by the St. Augustine Police Department. The above amounts do not reflect these receipts, which will be reported in the 2017 990-EZ.

2. Grant to Disabled American Veterans Chapter 6 \$5,000

In 2015, the Council successfully sought a grant from the PGA Player's Tournament Tour Charities in the amount of \$5,000, which was received in December. In January, St. Johns County Chapter 6, DAV, was presented with the \$5,000 grant to be used to purchase a replacement vehicle for the van currently in use to transport our Veterans to and from St. Johns County to the U.S. Department of Veterans' Affairs Hospital in Gainesville, FL. St. Johns County Council on Aging provides the drivers for this invaluable service to our Veterans. This PGA grant was received in 2015 with the grant to DVA #6 January 28, 2016.

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047 2016

Open to Public Inspection

27-1971825

Department of the Treasury

The Veterans' Council of St. Johns County, Inc.

Form 990-EZ Part 1 Line 16 (continued)

3. Homeless Veterans' 2016 Stand Down \$2,000

Annually, in late August, the Council, in conjunction with the St. Johns County Veterans' Service Office, Elks Lodge 829 and St. Johns County Legal Services, hosts a "Stand Down" for Homeless Veterans and other indigent residents of St. Johns County. While Military Surplus may only be distributed to qualified Veterans, much of the clothing is donated by those wishing to assist all the homeless in the county, and, after qualified Veterans have received their share, the remaining clothing is distributed to all who are in need. In addition to the clothing, tents and sleeping bags (military surplus), haircuts and showers were made available, with legal advice from St. Johns County Legal Services and assistance to Veterans in filing claims with the U.S. Department of Veterans' Affairs available.

4. City of St. Augustine and Visitors and Convention Bureau \$1,206

In conjunction with the Ancient City Chapter of MOAA, which produced maps of military sites in St. Augustine and St. Johns County, the Council paid for printing the maps which were then distributed at various tourist locations within the County.

5. Website \$1,154

Complete upgrade and reorganization of the Council's website, with the addition of several new pages of content each month (in addition to providing links to the monthly newsletter and reports by the Chairman, Secretary and Treasurer

6. Wreaths Across America \$1,085

The Council served as the primary solicitor of funds to provide one wreath for each individual grave site at the St. Augustine National Cemetery. For several consecutive years, the efforts of the Council have been rewarded with no individual gravesite being without a wreath. The officers of the Council also serve on the Jacksonville National Cemetery Advisory Council and assist the Patriot Riders in their efforts to ensure similar success at the Jacksonville National Cemetery.

Form 990-EZ Part 1 Line 16 (continued)

Other Expenses by Line Item

Program Expenses:	
Advertising & Promotion, Lee Greenwood Concert	4,470.00
American Flags	640.00
Challenge Coins	199.12
Equipment Rental	5,514.85
Event Expenses - Other	150.00
Favors and Mementos	330.54
Lodging & Per Diem	3,892.70
Meals	2,567.98
Miscellaneous Program Events	855.06
Miscellaneous Supplies	1,539.00
Music & Entertainment, Lee Greenwood Concert	12,991.04
Permits	1,183.50

(Form 990 or 990-EZ)

Department of the Treasury Name of the Organization

Supplemental Information to Form 990 or 990-EZ

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2016 **Open to Public** Inspection

OMB No. 1545-0047

27-1971825

The	Veterans'	Council	of St.	Johns	County.	Inc.
					,	

L		27-13/1023	
Form 990-EZ	Refunds	70.00	
Part 1 Line 16	Security	1,235.00	
(continued)	Trophies, Plaques & Awards	285.00	
(55)	Video Production & Duplication	410.00	
	Total Program Expenses	36,333.79	
	Management and General Expenses:	-	
	Business Registration Fees	136.25	
	Depreciation and Amortization - Allowable	42.76	
	Insurance - Liability, Directors and Officers	402.00	
	Total Management and General Expenses	581.01	
	Fund Raising Expenses:		
	None	0.00	
Part 2 Line 24	The 450th Military Commemoration Committee designed a "Challenge Coin" as a collectible, and purchased 100 coins for \$497.80 in 2013, including one-time charges. The Committee has copyrighted the obverse and reverse designs, and offers a license to reproduce the obverse for \$1 per coin, available solely to member organizations of The Veterans' Council. During 2014, ten coins were distributed, at a cost of \$50, to newly-elected St. Johns County and City of St. Augustine officials. Remaining inventory carried at cost of \$398. In 2015, half the remaining inventory was distributed to participants in the two Veterans'		

Day events (Parade and Iraq/Afghanistan conflict Veterans' ceremony at Anastasia Baptist Church, which featured an essay contest and performances by St. Augustine High School students. Additional Challenge Coins were purchased and distributed to Parade Participants and VIPs attending the First Annual St. Augustine Veterans' Day Parade, leaving a balance of forty (40) coins.

