Form 990-EZ

Short Form

OMB No. 1545-0047 2021

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

		of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest infor	•		Inspection
AF	or the	2021 calenda	ar year, or tax year beginning 01/01/2021 and ending		2/31/202	1
	Check if ap		C Name of organization			entification number
	Address c	hange	VETERANS COUNCIL OF ST JOHNS COUNTY INC			7-1971825
	Name cha	inge	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te E Tele	ohone nu	
	Initial retur		PO Box 2117		90	4-687-5668
<u> </u>	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exer	
		n pending	St Augustine, FL 32085-2117		nber 🕨	
G /	Account	ting Method:	✓ Cash	H Check	▶ 🗌 it	the organization is not
ΙV	Vebsite	► http:/	/veteranscouncilsjc.org/	1		ch Schedule B
JT	ax-exen	npt status (che	eck only one) – 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527	(Form 9		
KF	Form of	organization:	Corporation Trust Association Other	•	*****	
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total assets		
(Pai	t II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	48,667
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the instru	ctions	for Part I)
		Check if	the organization used Schedule O to respond to any question in this Pa	artI		🗹
	1		ons, gifts, grants, and similar amounts received		1	47,850
	2	Program se	ervice revenue including government fees and contracts		2	0
	3	Membersh	ip dues and assessments		3	0
	4	Investment	income		4	0
	5a	Gross amo	unt from sale of assets other than inventory 5a	0	51970 A	
	b	Less: cost	or other basis and sales expenses	0		
	c	Gain or (los		5c	0	
	6	Gaming an		<i>ciela</i> s	1	
0	а		ome from gaming (attach Schedule G if greater than			
nu		-	6a	456	建筑物质	
Revenue	b		me from fundraising events (not including <u>\$</u> 0 of contrib	utions	57833A	
Ĕ			aising events reported on line 1) (attach Schedule G if the			
			h gross income and contributions exceeds \$15,000) 6b	0		
			t expenses from gaming and fundraising events 6c	228		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract		
	_	line 6c) .		• • •	6d	228
			s of inventory, less returns and allowances	0		
	b		of goods sold	0		
	c		t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8		nue (describe in Schedule O) . See Schedule O, Statement 2	<u>· · ·</u>	8	361
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	🕨	9	48,439
	10		similar amounts paid (list in Schedule O)		10	32,305
	11		id to or for members		11	0
ses	12		her compensation, and employee benefits		12	0
eü	13		al fees and other payments to independent contractors		13	3,124
Expenses	14		/, rent, utilities, and maintenance		14	134
ш	15		ublications, postage, and shipping		15	1,165
	16	Other expe	nses (describe in Schedule O) .See Schedule O, Statement 3	<u> </u>	16	3,928
	17	Total expe	nses. Add lines 10 through 16	🕨	17	40,656
ts	18		deficit) for the year (subtract line 17 from line 9)		18	7,783
Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must ag		1.277 1.277 1.277	
ťÅ			r figure reported on prior year's return)		19	58,484
Net	20		ges in net assets or fund balances (explain in Schedule O) .See Schedule O,	<u> </u>	20	1
	21		or fund balances at end of year. Combine lines 18 through 20	🕨	21	66,268
⊦or	Paperv	vork Reducti	ion Act Notice, see the separate instructions. Cat. No. 10642			Form 990-EZ (2021)

Form 9	990-EZ (2021)					Page 2
Par	t II Balance Sheets (see the instructions t	for Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this f	Part II		🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[58,472	22	64,612
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) See.Sch	edule O, Statement 5.	<u></u>	12	24	2,755
25	Total assets			58,484	25	67,367
26	Total liabilities (describe in Schedule O) See Sc			0	26	1,099
27	Net assets or fund balances (line 27 of column			58,484	27	66,268
Pari						_
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part III 🧠 . 🔲	(D.a.	Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 7			quired for section (c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the				anizations; optional for ers.)
28	In 2020, the Veterans' Council greatly expanded Ass	istance to St. Johns (County Veterans' Fam	nilies		
	impacted by COVID-19. Last year (2020), Grants wer	e made to approximat	ely twenty-five (25) ir	ndividuals		
	(Continued on Schedule O, Statement 8)					
	(Grants \$ 14,834) If this amount	includes foreign gra	nts, check here .	🕨 🗌	28a	17,543
29	January 18, 2022 will mark the fifth anniversary of th	e St. Johns & Putnan	n County Veterans' Tr	reatment		
	Court ("VTC"). 2021 Grants made by the Veterans' C	ouncil to the VTC and	its' Participants for	the following:		
	(Continued on Schedule O, Statement 9)					
	(Grants \$ 7,108) If this amount	includes foreign gra	nts, check here .	<u> ► 🗌</u>	29a	1 7,127
30	Recognizing the contributions of Veterans, ceremon	ies were sponsored b	y the Veterans' Cour	ncil and held		
	on March 29, 2021, National Viet Nam War Veterans'	Day at the St. August	ine National Cemeter	y (limited to		
	(Continued on Schedule O, Statement 10)					
	(Grants \$ 2,100) If this amount		· · · · · · · · · · · · · · · · · · ·	<u> ► [</u>	30 a	4,523
31	Other program services (describe in Schedule O)			· · · ·		
~~	(Grants \$ 8,264) If this amount				31 a	
	Total program service expenses (add lines 28a				32	0.,000
Par			,		ıstru	ctions for Part IV)
	Check if the organization used Schedule	U to respond to ar	iy question in this i		• •	· · · · []
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
Willia	am Dudley	8.00	0		0	0
Chai	rman					
Ray	Quinn	4.00	0		0	0
Vice	Chairman					
John	Mountcastle	4.00	0		0	0
Trea	surer					
Mich	ael Rothfeld	4.00	0		0	0
Secr	etary					
Gera	ld Dedge	4.00	0		0	0
Direc					_	
no o	***************************************	0.00	0		0	0
offic						
	ers or directors					
	ers or directors	-				
	ers or directors	-				
	ers or directors	-				
	ers or directors	-				
	ers or directors	-				
	ers or directors	-				
	ers or directors	-				
	ers or directors	-				
	ers or directors	-				

