

**Short Form****Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A</b> For the 2020 calendar year, or tax year beginning , 2020, and ending , 20												
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>The Veterans' Council of St. Johns County, Inc.</b></td> <td><b>D</b> Employer identification number <b>27-1971825</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td><b>E</b> Telephone number <b>(904) 687-5668</b></td> </tr> <tr> <td colspan="2"><b>PO Box 2117</b></td> <td rowspan="2"><b>F</b> Group Exemption Number ▶</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>St. Augustine, FL 32085-2117</b></td> </tr> </table>	<b>C</b> Name of organization <b>The Veterans' Council of St. Johns County, Inc.</b>		<b>D</b> Employer identification number <b>27-1971825</b>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>(904) 687-5668</b>	<b>PO Box 2117</b>		<b>F</b> Group Exemption Number ▶	City or town, state or province, country, and ZIP or foreign postal code <b>St. Augustine, FL 32085-2117</b>	
<b>C</b> Name of organization <b>The Veterans' Council of St. Johns County, Inc.</b>		<b>D</b> Employer identification number <b>27-1971825</b>										
Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>(904) 687-5668</b>										
<b>PO Box 2117</b>		<b>F</b> Group Exemption Number ▶										
City or town, state or province, country, and ZIP or foreign postal code <b>St. Augustine, FL 32085-2117</b>												
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶												
<b>I</b> Website: ▶ <a href="http://veteranscouncilsjc.org/">http://veteranscouncilsjc.org/</a>												
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527												
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other												
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ <b>57,109</b>												

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (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"/>			
<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>56,769</b>
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>0</b>
	<b>3</b>	Membership dues and assessments . . . . .	<b>0</b>
	<b>4</b>	Investment income . . . . .	<b>0</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . . <b>5a</b>	<b>0</b>
	<b>b</b>	Less: cost or other basis and sales expenses . . . . . <b>5b</b>	<b>0</b>
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . . <b>5c</b>	<b>0</b>
	<b>6</b>	Gaming and fundraising events:	
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>	<b>340</b>
	<b>b</b>	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b>	<b>0</b>
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>	<b>150</b>	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>	<b>190</b>	
<b>Revenue</b>	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>	<b>0</b>
	<b>b</b>	Less: cost of goods sold . . . . . <b>7b</b>	<b>0</b>
	<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . . <b>7c</b>	<b>0</b>
	<b>8</b>	Other revenue (describe in Schedule O) . . . . . <b>8</b>	<b>0</b>
<b>Expenses</b>	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>56,959</b>
	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>	<b>30,515</b>
	<b>11</b>	Benefits paid to or for members . . . . . <b>11</b>	<b>0</b>
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . . <b>12</b>	<b>0</b>
	<b>13</b>	Professional fees and other payments to independent contractors . . . . . <b>13</b>	<b>0</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>	<b>106</b>
	<b>15</b>	Printing, publications, postage, and shipping . . . . . <b>15</b>	<b>352</b>
	<b>16</b>	Other expenses (describe in Schedule O) . . . . . <b>16</b>	<b>4,395</b>
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>35,368</b>
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . <b>18</b>	<b>21,591</b>
	<b>19</b>	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) . . . . . <b>19</b>	<b>36,901</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b>	<b>-8</b>
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>58,484</b>

**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 . . . . . ☒

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☒

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .	36,864	<b>22</b> 58,472
<b>23</b>	Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b>	Other assets (describe in Schedule O) . . . . .	37	<b>24</b> 12
<b>25</b>	<b>Total assets</b> . . . . .	36,901	<b>25</b> 58,484
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b> 0
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	36,901	<b>27</b> 58,484

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)	58,59
	Check if the organization used Schedule O to respond to any question in this Part III <input checked="" type="checkbox"/>	58,59
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☒

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations; optional for  
others.)

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.

