

Duggan, Joiner & Company, CPA's
334 N.W. 3rd Avenue
Ocala, FL 34475

VILLAGERS FOR VETERANS INC
3075 KRAMER CT
THE VILLAGES, FL 32163

1..11...1.1...11.11 ...11 11.11

Duggan, Joiner & Company
Certified Public Accountants
334 N.W. 3rd Avenue
Ocala, Florida 34475

November 2, 2021

Villagers For Veterans Inc
3075 Kramer CT
The Villages, FL 32163

Villagers For Veterans Inc:

Enclosed is the organization's 2020 Exempt Organization
return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you
have reviewed the return for completeness and accuracy,
please sign, date and return Form 8879-EO to our office. We
will transmit the return electronically to the IRS and no
further action is required. Return Form 8879-EO to us by
November 15, 2021.

A copy of the return is enclosed for your files. We suggest
that you retain this copy indefinitely.

Sincerely,

fkula

Cheryl A. Pimlott, CPA

Form **8879-EQ**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

VILLAGERS FOR VETERANS INC

47-1817320

Name and title of officer or person subject to tax

MARIE BOGDONOFF
PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	366,215.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 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. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an 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. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Duggan, Joiner & Company, CPA's
ERO firm name

to enter my PIN 97320

Enter live numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

597 375402 9Ji

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Cheryl A. Pimlott CPA

Date 1/11/20 2:1

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

023051 11-03-20

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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

Open to Public Inspection

Go to www.irs.gov/irm990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning

and ending

B Check if applicable: **IC** Name of organization **D** Employer identification number

1: s **VILLAGERS FOR VETERANS INC**

Name **D** Business as

47-1817320

Di ** Number and street (or P.O. box if mail is not delivered to street address) Room/suite **E Telephone number

3 0 7 5 KRAMER CT

3 5 2 - 7 5 1- 7 6 11

City or town, state or province, country, and ZIP or foreign postal code

G Gross receipts **369,845.**

D **THE VILLAGES FL 3216 3**

H(a) Is this a group return for subordinates? Yes No

DtgRiica- **F** Name and address of principal officer: **MARIE BOGDONOFF**

I **Tax-exem** **H(b)** Are all subordinates included? Yes No

J Website: **WWW.VILLAGERSFORVETERANS.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2014** **M** State of legal domicile: **FL**

Part 11 Summary

1 Briefly describe the organization's mission or most significant activities: TO ENSURE THAT SEVERELY WOUNDED VETERANS RECEIVE ASSISTANCE IN HEALING, A RETURN TO NORMALCY AND AN			
2 Check this box <input type="checkbox"/> D if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)		3	4
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	4
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0
6 Total number of volunteers (estimate if necessary)		61	150
7 a Total unrelated business revenue from Part VIII, column (C), line 12		0	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11		0	0
		Prior year	Current Year
8 Contributions and grants (Part VIII, line 1h)		171,681.	167,852.
9 Program service revenue (Part VIII, line 2g)		179,865.	201,993.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,384.	-3,630.
12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)		352,930.	366,215.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		23,065.	505,910.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16 a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (A), line 11e)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		140,763.	94,598.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		163,828.	600,508.
19 Revenue less expenses. Subtract line 18 from line 12		189,102.	-234,293.
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		431,671.	216,930.
21 Total liabilities (Part X, line 26)		18,866.	38,418.
22 Net assets or fund balances. Subtract line 21 from line 20		412,805.	178,512.