2014 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check II the organization used Schedule Q to respond to any question in this Part V 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a dataled description of each activity in Schedule Q 33 34 Were any significant changes made to the organization of the organization same. Chrewise, explain the change on Schedule Q. See instructions 34 √ 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reporting and promy 1x requirement during the year) (1*No; "provide an explanation in Schedule Q 36 36 Dif the organization a section \$01(c)(4), 501(c)(5), or 501(c)(6) organization subject to section \$03(a) notice, reporting, and proxy 1x requirements during the year) (1*No; "provide an explanation in Schedule Q 36 37b Dif the organization fied any loans to, any officer, director, trustee, or key employee; or vere any such foars matching ar the erd of the tax year covered by this return? 37a 0 37b Dif the organization how any loans to, any officer, director, trustee, or key employee; or vere any such foars matching at the ret he total amount involved 37b 37b 37b Dif the organization as during the vary officer, director, trustee, or key employee; or vere any such foars matching at the ret he total amount involved 37b	Form 99	00-EZ (2021)		F	age 3
 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 Were any significant changes made to the organization of standard of the granization's name. Otherwise, explain the acharge on Schedule O. See instructions Both 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, arong others)? If "ves" to ine 35a, has the 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, arong others)? If wes" to ine 35a, has the equirements during the year? If "ves," complete Schedule O, and an explanation in Schedule O Was the organization haver, "unrelated business gross income of \$1.000 or more during the year? If "ves," complete Schedule C, Part II. Both due organization barger, "unrelated business gross income of \$1.000 or more during the year? If "ves," complete Schedule C, Part II. Both due organization barger on the analytic transmitted to the year? If "ves," complete Schedule C, Part II. Both due organization borrow from, or make any loans to any officer, director, trustee, or key employae; or wore any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Both due organization the term that and anount involved Both due organization. Enter: Both due organization. Enter: Both due organization. Enter: Both due organization. Enter: Both due organization and a pair year, or did it engage in any section. 4912 • 0 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on any office year information during the year under section. 4912 • 0 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount	Part			ne	
 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. 34 Were any significant changes made to the organization or granization's name. Otherwise, explain the change on Schedule O. See instructions activities (Schedule C, Part II). 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from the unrelated business gross income of \$1,000 or more during the year from the unrelated business description of the granization in Schedule O. S		instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	1	
 Were any significant changes made to the organization growening documents? If "Yes," attach a contrometed copy of the smended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0. See instructions Jai Did the organization have unrelated business gross income of \$1,000 or more during the year form business activities such as those reported on lines 2, 6a, and 7a, among others?? Ji "Yes" to line 35a, has the organization flad a Form 1900-Tfor the year? If "No," provide an explanation in Schedule 0. See instructions Ji "Yes" to line 35a, has the organization flad a Form 1900-Tfor the year? If "No," provide an explanation in Schedule 0. Batting the year? If "Yes," complete Schedule 0, Part III. Ji Changen 2, Ji Schedule 1, Part II, and enter the total amount involved Ji The se, "complete Schedule L, Part II, and enter the total amount involved Ji Thes, "complete Schedule L, Part II, and enter the total amount involved Ji Schion 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year, or did it engage in any section 4955 + 0. Ji Schion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization in a for provem or disto and the year, or did it engage in any section 4955 + 0. Ji Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the any section 4912, 4935, and 4935. Ji Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line = 0 organization in dense or brow form, or form 500 - 0. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line = 0 organization mangers or disqualified person during the year under: section 4912, 4935, and 4935. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line = 0 organization mangers or disqualified person during t	33		33	Yes	No √
 35a Did the organization have urrelated 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)? bif "Yes" to line 35a, has the organization lifed a Form 900-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(0(4), 501(0(5), or 501(0(6) organization subject to section 603(20) entities, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 a7b Did the organization brown from, or make any bans to, any officer, director, trustee, or key employee; or were any such leans made in a prior year and still outstanding at the end of the tax year covered by this return? bif "Yes," complete Schedule L, Part II, and enter the total amount involved	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			•
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 350 c Was the organization of SO1(c)(A), SO1(c)(S), or SO1(c)(S) organization subject to eaction 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule 0, Part III. 360 36 Did the organization bargenization subject to section 603(e) notice, reporting, and proxy tax requirements of Schedule N 37a 0 37a Did the organization bargenization bargenization schedule 1, Part III, and enter the total amount involved 37a 0 38 Did the organization bargenization schedule 1, Part III, and enter the total amount involved 38b 37a 0 39 Section 501(c)(7) organizations. Enter a initiation fees and capital contributions included on line 9 39a 39a 39a 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization hargens or disqualified persons during the year under: section 4911> 0 ; section 4955> 0 40a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on reganization bargens or disqualified persons during the year under: sections 4912, 4955, and 4958 0 0 ; section 4912 0 ; section 4912, 4955, and 4958 0 0 ; section 4912, 4955, and 4956	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		v	1
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ [37a] 0 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 37b 39a Section 501(c)(7) organizations. Enter: 39a 39a 39a 39a 39a Section 501(c)(7) organizations. Enter amount of tax imposed on the organization engage in any section 4955 ▶ 0 0 40a 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: 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 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 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 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		✓ ✓
b Did the organization bile Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 37b 38a If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 38a 39 Section 501(c)(7) organizations. Enter: 39a 39b 39b 40a Section 501(c)(3), organizations. Enter amount of tax imposed on the organization during the year or di tax imposed on the organization engage in any section 4955 excess benefit transaction during the year, or di te ragae in an excess benefit transaction during the year, or di te ranse in an excess benefit transaction a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization. An ange in excess benefit transaction during the year, or di terage in any to a prohibited tax shelter transaction during the stary say was the organization and part year. 0 425 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization and part year. 0 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed to the organization''' Breeys'''''''''''''''''''''''''''''''''''	36		36		1
 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this crure? 38a Difference of the tax year covered by this crure? 38a Difference of the tax year covered by this crure? 38a Difference of the tax year covered by this crure? 38a Difference of the tax year covered by this crure? 38a Difference of the tax year covered by this crure? 38a Difference of the tax year covered by this crure? 38a Difference of the tax year covered by this crure? 38a Difference of the tax year covered by this crure? 38a Difference of the tax year covered by this crure? 38a Difference of the tax year covered by this crure? 38a Difference of the tax year covered by this crure? 38a Difference of the tax year covered by this crure? 38a Difference of the tax year coveres of the organization and the organization and the organization and the organization and the tax year coveres the organization. 38a Difference of the tax year coveres of the organization and the tax year coveres that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40c erimbursed by the organization. 41 List the states with which a copy of this return is filed > rL 42a The organizations. A ray time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 42a The organization and the foreign country > 53a Catch 501(c)(3), 501(c)(4), and 501(c)(29) organization have an interest in or a signature or other authority over a financial	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37a			
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter 1 Initiation fees and capital contributions included on line 9 39a 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 0 5 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 90-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4912. 40c 0 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on 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 0 41 List the states with which a copy of this return is filed ▶ FL 20e 320a 9182 42a The organization's books are in care of ▶ John Mountcastle. 20e other authority over a financial account in a foreign country ▶ Yes 42a The organization in a foreign country ▶ Yes S		Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			\
 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	b		Joa		
b Gross receipts, included on line 9, for public use of club facilities	39	Section 501(c)(7) organizations. Enter:			
 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 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed ▶ FL 42a The organization's books are in care of ▶ John Mountcastle. Telephone no. ▶ 904-687-5688 a At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account (securities 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 (EBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt 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 b Did the organization maintain any donor advised funds during the year? If "Nes," Form 990 must be completed instead of Form 990-EZ b Did the organization organize one or					
 section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0; Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction intring the year, or did it engage in an excess benefit transactor 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 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 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 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed ▶ FL 42a The organization's books are in care of ▶ John Mountcastle Located at ▶ 16 Marshview Drive, St Augustine, FL 32080-9182 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 ▶ 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? M tary time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "No," provide an expl	40a	contion 4011 N a constian 4012 N a constian 40EE N	n in Star Schultzerferster 1977 - Star Schultzerferster		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 0 41 List the states with which a copy of this return is filed ► FL 42a The organization's books are in care of ► John Mountcastle Telephone no. ► 904-687-5668 Located at ► 16 Marshview Drive, St Augustine, FL 32080-9182 ZIP + 4 32080-9182 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)? Yes 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form	b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40b		.1
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	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			•
transaction? If "Yes," complete Form 8886-T 40e 41 List the states with which a copy of this return is filed ▶ FL 40e 42a The organization's books are in care of ▶ John Mountcastle Telephone no. ▶ 904-687-5668 Located at ▶ 16 Marshview Drive, St Augustine, FL 32080-9182 ZIP + 4 ▶ 32080-9182 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ Yes See the instructions (FBAR). 42b 42c c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a c Did the organization receive any payments for indoor tanning services during the year? 47e<	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
 42a The organization's books are in care of ▶ John Mountcastle Telephone no. ▶ 904-687-5668 Located at ▶ 16 Marshview Drive, St Augustine, FL 32080-9182 ZIP + 4 ▶ 32080-9182 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). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O c Did the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 	e	transaction? If "Yes," complete Form 8886-T	40e		1
Located at ▶ 16 Marshview Drive, St Augustine, FL 32080-9182 ZIP + 4 ▶ 32080-9182 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)? Yes if "Yes," enter the name of the foreign country ▶ 42b 42b See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c c At any time during the calendar year, did the organization maintain an office outside the United States? 42c if "Yes," enter the name of the foreign country ▶ 43 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					
 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). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42a				
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). If "Yes," enter the name of the foreign country ► c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here Image: Completed instead of Form 990-EZ 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes 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 Image: Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Image: Yes," Form 990 must be completed instead of Form 990-EZ d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Image: Yes	b		32080	1	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c c At any time during the calendar year, did the organization maintain an office outside the United States? 42c 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	\checkmark
 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 ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here					an a
 If "Yes," enter the name of the foreign country ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		Financial Accounts (FBAR).			
and enter the amount of tax-exempt interest received or accrued during the tax year		If "Yes," enter the name of the foreign country >	42c		↓
 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 	43	· · · · · · · · · · · · · · · · · · ·		.	
 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 c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 	44a		44a	Yes	No ✓
c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44c	b				
		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		· ·
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		\checkmark
 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	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 (2021)