28	Assistance to St. Johns County Veterans' Families impacted by COVID-19. Individual grants to individuals totalled \$15,212; a \$2,000 grant was made to Vets 4 Vets of St. Augustine, Inc. to enable that organization to assist others in need. (Grants \$ 17,212) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a	17,212
29	Assistance to the St. Johns County ("SJC") Veterans' Treatment Court ("VTC") & Participants During 2020, forty-seven (47) Veterans opted to participate in the St. Johns County Veterans' Treatment Court. Participants receive treatment for substance abuse & mental health issues, with 4 receiving inpatient treatment (Grants \$ 6,695) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a	6,765
30	Traditional Veterans' Day Observances could not be provided due to COVID-19 precautions. Instead, the Veterans' Council produced a documentary honoring Korean War Veterans on the 70th Anniversary of the start of that conflict. (Grants \$ 750) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a	2,273
31	Other program services (describe in Schedule O) . . . . . (Grants \$ 5,858) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a	7,762
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>	32	34,012

**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 ☐

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

**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
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
<b>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 . . . . .		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> 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>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ <u>Florida</u>		
<b>42a</b> The organization's books are in care of ▶ <u>John Mountcastle</u> Telephone no. ▶ <u>904-687-5668</u> Located at ▶ <u>16 Marshview Drive, St. Augustine, FL</u> ZIP + 4 ▶ <u>32080-9182</u>		
<b>b</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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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 ▶ . . . . .	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .	<b>45b</b>	<input checked="" type="checkbox"/>

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

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

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☒

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
<b>47</b>	<input checked="" type="checkbox"/>	
<b>48</b>		<input checked="" type="checkbox"/>
<b>49a</b>		<input checked="" type="checkbox"/>
<b>49b</b>		

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

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

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

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . . **0**

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☒ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

Date

John Mountcastle, Treasurer

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

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

Employer identification number

27-1971825

**Part I 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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ 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.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - 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.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	35,494	28,812	62,764	17,471	56,769	201,310
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	250	250	250	250	250	1,250
<b>4 Total.</b> Add lines 1 through 3 . . . . .	35,744	29,062	63,014	17,721	57,019	202,560
<b>5</b> 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) . . . . .						16,264
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						186,296

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	35,744	29,062	63,014	17,721	57,019	202,560
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	0	0	0	0	0	0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	500	800	200	500	0	2,000
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	226	215	277	373	190	1,281
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						205,841
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	90.5 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	61.8 %
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33<sup>1</sup>/<sub>3</sub>% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 17 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

**b 33<sup>1</sup>/<sub>3</sub>% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 18 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</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.		
<b>c</b> 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.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</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.		
<b>c</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
<b>8</b> 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).		
<b>9a</b> 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> .		
<b>b</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> .		
<b>c</b> 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> .		
<b>10a</b> 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 line 10b below.		
<b>b</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.)		



**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
11c		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

**Section C. Type II Supporting Organizations**

	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

**Section 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).		
2		
3 By reason of the relationship described in line 2, above, 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.		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.	
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).	
2 Activities Test. Answer lines 2a and 2b below.		
a	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 <b>Part VI</b> 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		
b	Did the activities described in line 2a, above, 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 <b>Part VI</b> 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 lines 3a and 3b below.		
a	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? If "Yes" or "No," provide details in <b>Part VI</b> .	
3a		
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 <b>Part VI</b> the role played by the organization in this regard.	
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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	<b>Adjusted Net Income</b> (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	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):	1e	
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 of line 1.	2	
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

  

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 . . . . .			
b From 2016 . . . . .			
c From 2017 . . . . .			
d From 2018 . . . . .			
e From 2019 . . . . .			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 . . .			
b Excess from 2017 . . .			
c Excess from 2018 . . .			
d Excess from 2019 . . .			
e Excess from 2020 . . .			

## 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.)

Please see Schedule O for details.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
The Veterans' Council of St. Johns County, Inc.	27-1971825

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$ 0
- 3 Volunteer hours for political campaign activities (See instructions) 0

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	0	0												
<b>d</b>	Other exempt purpose expenditures	0	0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	0	0												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	0	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	0	0	0	0	0
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					0
<b>c</b> Total lobbying expenditures	0	0	0	0	0
<b>d</b> Grassroots nontaxable amount	0	0	0	0	0
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					0
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions)	<b>5</b>	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Please see Schedule O for responses to Part II-A.