Part II Signature Block

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

Sign Here Signature of officer **MARIE BOGDONOFF, PRESIDENT** Date

Paid Preparer Use Only Print/Type preparer's name **Iott CPA Pimlott C** Date Check if self-employed PTIN **00449355**

Preparer Use Only Preparer's name **an Joiner CPA's** Firm's EIN **59-1349759**

334 N.W. 3rd Avenue Phone no. **3 5 2 - 7 3 2 - 0 1 7 1**

Ocala FL 34475

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

CXJ Y - D No

032001 12-23.20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

See **Schedule O** for **Organization Mission Statement Continuation**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III CxJ

1 Briefly describe the organization's mission:

TO ENSURE THAT SEVERELY WOUNDED VETERANS RECEIVE ASSISTANCE IN HEALING, A RETURN TO NORMALCY AND AN INDEPENDENT LIFESTYLE. WE ARE ESTABLISHED TO ADDRESS THE GREAT NEED FOR RESOURCES TO SUPPORT Y. TERANS WHO SUSTAINED CATASTROPHIC INJURIES WHILE DEFENDING OUR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.

0 Yes 00 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.

Dves 00 No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses\$ 335,009 • including grants of\$ 330,900,) (Revenue\$ 3,442 •)

BUILD A HOUSE WITH LOVE - TO PROVIDE AWARENESS AND SUPPORT FOR SEVERELY WOUNDED VETERANS. THIS PARTICULAR EVENT WAS FOR THE BENEFIT OF AN INJURED VETERAN WHO WILL RECEIVE A SMART ADAPTIVE HOUSE

4b (Code:) (Expenses\$ 33,842 • including grants of\$ 18,191,) (Revenue\$ 40,651,)

VETERANS IN NEED - TO PROVIDE AWARENESS AND SUPPORT FOR SEVERELY WOUNDED VETERANS.

4c (Code:) (Expenses\$ 129,237 • including grants of\$ 100,000 •) (Revenue\$ 90,988,)

INJURED WOMEN VETERANS - DESIGNED TO ASSIST WOMEN VETERANS TO BRING AWARENESS TO THEIR SERVICE AND SHOW GRATITUDE

4d Other program services (Describe on Schedule O.) (Expenses \$ 85,303 • including grants of\$

4e Total program service expenses 5,833,391 • 5,681,819 • (Revenue \$ 66,912.)

032002 12-23-20

Form 990 (2020)

Part IV Checklist of Required Schedules

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt noncharitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part VI Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
c Gambling winnings to prize with respect to gambling, including but not limited to, sports betting, pari-mutuel betting, and gaming machines		0

Part VI Settlements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to file (see instructions)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
	3b		
4a	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)?		X
	4a		X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 ...	10a	
b	Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11b	
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	
	12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
	13b		
c	Enter the amount of reserves on hand	13c	
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the		X
	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	16		X

If "Yes," complete Form 4720, Schedule O.

Fann **990** (2020)

032005 12-23-20

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

[X] J

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section 8. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed. None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

MARIE BOGDONOFF - 352-751-7611

2518 BORNSED BLVD BOX 303, THE VILLAGES, FL 32162

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Part VII \ Section A. Officers Directors Trustees Key Em >leves and Hiahest Comoensated Emolovees (continued)

(A) Name and title	(8) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		o	o	o	o	o	o			
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section 8. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

(A) Name and business address	(8) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100 000 of comoensation from the organization <input type="checkbox"/> 0		

Form **990**
(2020)

Part VIII Statement of Revenue

D

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1	a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	3,787.		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	164,065.		
g Noncash contributions included in lines 1a-1f			1a \$	5,565.		
h Total. Add lines 1a-1f				167,852.		
2 a PROGRAM REVENUES			Business Code	201,993.	201,993.	
b			900099			
d						
e						
f All other program service revenue						
a Total. Add lines 2a-2f				201,993.		
3 Investment income (including dividends, interest, and other similar amounts)						
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
			(i) Real	(ii) Personal		
6 a Gross rents			6a			
b Less: rental expenses			6b			
c Rental income or (loss)			6c			
						3,630.
						d Net rental income or (loss)
						e Net income or (loss) from fundraising events
						f Gross amount from sales of (i) Securities
						g Less: cost or other basis
						h and sales expenses
						i Gain or (loss)
						j Net gain or (loss)
						k Gross income from fundraising events (not including \$
						l Of contributions reported on line 1c) See Part IV, line 18
						m Less: direct expenses
						n Net income or (loss) from
						o Less: direct expenses

st of goods sold.....**10b**
 c Net income or (loss) from sales of inventory
 Business Code