Form	990-EZ	(2021)
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Dece	Δ
Page	-4

			Yes	
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Serie-		
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		1
Part	VI Section 501(c)(3) Organizations Only			

All section 501(c)(3)	organizations must a	answer questions 4	17–49b and 52,	and complete th	e tables for lines
50 and 51.					

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	./	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	•	\checkmark
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		\checkmark
b	If "Yes," was the related organization a section 527 organization?	49b		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, t	trustee	s an	d kev

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/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	
None				

f Total number of other employees paid over \$100,000 ►

Firm's address 🕨

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." 51

(a) Name and business address of each independent contractor			(b) Type of s	Compensation		
None						
52 Did	number of other independent contract the organization complete Schedul pleted Schedule A	e A? Note: All se	ction 501(c)(3) or	ganizations		
Under penalties	of perjury, I declare that I have examined this re id complete. Declaration of preparemother than	turn, including accompany	ying schedules and stat	ements, and to	the best of my ki	
Sign Here	Signature of officer John Mountcastle, Treasurer Type or print name and title				GZ2/ Date	22
Paid Preparer	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo	
Use Only	Firm's name			Firm's EIN 🕨		

	Firm's address 🕨					P	none	e no			
May the IRS	discuss this return with the preparer shown above? See instructions	•	•	•	٠		•		•	▶ □ Yes □ No	
										Form 990-E7 (2021	- -

SCHEDULE A	Public Charity Status and Public Support
(Form 990 or 990-EZ)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Department of the Treasury	Attach to Form 990 or Form 990-EZ.
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.

2021	
Open to Public Inspection	

Employer identification number

this part.) See instructions.

27-1971825

OMB No. 1545-0047

Name of the organization

VETERANS	COUNCIL OF ST JOHNS COUNTY INC		
Part I	Reason for Public Charity Status.	(All organizations must	complete

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).)
- 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 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.)
- 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 on 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			(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)	1					
(D)						
(E)						
Total	e de la compañía		t de la composition de la comp	and the second		

Schedule A (Form 990 or 990-EZ) 2021

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.)