The remaining forty (40) Challenge Coins were distributed in 2016 to VIPs attending the Second Annual St. Augustine Veterans' Day Parade, reducing the opening balance to zero.

In January, 2016, the Veterans' Council was presented with the opportunity to purchase a public address system at a bargain price of \$213.82. In 2016, depreciation in the amount of \$42.76 was recorded as an expense.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2016

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Department of the Treasury

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Inspection oyer Identification Nur 27-1971825

Form 990-EZ Part III Line 28

Veterans' Day Weekend \$26,469

The Veterans' Council of St. Johns County, Inc.

Second Annual Veterans' Day Grande Parade \$8,178

Over 1,000 marchers were observed by several thousand of our local citizenry, as they marched along San Marco Ave., past the Castillo de San Marco then along Avenida Menendez, Cathedral Place and Cordova Avenue. The flyover, military vehicles, JROTC units from our local High Schools, Veterans from World War II and all conflicts since then, two Military Marching Bands and several local High School marching bands was reviewed by diplomatic and military from Great Britain and Spain, as well as our Florida Air National Guard BG Simpler. Several gross of small American Flags were distributed to children watching this parade, at a cost of \$640

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047 **2016**

Open to Public Inspection

27-1971825

The Veterans' Council of St. Johns County, Inc.

Form 990-EZ Part III Line 28 (Continued) To pay tribute to the Former Prisoners of War and the Families of those still Missing In Action, The RIDE HOME hosts an annual event which takes place in and around the cities of Americus and Andersonville, Georgia, home of the National Prisoners of War Museum. With the support of American Patriots, the Ride Home is able to provide dinner and lunch, as well as lodging for over 200 Honored Guests. This annual event is open to the public and we strongly encourage you to join us as we show our gratitude for the sacrifices these former POWs and MIA families have made for Our Country.

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The full accounting for this fund-raising Concert, including gross receipts and expenditures, will be made by the Ancient City Chapter, Military Officers' Association of America, or its' affiliated §501(c)(3) entity, Military Officers Association Of America, Ancient City Chapter, Charitable, Educational And Scientific Fund, Inc.

Subsequent Events: In 2017, the Ancient City Chapter reimbursed \$4,383 to the Council for Lee Greenwood Concert advertising and St. Johns County Sheriff David Shoar reimbursed the Council \$1,915 for the security expense imposed by the St. Augustine Police Department. The above amounts do not reflect these receipts, which will be reported in the 2017 990-EZ.

Part III Line 29

Grant to Disabled American Veterans Chapter 6 \$5,000

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Part III Line 30

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Open to Public

Inspection 27-1971825

OMB No. 1545-0047

2016

Part III

Line 31

The Veterans' Council of St. Johns County, Inc.

Form 990-EZ City of St. Augustine and Visitors and Convention Bureau \$1,206

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Website \$1,154

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Wreaths Across America \$1,085

The Council served as the primary solicitor of funds to provide one wreath for each individual grave site at the St. Augustine National Cemetery. For several consecutive years, the efforts of the Council have been rewarded with no individual gravesite being without a wreath. The officers of the Council also serve on the Jacksonville National Cemetery Advisory Council and assist the Patriot Riders in their efforts to ensure similar success at the Jacksonville National Cemetery.

Schedule C Part I-A & Part II-B

The Veterans' Council continued its' 2015 efforts to have the U.S. Department of Veterans' Affairs permanently relocated its' St. Augustine Community-Based Outpatient Clinic (CBOC) near or within the St. Johns County Health Services Campus.

The Department has agreed to enter into a firm contract with St. Johns County to co-locate the CBOC; the County is in the process of developing a project plan which incorporates all the Department's requirements for construction, and for a financial bid to be presented to the Department as a sole-source acquisition.

In 2016, The Veterans' Council formally initiated efforts to create a salaried position within the St. Johns County government to assist in administering a Veterans' Treatment Court within the Seventh Judicial District, to specifically address the needs of St. Johns County Veterans' who have been involved with the judicial system. The goal is to provide an alternative to incarceration and to allow the Veteran to remain gainfully employed, or to obtain needed mental and/or medical treatments.

Members of the Board of the Council, all unpaid volunteers, have appeared before public meetings of the Board of County Commissioners, and to sitting judges in St. Johns County, as well as e-mailing the aforementioned and being interviewed by the local newspaper, the St. Augustine Record. As the concept of the Veterans' Treatment Court coalesced, meetings were held with those having similar positions in Volusia County, Florida, the nearest county with a functioning Veterans' Treatment Court.

Subsequent Events: The Veterans' Treatment Court was franchised in the first quarter of 2017, together with funding sought for the County Administrator's position.