11 a
 m b
 i c
 n d All other revenue
 e Total. Add lines 11a-11d ▶
 g2 Total revenue. See instructions ▶

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	(A) Total expenses	(8) Program service expenses	(C) Management and General expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	149,181.	149,181.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	356,729.	356,729.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(c)(3)(8)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	15,053.	13,918.	1,135.	
13 Office expenses	4,353.	2,190.	2,163.	
14 Information technology				
15 Royalties				
16 Occupancy	5,188.	3,979.	1,209.	
17 Travel	25,551.	24,429.	1,122.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,628.	351.	1,277.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OUTSIDE SERVICES	13,739.	10,816.	2,923.	
b SUBSCRIPTIONS & DUES	7,974.	2,927.	5,047.	
c EVENT SUPPLIES	7,705.	7,705.		
d FACILITIES & EQUIPMENT	6,587.	6,587.		
e All other expenses	6,820.	4,579.	2,241.	
25 Total functional expenses. Add lines 1 through 24e	600,508.	583,391.	17,117.	0.
26 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> D if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X D

	(A) Beginning of year	(B) End of year
1 Cash - non-interest-bearing	248,204.1	213,536.
2 Savings and temporary cash investments	201.1	701.
3 Pledges and grants receivable, net	3	
4 Accounts receivable, net	4	
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8)	6	
7 Notes and loans receivable, net	7	
8 Inventories for sale or use	8	
9 Prepaid expenses and deferred charges	9	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
b Less: accumulated depreciation	18,037.6	
11 Investments - publicly traded securities	11	
12 Investments - other securities. See Part IV, line 11	12	
13 Investments - program-related. See Part IV, line 11	13	
14 Intangible assets	14	
15 Other assets. See Part IV, line 11	2,890.	2,693.
16 Total assets. Add lines 1 through 15 (must equal line 33)	431,671.	216,930.
17 Accounts payable and accrued expenses	17	
18 Grants payable	18	
19 Deferred revenue	19	
20 Tax-exempt bond liabilities	20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22	
23 Secured mortgages and notes payable to unrelated third parties	23	
24 Unsecured notes and loans payable to unrelated third parties	24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	18,866.125	38,418.
26 Total liabilities. Add lines 17 through 25	18,866.126	38,418.
27 Net assets without donor restrictions	412,805.1	178,512.
28 Net assets with donor restrictions	0.	0.
29 Capital stock or trust principal, or current funds	0.1	0.
30 Paid-in or capital surplus, or land, building, or equipment fund	0.1	0.
31 Retained earnings, endowment, accumulated income, or other funds	412,805.1	178,512.
32 Total net assets or fund balances	412,805.1	178,512.
33 Total liabilities and net assets/fund balances	431,671.1	216,930.

Part XII Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI **D**

Total revenue (must equal Part VIII, column (A), line 12)		366,215.
2 Total expenses (must equal Part IX, column (A), line 25)	2	600,508.
3 Revenue less expenses. Subtract line 2 from line 1	3	-234,293.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	412,805.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	178,512.

Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII **D**

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash D Accrual D Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: D Separate basis D Consolidated basis D Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: D Separate basis D Consolidated basis D Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain 11/11/ on Schedule Q and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 507(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ILLAGERS FOR VETERANS INC

Employer identification number

47-1817320

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 **D** A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 **B** A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 **D** A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

- 4 **D** 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 **D** 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 **D** A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 **D** 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 **D** A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 **D** 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 **[X] J** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 **D** An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 **D** An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **D** **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 **D** **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 **D** **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 **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 **D** 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.