Secti	on A. Public Support	o quality and		<u>ited below, p</u>			
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,812	62,764	17,471	56,769	47,850	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	02,704	0	0	47,830	213,666
3	The value of services or facilities furnished by a governmental unit to the organization without charge	250	250	250	250		1,250
4	Total. Add lines 1 through 3	29,062	63,014	17,721	57,019		214,916
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	ant taitain (A tart stei ao tai(Ai(t)ti	Part II.) (Alfelt (Cenn) Section 170	nghistr naile I cruthciaib fa	our glanhór() 1844 (Skriftsto 1857 - Skriftski 1857 - Skriftski	arh höllillig dilliga til beli 1 Mart söttött seter tricklige	
	shown on line 11, column (f)	STORE SARCEREST	esert (kont) separti	anga sa agasa	o nying kinal s	on a ro ghaise	16,640
6	Public support. Subtract line 5 from line 4	and the second section of the	a manimula a manafal a manafal	L		. 14 1940 	198,276
	on B. Total Support	() 0017	(1) 0010	() 0010	(1) 0000		(
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	29,062	63,014	17,721	57,019	48,100	214,916
	similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	800	200	500	0	0	1,500
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	215	277	373	190	589	1,644
11	Total support. Add lines 7 through 10	n re Aegonado		Véroque é le	nista general gener	und annaid 158 (967)	218,060
12	Gross receipts from related activities, etc					12	0
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	ere			-	ear as a section	
14	Public support percentage for 2021 (line			11 column (fi)		14	90.93 %
15	Public support percentage from 2020 Sc			, , , , , , , , , , , , , , , , , , , ,		15	90.5 %
16a	33 ¹ / ₃ % support test -2021. If the organ box and stop here. The organization qua	ization did not	check the box	k on line 13, ar	nd line 14 is 33	3 ¹ /3% or more,	check this
b	33 ¹ / ₃ % support test — 2020. If the organ this box and stop here. The organization						
17a	17a 10%-facts-and-circumstances test—2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test-2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circul cumstances te	mstances test, est. The organi	check this bo zation qualifie	ex and stop he s as a publicly	re. Explain supported
18	Private foundation. If the organization						
	instructions	<u></u>	· · · · ·	<u>· · ·</u> · ·	•••••	<u> </u>	🏲 🗖
						nedule A (Form 990	

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)

Calen	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	(,	(-) -0 10			(~) 2021	W TOTAL
	received. (Do not include any "unusual grants.")			ł			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an					·	
3	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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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	ana inaka kana	- Juneau and June 1	anana katan singa	ant generation in the second		
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization's	s first, second	, third, fourth.	or fifth tax ve	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	3, column (f), d	ivided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch					16	%
Secti	on D. Computation of Investment Inc			·····			
17	Investment income percentage for 2021 (I	ine 10c, colum	nn (f), divided b	by line 13, colu	mn (f))	17	%
18	Investment income percentage from 2020	Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests-2021. If the organi	zation did not	check the box	on line 14, a	nd line 15 is m		%, and line
	17 is not more than 331/3%, check this box a						
b	331/3% support tests-2020. If the organiz	ation did not cl	heck a box on	line 14 or line 1	19a, and line 16	is more than 3	3%, and
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die	d not check a l	box on line 14,	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗍
			······································	,			· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2021

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** 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** 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 **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** 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** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** 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 **Part VI** 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.
- **5a** 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 **Part VI**, 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.*
- 7 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)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on 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 Part VI.*
- **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 line 10b below.
 - **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.)

r	Yes	No
1, 3999 1980 - 55 1	etien: 1985	
		\$5 a -
3b		
3c	(7835)	ar ardi. Mari
	enter (
4b		
5a		
5b	2659 2	
5c 6	ezek Statist Statist	
: () 8		
9a		
9b). Yest	No.
9c	giat à c	
10a		
10b		Ne Ser

Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?
 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

Section B. Type I Supporting Organizations

- 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 **Part VI** 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.
- 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 **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

- 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?
- 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 **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on 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 **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

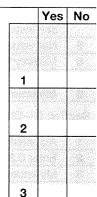
- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below*.
- c 🗌 The organization supported a governmental entity. Describe in Part VI 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 **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.
- b Did the activities described on 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 **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.
- 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 **Part VI.**
- **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.*

Yes No

Schedule A (Form 990 or 990-EZ) 2021

3h

		Yes	No
	1		
managed			
w control	(BAA)		
e directors			



No

No

Yes

Yes

11b

11c

1

2

Yes No

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.

Secti	on 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		
Secti	on 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):	n ja 1978	an and the second and a second se Second second	e Alifertingen. Lakons van Frida
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1.12 SSZ	roomstragen ach is doad werde gestanden wit is is	
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	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C-Distributable Amount		elog av vojinaroo (njevi) Tratecki a verakalist 19	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	reintledennel de Berereitssinste dit B	
2	Enter 0.85 of line 1.	2	alandesinadon esti he estata	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	out entratemente fet de cesto	
4	Enter greater of line 2 or line 3.	4	s og for det karegetet, arealitetetetetetetetetetetetetetetetetetete	
5	Income tax imposed in prior year	5	anantak etanakaran (h. 1	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	i set bibler och ci høre. Andre bibler	
7	Check here if the current year is the organization's first as a non-function	ally	ntegrated Type III supporti	na organization

7 U Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continue	d)	Page 7
Sect	on D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	1	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizationa	2	
4	Amounts paid to acquire exempt-use assets	loses of supported orga	u iizations	3 4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	1/A	4 5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	provide details in r art	v ij	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		an an an Alban an an an Alban Alban an Alban an Alban an Alban	234	
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021		an an an an an an Alas a	1	
а	From 2016		1996 C. A. 1997		
b	From 2017	e de la contra de la consecu	er an de arker gande		
С	From 2018	e en el fregeliget de	中的大学生的复数分词	14	
d	From 2019	and the second second			
e	From 2020	· · · · · · · · · · · · · · · · · · ·	i i na serie de present	1919	
f	Total of lines 3a through 3e		i i i i i i i i i i i i i i i i i i i		handari ing pangang pa Pangang pangang
g	Applied to underdistributions of prior years				n an tha
<u>h</u>	Applied to 2021 distributable amount		يقود بالإردادي		
<u> </u>	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		<u> </u>		
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years	and the state of the			
b	Applied to 2021 distributable amount		<u>in an an</u>	<u>.</u>	
C	Remainder. Subtract lines 4a and 4b from line 4.			<u></u>	
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:			222	
а	Excess from 2017	and the standard stress of			
b	Excess from 2018				
C	Excess from 2019		ener for en en habelefet		
d	Excess from 2020	an di san di kawaran			
e	Excess from 2021	ing the second of the	and hine name		

Schedule A (Form 990 or 990-EZ) 2021

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.)