**Part IV**

**Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.



<b>SCHEDULE O</b> (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> for the latest information.	OMB No. 1545-0047 <div style="background-color: black; color: white; text-align: center; padding: 5px;"> <b>2020</b>  <b>Open to Public Inspection</b> </div> Employer Identification Number <b>27-1971825</b>
Name of the Organization <b>The Veterans' Council of St. Johns County, Inc.</b>		

Form 990-EZ Part I Line 1	The Veterans' Council received a \$5,000 Grant from the United Way of Northeast Florida's First Coast Relief Fund, dedicated to provide assistance to those adversely affected by the COVID-19 pandemic.																																		
Form 990-EZ Part I Line 1 In-Kind Gifts	During 2020, the Veterans' Council connected many Veterans in need with local volunteers and businesses able to directly address these needs. Because funds did not flow through the Veterans' Council, with the costs contributed or absorbed by these local entities, it is not feasible to quantify the value of the goods and services contributed to resolve these needs. Examples of such services include: <ul style="list-style-type: none"> <li>Labor to replace a Veteran's HVAC system (Veterans' Council paid the \$3,508 equipment cost, subsequently matched with cash donations reported above)</li> <li>St. Johns County Housing Authority assisted in obtaining repairs to a Veteran's home</li> <li>St. Augustine Beach Police Department assisted in making an 84-year-old Veteran's home safer and more livable</li> <li>Services of a moving company to assist in relocating a Veteran to an assisted living facility and disposal of unneeded household goods</li> <li>Assistance of St. Johns County Tax Collector with reducing <i>non-ad valorem</i> tax collected from a Veteran's surviving spouse who had lost her employment due to COVID-19</li> </ul>																																		
Form 990-EZ Part I Line 10	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 80%;">Grantee</th><th style="text-align: right; width: 20%;">Grant \$</th></tr> </thead> <tbody> <tr><td>Veterans (or Veterans' Families) in Need</td><td style="text-align: right;">\$15,211</td></tr> <tr><td>Veterans' Treatment Court &amp; Participants' Support</td><td style="text-align: right;">6,695</td></tr> <tr><td>St. Johns Ecumenical Ministries</td><td style="text-align: right;">2,000</td></tr> <tr><td>Vets 4 Vets of St. Augustine, Inc.</td><td style="text-align: right;">2,000</td></tr> <tr><td>US Naval Station Subic Bay PI East Coast Reunion</td><td style="text-align: right;">1,941</td></tr> <tr><td>Nov. 11 Veterans' Day Production</td><td style="text-align: right;">750</td></tr> <tr><td>Anastasia Baptist Church</td><td style="text-align: right;">500</td></tr> <tr><td>Oscar Mike Foundation (Tracy Selkirk's Cross-Country Fund-Raiser)</td><td style="text-align: right;">500</td></tr> <tr><td>St. Johns Housing Partnership</td><td style="text-align: right;">209</td></tr> <tr><td>USO Jacksonville</td><td style="text-align: right;">203</td></tr> <tr><td>St. Johns County School District</td><td style="text-align: right;">196</td></tr> <tr><td>Cecil Field POW/MIA Memorial</td><td style="text-align: right;">100</td></tr> <tr><td>Council of County Veterans' Council Presidents, Inc.</td><td style="text-align: right;">100</td></tr> <tr><td>Wreaths Across America</td><td style="text-align: right;">60</td></tr> <tr><td>Clay County Veterans' Council</td><td style="text-align: right;">50</td></tr> <tr><td><b>Total Grants</b></td><td style="text-align: right;"><b>\$30,515</b></td></tr> </tbody> </table>	Grantee	Grant \$	Veterans (or Veterans' Families) in Need	\$15,211	Veterans' Treatment Court & Participants' Support	6,695	St. Johns Ecumenical Ministries	2,000	Vets 4 Vets of St. Augustine, Inc.	2,000	US Naval Station Subic Bay PI East Coast Reunion	1,941	Nov. 11 Veterans' Day Production	750	Anastasia Baptist Church	500	Oscar Mike Foundation (Tracy Selkirk's Cross-Country Fund-Raiser)	500	St. Johns Housing Partnership	209	USO Jacksonville	203	St. Johns County School District	196	Cecil Field POW/MIA Memorial	100	Council of County Veterans' Council Presidents, Inc.	100	Wreaths Across America	60	Clay County Veterans' Council	50	<b>Total Grants</b>	<b>\$30,515</b>
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		<b>2020</b>
		<b>Open to Public Inspection</b> Employer Identification Number <b>27-1971825</b>
Name of the Organization <b>The Veterans' Council of St. Johns County, Inc.</b>		