Schedule A, Part II, Line 9 - Advertising in the Patriot Reader (on-line Newsletter) and on website. Schedule A, Part II, Line 10 - Net proceeds from gaming for years 2017 - 2021 as reported in Part I Line 6; in 2021, also includes Part I Line 8 itemized income items described in the "Other Revenue Structured Explanation". See Schedule O Statement 1 for details.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Inspection

Departm	ient of	f the	Treasury
Internal I	Reven	ue S	ervice

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 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 ider	ntification number	
VETE	RANS COUNCIL OF ST JOH				27-1971825	
Part	I-A Complete if the	e organization is exempt unde	er section 501(c) or is a section 527 (organization.	
1	Provide a description of definition of "political can	the organization's direct and incompaign activities."	direct political ca	mpaign activities in Par	t IV. See instruc	tions for
2	Political campaign activit	y expenditures. See instructions .			5	
3		cal campaign activities. See instruc				
Part	I-B Complete if the	e organization is exempt unde	er section 501(c	:)(3).		
1	Enter the amount of any e	excise tax incurred by the organiza	tion under sectior	4955 🕨 💲	6	
2	Enter the amount of any e	excise tax incurred by organization	managers under	section 4955 🕨 💲)	
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ar?	Yes	No
4a	Was a correction made?				🗍 Yes	No
b	If "Yes," describe in Part				1	L
Part	-C Complete if the	e organization is exempt unde	er section 501(c), except section 501	(c)(3).	
1		ly expended by the filing organiz				
2		filing organization's funds contrib				
3	Total exempt function e line 17b	expenditures. Add lines 1 and 2.		on Form 1120-POL,		
4	Did the filing organization	file Form 1120-POL for this year?	·		Yes	No
5	Enter the names, address organization made payme the amount of political co	es and employer identification nur ents. For each organization listed, e intributions received that were pror fund or a political action committee	nber (EIN) of all se enter the amount p mptly and directly	ction 527 political organi paid from the filing organi delivered to a separate p	zations to which ization's funds. A political organizati	lso enter on, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of po	

(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)				

Pa	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ection under
A	Cł	neck 🕨		s to an affiliated group (and list in Part IV each affi	liated group memb	er's name,
			address, EIN, expenses, and s	hare of excess lobbying expenditures).		
В	Cł	neck 🕨	if the filing organization checke	ed box A and "limited control" provisions apply.		
				/ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	1a	Total la		public opinion (grassroots lobbying)	0	J
	b			a legislative body (direct lobbying)	0	
	č			and 1b)	0	
	d		• • •		0	
	e			lines 1c and 1d)	0	
	f			ne amount from the following table in both		
		colum	•		0	
	ſ	If the ar	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	 X - X A - X 	Station of the atter
	Ĩ		r \$500,000	20% of the amount on line 1e.	ender verberde	ANY O PERMIT
	ſ	Over \$5	00,000 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.		
	Γ	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
		Over \$1	7,000,000	\$1,000,000.	usa safériné salahigi dés	
	g	Grassr	oots nontaxable amount (enter 259	% of line 1f)	0	
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0	0	
	i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0	0	
	j		e is an amount other than zero on ng section 4911 tax for this year?	on either line 1h or line 1i, did the organization	Г	Yes 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount	0	0	0	0	0
b	Lobbying ceiling amount (150% of line 2a, column (e))	no#cey:10,16'(218) 5 2007 2007 200	adoner onderski Torret makis førd	redictoryphysia bra Hearth a barrait	-penderar (state statelisti ananarialis abaatistid	0
с	Total lobbying expenditures	0	0	0	0	0
d	Grassroots nontaxable amount	0	0	0	0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures	0	0	0	0	0

Schedule C (Form 990 or 990-EZ) 2021

or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)
	iption of the lobbying activity.	Yes	No	Amoun
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:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?	ļ		
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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?			
rt I	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5), c	or se	ction
	501(c)(6).			
				Yes
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

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."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

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.

Schedule C, Part II-A, Line 1b - 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. During 2021, elected officials and Federal and Florida state and local agencies were contacted to (a) provide a traffic light at the intersection of Florida State Road 207 and Deerfield Preserve Blvd., St. Augustine. The Leo C. Chase Jr. VA Community Based Outpatient Clinic ("CBOC") was opened on June 22,2021 and is now in full operation. In discussions with Dr. Thomas McKenzie, Chief Medical Officer for the clinic, the VA is seeing approximately 200 veteran patients daily with nearly 6,500 veterans now assigned to this clinic for their health care needs. This has created a huge influx of additional traffic at this intersection, which is the entry / exit point not only for our veterans, but for those people who live in the Deerfield community on Deerfield Preserve Blvd; (b) repurpose the former CBOC property and buildings as a Homeless Veterans' Shelter, (c) continue support for the St. Johns & Putnam County Veterans' Treatment Court, (d) support the completion of "Patriot Place", a St. Johns County Housing Partnership effort to provide individual, one-bedroom residential apartments for six "at risk" Veterans who are already residents of St. Johns County, where the Veterans would also receive individual case management for the duration of their residence as they assimilate back into

No

Part IV - Supplemental Information (Continued)

society and (e) reduce the impact of COVID-19 precautions restricting event attendance at the St. Augustine National Cemetery.	
·	

SCHE	DUL	ΕC)
(Form	990	or	990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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



Employer identification number

27-1971825

Internal Revenue Service Name of the organization

Department of the Treasury

VETERANS COUNCIL OF ST JOHNS COUNTY INC

Form 990-EZ, Header, Line L - Effective January 1, 2019, the Veterans' Council of St. Johns County, Inc. ("The Veterans Council") adopted a §1.263(a)-1(f) de minimis safe harbor election. It is the intent of the Veterans' Council to continue to make this election annually. 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.

Form 990-EZ, Part I, Line 1 - During 2021, the Veterans' Council received contributions of household goods intended for the new Veterans' subsidized housing being built by the St. Johns County Housing Partnership (to be named "Patriot Place"); while the value of some goods is not included on this line, the value of goods and services provided by San Sebastian Catholic Church, Two Men and a Truck, and Atlantic Storage (total \$4,709) as in-kind contributions is included (services provided by Two Men and a Truck and Atlantic Storage have also been recorded as in-kind expenses in Part I Line 13 and Part III Line 28). 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 verify the total value of the goods and services contributed to resolve these needs, however, and no amount is included on this line. Examples of such services (with values provided by suppliers) include: (1) Full roof replacement for a retired Veteran, labor provided by Reiter Roofing with materials donated by First Coast Metal Roofing Supply (\$13,500), (2) Taylor Refrigeration replaced a disabled Veteran's HVAC unit at a significant discount, (3) All American Air Conditioning replaced a handicapped Veteran's HVAC unit at a significant discount (these are further described in Part III Line 28, but not expensed in Part I). Payment for items 2 & 3 remaining costs were made by the Veterans' Council, and are reported both in Part I Line 10 and Part III Line 28. Cash contributions received from the public and designated for items 2 or 3 are included in this line and were not deducted from the payments made by the Veterans' Council.

Form 990-EZ, Part I, Line 6 - Gross receipts from 50/50 drawings were \$456, with \$228 paid out.

Form 990-EZ, Part I, Line 10 - Grants are more fully explained in the Supplemental Information provided for Form 990-EZ Part III Line 28 to 31: \$14,834 Line 27 Assistance to Veterans (excluding Participants in Veterans' Treatment Court), \$7,108 Line 29 Veterans' Treatment Court, \$2,100 Line 30 Memorial Day, Viet Nam and Veterans' Day Observances, \$8,264 Line 31 Other Grants.

Form 990-EZ, Part I, Line 13 - \$688 in donated services from Two Men and a Truck, moving household goods and furnishings donated through San Sebastian Catholic Church, to Atlantic Self-Storage, \$2,021 in donated storage by Atlantic Self-Storage, and \$415 paid for technology support for Veterans' Day Observances at Anastasia Baptist Church.

Form 990-EZ, Part I, Line 14 - \$134 US Post Office Box Rental (increased from \$106 in 2020)

Form 990-EZ, Part I, Line 15 - \$710 in general printing and reproduction costs; program printing costs were \$291 to print programs for Veterans' Day, \$93 to print programs for Wreaths Across America December installation of wreaths at St. Augustine National Cemetery, \$71 to ship Videos produced by the Veterans' Council to various local libraries and public schools, and to the Harry S. Truman Presidential Library in Independence, MO.

Form 990-EZ, Part II, Line 22 - Ending Cash consists of \$28,387 in permanently-restricted funds (including \$1,500 designed for future investment aka "Dudley Foundation"), \$1,099 in temporarily-restricted funds (representing credit card balances due in January and February, 2022) and \$35,126 in unrestricted funds.

Form 990-EZ, Part V, Line 34 - In 2021, public supporters of the Veterans' Council approached the Council with the concept of creating a more permanent funding, perhaps similar to a semi-permanent endowment where only the income would normally be disbursed and principal corpus invested in appropriate investments. As suggested, the Veterans' Council filed a fictitious name with the Florida Secretary of State, "The William E. Dudley Foundation", to honor the Council's long-serving Chairman. During 2021, contributions of \$1,500 were received and identified as permanently-restricted. THIS FUND IS NOT A "DONOR-ADVISED FUND" as defined by the IRS, and donors will have no control over investments or distributions. On November 2, 2021, the St. Johns County Board of County Commissioners issued a Proclamation declaring Nov. 2 as "Bill Dudley Day" to honor him. Similarly, the Jacksonville Chamber of Commerce presented the RADM Kevin Delaney Military Hall of Fame Award to him, and the First Militia Chapter, Association of the US Army (AUSA) presented their First Militia Chapter Service Award to him, in recognition of the hard work, commitment and accomplishments of the Veterans' Council, which celebrated its' 20th Anniversary in 2021.

Form: Form 990-EZ (2021)

Page: 1

VETERANS COUNCIL OF ST JOHNS COUNTY INC

EIN: 27-1971825

Header Section

Reasonable Cause Explanations

Explanation

This filing was delayed due to learning curve with new software; extension was timely filed and accepted by the IRS.

VETERANS COUNCIL OF ST JOHNS COUNTY INC

EIN: 27-1971825

Part I, Line 8

Other Revenue Structured Explanation

Description	Amount
Credit Card Rebates	141
Memorial Day Expense reimbursed by Ancient City Chapter MOAA	75
Flag Expense at Jacksonville National Cemetery reimbursed by other counties	144
Rounding Adjustment	1
Total:	361

Schedule O, Statement 3 Form: Form 990-EZ (2021)

EIN: 27-1971825

Page: 1

Part I, Line 16

Other Expenses Structured Explanation		
Description	Amount	
Program Expenses	0	
Meals for Volunteers for Memorial Day and Veterans' Day	549	
Memorial Day Wreath and Flowers	197	
Public Address and Sound System	160	
Depreciation	12	
Miscellaneous and Rounding	18	
Video Duplication	425	
Lobbying and Political Activities	187	
Meeting Expenses	119	
Video Production of Veterans' Day for website	300	
Management and General Expenses	0	
Business Registration Fees	136	
Office Supplies	42	
Recognition and Awards	445	
Financial Software	60	
Other Supplies	36	
Website Maintenance	568	
Liability Insurance	402	
Miscellaneous	32	
Fundraising Expenses	0	
20th Anniversary Challenge Coin	116	
Grant Research Software	79	
Bank and Credit Card Processing Fees on donations	40	
Parking for Award Event	5	
Total:	3,928	

Form: Form 990-EZ (2021)

VETERANS COUNCIL OF ST JOHNS COUNTY INC

EIN: 27-1971825

Part I, Line 20

Amount

1

1

Other Changes In Net Assets Structured Explanation

Description

Rounding Adjustment

Total:

Form: Form 990-EZ (2021)

Page: **2**

VETERANS COUNCIL OF ST JOHNS COUNTY INC

EIN: 27-1971825

Part II, Line 24

Other Assets Structured Explanation

Description	EOY Amount
January 2016 Purchased then depreciations a Sound System	214
2016 Depreciation	-43
2017 Depreciation	-68
2018 Depreciation	-41
2019 Depreciation	-25
2020 Depreciation	-25
2021 Depreciation now Fully Depreciated	-12
20th Anniversary Challenge Coins Inventory	755
Household Goods and Furnishings for St Johns Housing Partnership	2,000
Total:	2,755

Schedule O, Statement 6 Form: Form 990-EZ (2021)

EIN: 27-1971825 Part II, Line 26

Page: 2

Other Liabilities Structured Explanation

Description	EOY Amount
Credit Card Balance Due January	419
Credit Card Balance Due February	680
Total:	1,099

Page: 6

Form: Form 990-EZ (2021)

EIN: 27-1971825

Part III

Page: 2

Primary Exempt Purpose

Primary Exempt Purpose

The Primary Exempt Purchase of the Veterans' Council is to be the voice of Veterans in and for St. Johns County, FL. The objective of the Veterans Council of St. Johns County, Florida is to be of assistance to all veterans who have served in any of the military branches of service of the United States of America.