Form 990-EZ Part I Line 16	Other Expenses	Expense \$
	Nov. 11 Korean War Production	\$1,523
	Veterans' Council Website	855
	Other Awards and Presentations	610
	General & Event Liability Insurance	421
	Office Supplies	349
	Veterans' Memorials in Plaza	180
	American and POW/MIA Flags	137
	Col. Ed Taylor Award	70
	Veterans' Treatment Mentor Uniform Shirts	70
	Governmental Filings	61
	September 11 Memorial	33
	General & Administrative	25
	Bank Fees	22
	St. Augustine National Cemetery	39
	Total Other Expenses	\$4,395
Form 990-EZ Part I Line 20	Incorrectly, the \$7.35 Priority Mail Postage charged to Veterans' Council's credit card was reported as a liability in the 2019 ending balance. This, plus a rounding adjustment of \$1, has been subtracted as an adjustment to the opening balance.	
Form 990-EZ Part II Line 24	In January, 2016, the Veterans' Council was presented with the opportunity to purchase a public address system at a bargain price of \$213.82. The following depreciation was taken: 2016: \$42.76, 2017: \$68.42, 2018: \$41.05, 2019: \$24.63, 2020: \$24.63. 2020 Balance: \$12.33. Eff. 1/1/19, the Veterans' Council adopted a "\$1.263(a)-1(f) <i>de minimis</i> safe harbor election"	
Form 990-EZ Part II Line 26	Incorrectly, the \$7.35 Priority Mail Postage charged to Veterans' Council's credit card was reported as a liability in the 2019 ending balance. This has been omitted from the 2020 opening balance, as noted in Supplemental Information for Part I Line 20.	
Form 990-EZ Part III Line 28	Assistance to St. Johns County Veterans' Families impacted by COVID-19. Grants were made to approximately twenty-five (25) individuals not involved with the Veterans' Treatment Court, to Vets 4 Vets of St. Augustine, Inc., an un-related §501(c)(3) public charity, and to some participants in the Veterans' Treatment Court (who received assistance not requested by the Court) providing assistance in the following categories (excludes amounts recorded on line 29, distributed to Veterans Treatment Court participants at the request of the Court):	

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Form 990-EZ Part III Line 28 (continued)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Transportation</td><td style="text-align: right;">\$72</td></tr> <tr> <td>Utilities</td><td style="text-align: right;">161</td></tr> <tr> <td>Food and Gas Cards</td><td style="text-align: right;">805</td></tr> <tr> <td>Temporary Lodging</td><td style="text-align: right;">810</td></tr> <tr> <td>Miscellaneous Needs</td><td style="text-align: right;">3,750</td></tr> <tr> <td>Housing (taxes, repairs, rents, etc.)</td><td style="text-align: right;"><u>11,614</u></td></tr> <tr> <td>Total Grants (no expenses)</td><td style="text-align: right;"><u>\$17,212</u></td></tr> </table>	Transportation	\$72	Utilities	161	Food and Gas Cards	805	Temporary Lodging	810	Miscellaneous Needs	3,750	Housing (taxes, repairs, rents, etc.)	<u>11,614</u>	Total Grants (no expenses)	<u>\$17,212</u>
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Total Grants (no expenses)	<u>\$17,212</u>														
Form 990-EZ Part III Line 29	<p>Assistance to the St. Johns County ("SJC") Veterans' Treatment Court ("VTC") &amp; Participants During 2020, forty-seven (47) Veterans opted to participate in the St. Johns County Veterans' Treatment Court. Most offenses occurred in St. Johns County, but, four (4) transferred from Putnam County, which does not offer this alternative to the criminal court system. At December 31, 2020, thirty (30) were currently participating. Each Participant is matched with a Veteran "Battle Buddy" who serves as a Mentor, and is available 24/7 should a Participant need support. The Veterans' Council provides a Mentor Coordinator and cell phone plans for Participants who requires them as a condition of enrollment in the Court.</p> <p>While fifteen (15) successfully graduated this program and completed their obligations, two (2) were released from the program with unsuccessful outcomes.</p> <p>Participants receive treatment for substance abuse and mental health issues, with four (4) placed in inpatient treatment. When appropriate, the Veterans' Council funds the <i>de minimis</i> fees for residential treatment, as St. Johns County does not budget for those needs.</p> <p>The Veterans' Council provides incentives administered by the Veterans' Treatment Court:</p> <ul style="list-style-type: none"> <li>• Dog tags for promotions. Every participant is promoted through five phases. Participants are awarded a dog tag tied to each phase promotion.</li> <li>• Challenge coins—Designed and created for SJC VTC. Awarded at graduation.</li> <li>• Gift cards—Awarded for achieving program goals and special accomplishments.</li> <li>• Participant Financial Aid. Veterans Council assists participants in financial need.</li> <li>• Signs for detention facilities. Veterans Council funded and provided six professionally-designed and produced signs, two for the St Johns County detention facility, and four for Putnam County Jail. These signs are displayed in public areas to inform Veterans and other eligible individuals about St. Johns County Veterans' Treatment Court, and provide contact information about this alternative to the criminal justice system.</li> </ul> <p>Some notable successes by 2020 graduates of this program:</p> <ul style="list-style-type: none"> <li>• A veteran on his second DUI turned his life around by remaining sober for over two years; and earning a bachelor's while in Veterans Treatment Court.</li> <li>• A formerly homeless veteran maintains his sobriety and returned to work that allows him to be self-supporting.</li> <li>• A financially-destitute veteran who is not entitled to VA benefits has found relief from long term drug addiction at an inpatient substance abuse facility.</li> </ul>														