Form: Form 990-EZ (2021)

Page: 2

VETERANS COUNCIL OF ST JOHNS COUNTY INC

EIN: 27-1971825

Part III, Line 28

Description

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). During 2021, the needs became more urgent, and, with recent inflationary trends and a declining economy, 2022 may be even more demanding. In 2021, grants were made to assist more than thirty (30) Veterans' families, the family of a Florida National Guard member serving in Washington, DC, and the widow of a Veteran, in the following categories: \$7,356 Housing Maintenance, to keep Veterans' families in their homes, \$5,098 Lodging Assistance, when Veterans' who were homeless or in imminent risk of becoming homeless required assistance while awaiting entry into subsidized housing, and \$2,380 in Burial Assistance for the family of a Veteran whose family would not afford the costs relating to her death. These amounts do NOT include the in-kind services provided by local roofing and HVAC contractors, as described in the Supplementary Information for Form 990-EZ Line 1, and repeated here. Examples of such services (with values provided by suppliers) include: (1) Full roof replacement for a retired Veteran, labor provided by Reiter Roofing with materials donated by First Coast Metal Roofing Supply (\$13,500), (2) Taylor Refrigeration replaced a disabled Veteran's HVAC unit at a significant discount, (3) All American Air Conditioning replaced a handicapped Veteran's HVAC unit at a significant discount. Proactively, when the Veterans' Council received household goods and furnishings for the Veterans' Housing being built by the St. Johns Housing Partnership, the Council arranged for transportation by Two Men and a Truck (valued at \$688) and storage by Atlantic Self-Storage (valued at \$2,021)

First Program Service Accomplishments Description

Form: Form 990-EZ (2021)

EIN: 27-1971825

Part III, Line 29

Description

Page: 2

\$2,422 to pay Court Fees for indigent Participants; \$281 to purchase gas and supermarket gift cards; \$2,300 in direct incentives to Participants; \$484 for temporary lodging while awaiting transfer to more permanent residences; \$1,490 in transportation assistance, including car repairs and auto insurance; and \$131 for signage (more details below). During 2020, the VTC, which was jointly founded by the Veterans' Council and the Seventh Judicial District in St. Johns County, expanded to include four (4) Putnam County Participants. In 2021, this policy was formally recognized with the change in name to St. Johns & Putnam County Veterans Treatment Court with all functions operating from the St. Johns Courthouse in St. Augustine. Each VTC 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 require them as a condition of enrollment in the Court. The Veterans' Council provides incentives administered by the Veterans' Treatment Court: * Dog tags for promotions. Every participant is promoted through five phases. Participants are awarded a dog tag tied to each phase promotion. * Challenge coins designed and created for VTC. Awarded at graduation. * Gift cards awarded for achieving program goals and special accomplishments. * Participant Financial Aid. Veterans Council assists participants in financial need. * 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. During 2021, thirty-nine (39) Veterans (including some who were under the VTC jurisdiction prior to 2021) chose to be Participants in the VTC, with thirteen (13) completing all the requirements of the Court and graduated successfully. All Participants were evaluated for substance abuse disorder and/or mental health and received recommended treatment. All Participants who were recommended for inpatient treatment received effective and timely treatment, either through VA or through community providers. Homeless or quasi homeless Participants were secured housing either through VA HUDVASH, or at appropriate sober living facilities. Some Participants' notable accomplishments during 2021 include: (1) A female Veteran who is not eligible for VA benefits overcame a long history of mental health and substance abuse issues to graduate with almost a year's record of sobriety, and a secure job and housing. The Veteran has many struggles in her time in the program, but never gave up. VTC secured two separate inpatient stays for her at a community substance abuse treatment facility, where she received many months of treatment. Equally important was the support she received from the VTC team. As the Veteran noted, VTC gave her the support she had not received from her family. Her two mentors were especially important. They provided constant guidance and emotional support, as well as practical assistance, such a transportation, storage of belongings, and a place to stay when needed; (2) A Veteran with many decades of hard drug use and petty crime to support addiction was facing years in prison. After over two and a half years in VTC, the Veteran is clean and sober, employed full time, and making significant contributions to his community. The Veteran was placed in a long-term inpatient facility after struggling with hard drug use in the program. After maintain sobriety for over a year after leaving inpatient treatment, and meeting all program requirements, the participant graduated from VTC He now leads a recovery group at his church, is helping with Sheriff's Office recovery program, and is the dedicated sponsors for two new AA members; (3) A Veteran in his seventies, with a lifetime of hard drug use and prison behind him, was not able to maintain sobriety to graduate from the program. Nonetheless, the years he spent in VTC were deeply significant for him. After leaving the program, VTC team members have stayed in touch with the Veteran. He is now functioning well and taking care of a family member in need. He returns to court occasionally. Like many other participants, he credits VTC with being like a family to him and saving his life; (4) A Veteran with a severe mental health disorder, who was self-medicating with harmful substances, was referred to appropriate VA-sponsored treatment. The Veteran's treatment was carefully monitored by the VTC team, and the Veteran encouraged in her journey to stable mental health. The Veteran has maintained full-time employment, is studying for career degree, and will shortly graduate.

Second Program Service Accomplishments Description

Form: Form 990-EZ (2021)

VETERANS COUNCIL OF ST JOHNS COUNTY INC

EIN: 27-1971825

Part III, Line 30

Description

fifty (50) attendees due to COVID-19 concerns), on Memorial Day, and Veterans' Day, both held at the Anastasia Baptist Church, again because of COVID-19 restrictions at the St. Augustine National Cemetery. Copies of videos previously produced by the Veterans' Council were distributed to libraries and school districts upon request. Most notably, DVDs of the Korean War video produced by the Veterans Council with the assistance of the Semper Fi Society and St. Augustine Officers' Club in 2020, were accepted into the permanent archives of the Harry S. Truman Library in Independence, MO and Ronald Reagan Presidential Library in Simi, CA. For the Veterans' Day observances, the portable Viet Nam Wall and the new War on Terrorism Wall listing those Killed In Action were on display in the lobby vestibule of Anastasia Baptist Church. This year's theme honored the 23 soldiers from St. Johns County who were Killed In Action in Viet Nam, with several members of their Gold Star Families in attendance. The guest speaker, Dr. Hal Kushner, was himself a POW in North Viet Nam, received a Silver Star for exceptional gallantry in action while a POW, and retired from the U.S. Army as a Colonel. A \$500 grant were made to the St. Augustine High School Choir, and \$2,100 grant to the Patriot Guard Riders was made to arrange for the transportation, set-up, display, and take-down of the Viet Nam Wall. The Veterans' Council also funded Video Duplication and Distribution (\$496), Memorial Day Flowers (\$197), and Veterans' Day Expenses (\$415 for production staff, \$291 printing, \$549 meals and refreshments for volunteers, \$300 video production for the Veterans' Council's website, \$160 for technology and \$15 in miscellaneous expenses).

Third Program Service Accomplishments Description

Form: Form 990-EZ (2021)

VETERANS COUNCIL OF ST JOHNS COUNTY INC

EIN: 27-1971825

Part III, Line 31

Other Program Service Accomplishments				
Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses	
Many other events were sponsored or supported by the Veterans' Council during 2020. Grants include \$2,879 for the Veterans' Council's Annual Homeless Veterans' Stand Down held at Elks Lodge 829; \$2,101 for American Flags and flagpoles and Services Flags of each of the six military branches, and the National POW/MIA Flag, and were provided to the National POW/MIA Memorial at Cecil Field, Jacksonville National Cemetery, and local government agencies and patriotic organizations; \$706 to local charities assisting active duty military, \$578 to support Wreaths Across America's December distribution at the St. Augustine National Cemetery, \$500 to sponsor the US Air Force Band at the St. Augustine Pier, \$500 to the Ancient City Chapter, MOAA for Youth Programs, \$500 to Anastasia Baptist Church for services to the homeless, and \$500 to the Wounded Warrior Project. Related Program Overhead includes \$188 for plaques awarded to each of the St. Johns County Board of County Commissioners, \$120 for meeting expenses, \$110 for printing programs for Wreaths Across America, and \$12 in depreciation. The Veterans' Council also supported other activities and events during the year such as the Veterans art exhibit, Clyde E. Lassen Florida State Veterans Home, First Coast Honor Flight, Jacksonville and St. Augustine National Cemeteries, Flagler College WW II exhibit, Cecil Field POW-MIA Memorial & Museum, St. Augustine Lighthouse and Museum, Missing in America Project, Vets for Vets, Wounded Warrior Project, Col. David Parramore's Cross Country bike ride, Ancient City Chapter, MOAA, First Militia Chapter, AUSA, Fire Watch Program, Salvation Army Homeless Veterans from Palm Beach, St. Johns County's 200 year time capsule project, Gold Star Parkway at Jacksonville National Cemetery and several future homeless veterans housing projects such as Patriot Place, San Marco Heights and Victoria Crossing.	8,264		8,693	

Total:

8,693

Form	3453- TE	Tax E	xemp		eclaration and s tronic Filing	Signature		OMB No. 1545-0047
		For calendar year 20	21. or tax y		, 2021, and endin	a .	20	
Departr	ment of the Treasury)-T, 1120-POL, 4720, 8868			2021
	Revenue Service				8453TE for the latest info			
Name c	of filer						EIN or SS	N
VETE	RANS COUNCIL	OF ST JOHNS COU	NTY INC					27-1971825
Par	Type of	Return and Ret	urn Info	rmation			1.	
and Fo 6a, 7a 6b, 7t below	orm 5330 filers n , 8a, 9a, or 10a , 8b, 9b, or 10b . Do not comple	hay enter dollars and below, and the amo , whichever is applic te more than one image	l cents. F unt on th able, bla e in Part I	for all other form at line of the retuink (do not enter I.	E and enter the applicables, enter whole dollars onl urn being filed with this for -0-). If you entered -0- o	y. If you check th rm was blank, th n the return, the	ne box on nen leave n enter -0	line 1a, 2a, 3a, 4a, 5 line 1b, 2b, 3b, 4b, 5 - on the applicable li
1a		k here ► 🗌			y (Form 990, Part VIII, coli			1b
2a		check here . ► 🗹		-	y (Form 990-EZ, line 9) .			2b 48,43
3a		L check here ►			0-POL, line 22)			3b
4a		check here . ►			tment income (Form 990	· · ·	/ h	4b
5a		eck here ►			8868, line 3c)			5b
6a		eck here . ►		•	-T, Part III, line 4)			6b
7a		eck here ►			0, Part III, line 1)			7b
8a		eck here ►			nd of tax year (Form 522)	, ,	}	Bb
9a		eck here ►), Part II, line 19)		é	9b
10a		check here ►			yment requested (Form 8	038-CP, Part III, I	ine 22) 1	0b
Part		tion of Officer o						
11a	11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.							

b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund; and (c) the date of any refund.

Sign	- Null - and	6/22/22	John Mountcastle, Treasurer
Here	Signature of officer or person subject to tax	Date	Title, if applicable
Part III	Declaration of Electronic Return Originator	r (ERO) and Paid Pre	parer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use	ERO's signature	Date	Date Check if also paid preparer		ERO's SSN or PTIN	
	Firm's name (or yours if self-employed).	EIN				
Only	address, and ZIP code					

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-TE (2021)



(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to 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.

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.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)				
print	VETERANS COUNCIL OF ST JOHNS COUNTY INC 27-1971825					
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.					
due date for	PO Box 2117					
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

• The books are in the care of > John Mountcastle, 16 Marshview Drive, St Augustine, FL 32080-9182

Telephone No. ►	904-687-5668	Fax No. ►			
If the organization	does not have an office or place o	f business in the United States, cl	heck this box		
 If this is for a Group 	o Return, enter the organization's	four digit Group Exemption Numb	per (GEN)	. If this is	
or the whole group,	check this box ► □.	If it is for part of the group, check	k this box	and attach	
a list with the names	and TINs of all members the externation	nsion is for.			

1 I request an automatic 6-month extension of time until <u>11/15</u>, 20 <u>22</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

Calendar year 20 21 or

▶ 🗌 tax year beginning, 20), and ending	, 20		
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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

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
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.	3b	\$
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

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