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Form 990-EZ Part III Line 29 (continued)	<p>The Veterans' Council's financial assistance has played a pivotal role in participants' recovery.</p> <ul style="list-style-type: none"> <li>• A Veteran who has no family members, and who has battled mental health and substance abuse issues for decades. Veterans Council funded and arranged for payment of the Veteran's security deposit and several month's rent, allowing her to move away from a half-way house which was located in a drug-plagued neighborhood.</li> <li>• A Veteran facing homelessness after release from jail. The Veterans' Council funded and secured a temporary residence until the Veteran found steady employment; and paid for his phone and phone plan.</li> <li>• A father and combat-decorated Veteran with sole custody of his young child lost his construction job due a recurring health condition. Veterans' Council funds paid for a deposit on a rental home; and the first month's utilities.</li> <li>• The combat Veteran single mother of preteen children, who has continued to work despite debilitating health problems. Veterans' Council funds gave the Veteran relief from financial stress, and money to give her children presents at the holidays.</li> <li>• A Veteran struggling to overcome long term drug addiction who has been in and out of prison for years. The Veterans' Council provided gas cards allowed him to get to work, and to visit his disabled grandchild.</li> </ul> <p>Grants to Veterans' Treatment Court Participants were made in the following categories:</p> <table> <tr> <td>Utility Assistance</td> <td>\$150</td> </tr> <tr> <td>Cell Phone Purchase and Activation</td> <td>160</td> </tr> <tr> <td>Publix Food Gift Cards</td> <td>500</td> </tr> <tr> <td>Vehicle Repairs, Transportation and Gas Cards</td> <td>908</td> </tr> <tr> <td>Housing</td> <td>1,350</td> </tr> <tr> <td>Temporary Lodging</td> <td><u>3,627</u></td> </tr> <tr> <td>Total Grants</td> <td>\$6,695</td> </tr> <tr> <td>Uniform Expense for "Battle Buddy" Mentors</td> <td>\$70</td> </tr> </table>	Utility Assistance	\$150	Cell Phone Purchase and Activation	160	Publix Food Gift Cards	500	Vehicle Repairs, Transportation and Gas Cards	908	Housing	1,350	Temporary Lodging	<u>3,627</u>	Total Grants	\$6,695	Uniform Expense for "Battle Buddy" Mentors	\$70
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Form 990-EZ Part III Line 30	<p>Veterans' Day Observances could not be conducted in the traditional manner because of the many restrictions resulting from the COVID-19 Pandemic. The Veterans' Council has produced a documentary released on Veterans Day, featured in a special showing on WJCT PBS station that evening. This year being the 70th anniversary of the beginning of the Korean War, we are honoring the service of those who served in Korea. Featured in the documentary will be five local Veterans whose service we have highlighted. Their service was videoed in interviews at the St. Francis Barracks Officer Club. This documentary is available on You-Tube, at <a href="https://www.youtube.com/watch?v=TUgNf_ryFPY">https://www.youtube.com/watch?v=TUgNf_ryFPY</a> and on the Veterans' Council's website. Expenses for this production include:</p> <table> <tr> <td>Grant to Semper Fi Society for this assistance in casting</td> <td>\$500</td> </tr> <tr> <td>Grant to St. Augustine Officers' Club, Inc. for their location assistance</td> <td><u>250</u></td> </tr> <tr> <td>Total Grants</td> <td>\$750</td> </tr> <tr> <td>Video Production and Duplication costs</td> <td>\$1,523</td> </tr> </table>	Grant to Semper Fi Society for this assistance in casting	\$500	Grant to St. Augustine Officers' Club, Inc. for their location assistance	<u>250</u>	Total Grants	\$750	Video Production and Duplication costs	\$1,523								
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Form 990-EZ Part III Line 31		Grants	Total Expenses
	First Coast Relief Grant distributions are reported on Line 28		
	Annual Veterans' Stand Down for St. Johns County's Homeless Veterans was postponed due to COVID-19 Pandemic precautions.	\$0	\$0
	Clay County Veterans' Memorial Park	50	50
	St. Augustine National Cemetery Security and Event Support (9/11, Vietnam War Anniversaries)	0	72
	Council of County Veterans' Council Presidents, Inc.	100	100
	National POW/MIA Memorial & Museum at Cecil Field	100	100
	Provide POW/MIA Flags flown over St. Johns County's Office Buildings	0	137
	St. Johns County School District (school supplies for dependents)	196	196
	USO Jacksonville, FL	203	203
	St. Johns Housing Partnership	209	209
	Wreaths Across America events at St. Augustine National Cemetery printing and mailing of donor acknowledgements \$159	60	219
	Oscar Mike Foundation for Tracy Selkirk's Cross-Country bicycle trek	500	500
	Veterans' Council Website and Patriot Reader Newsletter	0	855
	Awards and Presentations to those officials and agencies which help make St. Johns County the pre-eminent Veteran-Friendly County in FL.	500	1,180
	US Naval Station Subic Bay PI East Coast Reunion; the Veterans Council served as a qualified intermediary to receive a donation to sponsor this event held in St. Augustine because the donor wished to contribute to 501(c)(3) public charities but also to support this reunion of Veterans	1,941	1,941
	St. Johns Ecumenical Ministries (for support of our local food bank, using and matching \$1,000 donation restricted for food assistance)	2,000	2,000
	Rounding Adjustment	(1)	0
	Total other programs	\$5,858	\$7,762

<b>SCHEDULE O</b> (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> for the latest information.	OMB No. 1545-0047 <b>2020</b> <b>Open to Public Inspection</b>
Name of the Organization <b>The Veterans' Council of St. Johns County, Inc.</b>		Employer Identification Number <b>27-1971825</b>

Form 990-EZ Part VI Line 47	See Schedule C and related Supplemental Information for the “no cost” political lobbying activities of the Veterans’ Council. These consisted of two significant lobbying efforts during 2020 (re-establishment of a permanent Community-Based Outpatient Clinic in St. Johns County, and to retain certain U.S. Civil War Veterans’ Memorials at their original locations in downtown historic St. Augustine), while continuing to support the St. Johns’ County Veterans’ Treatment Court. Any expenditures made by the Veterans’ Council were fully offset by subsequent refunds specifically restricted for that purpose, more fully described below (see Schedule C Part II-A Lines 1b & 1d).
Form 990-EZ Schedule A Part II Line 3	Approximate value of meeting rooms provided by St. Johns County at the County Health Facility (January and February) or at the County Board of Commissioners headquarters (September to December). COVID-19 precautions necessitated monthly on-line meetings (March to August).
Form 990-EZ Schedule A Part II Line 5	In 2019, one Unusual Grant, in the amount of \$5,000 was donated in recognition of the Veterans’ Council’s activities in support of the St. Johns County Veterans’ Treatment Court. This donation was restricted for the continued support of that program and is excluded (net effect is reduction in this line by \$883).
Form 990-EZ Schedule A Part II Line 9	Gross proceeds from advertising revenues on-line and in newsletter.
Form 990-EZ Schedule A Part II Line 10	Net proceeds from gaming.
Form 990-EZ Schedule A Part II Line 15	Significant change resulting from 2015 support dropping off form and from 2020 support added to form.
Form 990-EZ Schedule A Part VI	In 2019, one Unusual Grant, in the amount of \$5,000 was donated in recognition of the Veterans’ Council’s activities in support of the St. Johns County Veterans’ Treatment Court. This donation was restricted for the continued support of that program.
Form 990-EZ Schedule B	As noted above (Form 990-EZ Part I Line 1 In-Kind Gifts) it is not feasible to quantify the value of the goods and services contributed to the Veterans’ Council in 2020. Cash contributions only are included in this schedule.
Form 990-EZ Schedule C	The Veterans’ Council has incurred no financial cost in lobbying on behalf of St. Johns County Veterans. The Veterans’ Council filed Form 5768 Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation with the IRS for tax year ending December 31, 2011; this election is valid for all subsequent tax years. Since January 1, 2011, the Veterans’ Council has reported its’ activities, at a \$0 total cost. These activities are reported in detail below.

<b>SCHEDULE O</b> (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> for the latest information.	OMB No. 1545-0047 <b>2020</b> <b>Open to Public Inspection</b>
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Form 990-EZ Schedule C Part II-A Lines 1b & 1d	<p style="text-align: center;"><b>Lobbying to influence the City Commission of St. Augustine</b></p> <p>In the summer of 2020, the Veterans' Council and other organizations lobbied the City Commission of the City of St. Augustine, in an attempt to prevent the removal of certain monuments on public property in the center of historic St. Augustine which commemorated participants in the U.S. Civil War. After this war, soldiers and sailors on both sides of the conflict were designated as U.S. Veterans by an act of Congress. In July, the Veterans' Council joined with the Ancient City Chapter, Military Officers Association of America and the families of those named on the Confederate Veterans' Memorial originally located on the <i>Plaza de la Constitución</i> to enjoin the City of St. Augustine from removing the monument until a "feasibility study from the Historical Architectural Review Board" can be completed. Filing fees of \$414 were paid by the Veterans' Council, with the Ancient City Chapter and a representative of the families named on the Confederate Veterans' Memorial each contributing \$138. On July 31, Circuit Judge R. Lee Smith signed an order dismissing the complaint with prejudice, meaning that the complaint may not be amended and refiled. Since then, not only has the Confederate Veterans' Memorial been removed, but also, by independent action, the University of Florida has completed the removal of the General Loring Memorial from land the University owns to the west of Government House, near the <i>Plaza de la Constitución</i>. In August, attorneys for the plaintiffs directly received additional contributions of \$5,925.00 towards this suit and incurred \$2,022.25 in direct costs. After the suit was dismissed, the attorneys refunded \$414.00 to the Veterans' Council, and returned \$3,901.98 to those who contributed the \$5,925.00. The Veterans' Council refunded the Ancient City Chapter's \$138; the \$138 contributed by a representative of the families was retained as unrestricted funds at the direction of the donor.</p> <p style="text-align: center;"><b>Lobbying for the St. Johns County Community-Based Outpatient Clinic</b></p> <p>The U.S. Department of Veterans' Affairs broke ground on a permanent facility at the end of 2019. The new facility will be named for PFC Leo C. Chase, Jr., a casualty of the Vietnam war. During 2020, the Veterans' Council worked with local representatives of the N. Florida /South Georgia Veterans Health System and the St. Johns County Commissioners to ensure that this facility will meet the current and future needs of our local Veterans. Towards this goal, in addition to the on-site construction, other infrastructure improvements, such as a traffic light to enable safe ingress/egress from the CBOC parking area, modification of public transportation routes, increased availability of St. Johns County Veterans' Service Officers were advocated.</p> <p style="text-align: center;"><b>St. Johns County Veterans' Treatment Court</b></p> <p>As noted under programs (Form 990-EZ Part III Line 29, above), the Veterans' Council continues to support the Seventh Judicial District's St. Johns County Veterans' Treatment Court.</p>
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<b>SCHEDULE O</b> (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> for the latest information.	OMB No. 1545-0047 <b>2020</b> <b>Open to Public Inspection</b>
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### Section 1.263(a)-1(f) de minimis safe harbor election

Effective January 1, 2019, The Veterans' Council of St. Johns County, Inc. has made an initial de minimis safe harbor election under section 1.263(a)-1(f).

It is the intent of the Veterans' Council to continue for this election to be made annually, until such time as the election is revoked.

While not directly applicable to most transactions made by exempt organizations, this election may be pertinent to the proper determination of Unrelated Business Taxable Income ("UBTI"), and thus has been made in an abundance of caution to ensure that UBTI is not overstated. For convenience, this election has been consistently used in reporting all transactions, not just those possibly pertaining to UBTI.

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

PO Box 2117

St. Augustine, FL 32085-2117



**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. The Veterans' Council of St. Johns County, Inc.	Taxpayer identification number (TIN) 27-1971825
	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 2117	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. St. Augustine, FL 32085-2117	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 

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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► John Mountcastle, Treasurer

Telephone No. ► 904-687-5668

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ► ☐ . If it is for part of the group, check this box . . . . . ► ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until November 15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 20 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.