Enter the number of supported organizations

--

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in our governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14 .	15	%

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **D**

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **D**

17a 10% -facts-and-circumstances test - 2020. 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 - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization **D**

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions **D**

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,250.	96,104.	80,985.	154,500.	164,065.	545,904.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	100,658.	127,903.	216,670.	198,430.	205,780.	849,441.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5	150,908.	224,007.	297,655.	352,930.	369,845.	1,395,345.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						1,395,345.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	150,908.	224,007.	297,655.	352,930.	369,845.	1,395,345.
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	150,908.	224,007.	297,655.	352,930.	369,845.	1,395,345.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	100.00 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	100.00 %


Section D. Computation of Investment Income Percentage


17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	.00 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ **00**

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.....  **D**

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

Part IV I 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 8. 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 J11 Supporting Organizations

	Yes	No
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)(8) 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)(8) purposes.		
Sa 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 <i>Schedule L (Form 990 or 990-EZ)</i> .		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of <i>Schedule L (Form 990 or 990-EZ)</i> .		
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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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 <i>Schedule C, Form 4720</i> , to determine whether the organization had excess business holdings.)		

Part IV | Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

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.*
- d** The organization is the parent of each of its supported organizations and also satisfies the Integral Part Test. *Answer lines 2a and 2b below.*

2a Do the activities described in line 2a, above, constitute activities that, but for the organization's involvement, 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 activities but for the organization's involvement.*

2b Do the activities described in line 2a, above, constitute activities that, but for the organization's involvement, 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 activities but for the organization's involvement.*

3a Do the organization's supported organizations 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.*

3b Do the organization's supported organizations exercise a substantial degree of direction over the policies, programs, and activities of each supported organization? *If "Yes" describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-FLJ nctionally Integrated 509(a)(3) Supporting Orgc3nizations

1 **D** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

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

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMS No. 1545-0047

2020

Name of the organization

VILLAGERS FOR VETERANS INC

Employer identification number

47-1817320

Organization type(check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part 11, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line Hof its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization VILLAGERS FOR VETERANS INC	Employer identification number 47-1817320
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID V BUSS	\$ 221500.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
	1881 HARDING PATH		
	THE VILLAGES ₁ FL 32162		
2	RENAISSANCE CHARITABLE FOUNDATION	\$ 401000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
	8910 PURDUE ROAD Suite 550		
	INDIANAPOLIS, IN 46268		
3	DOTTY AND GUY CRAIN	\$ 111000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
	2224 WILLOW GROVE WAY		
	THE VILLAGES ₁ FL 32162		
4	JOAN A. SAULPAUGH	\$ 201000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
	425 LOMA PASEO DRIVE		
	LADY LAKE ₁ FL 32159		
5	FRED C. ROBEY	\$ 151000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
	1923 USEPPA OAKS LANE		
	THE VILLAGES ₁ FL 32163		
6	HOWARD STERN	\$ 7,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
	3656 Yale Court		
	THE VILLAGES ₁ FL 32163		

Name of organization

Employer identification number

VILLAGERS FOR VETERANS INC

47-1811 32 0

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BLACKSTONE FINANCIAL	\$ 5,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
	8564 E COUNTY RD 466		
	The VILLAGESi FL 32163		
8	BUSS ELECTRIC INC.	\$ 23,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
	W10971 STATE RD 19		
	WATERLOO WI 53594		
9	RUTH DIDOMENICO	\$ 5,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
	2085 CHALMER TERRACE		
	THE VILLAGES FL 32162		
10	DAN NEWLIN	\$ 10,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
	7 E SILVER SPRINGS BLVD		
	OCALA FL 34470		
---		\$	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

VILLAGERS FOR YET FRANS INC

47-1817320

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
---		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
---		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
---		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
---		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
---		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
---		\$ _____	

Name of organization

Employer identification number

VILLAGERS FOR VETERANS INC

47-1817320

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) **U** \$ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name address and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name address and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name address and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name address, and ZIP + 4	Relationship of transferor to transferee

--	--

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Go to WW.W.irs.gov/Form990 for instructions and the e-jit test information.

Name of the organization VILLAGERS FOR VETERANS INC Employer identification number 47-1817320

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply).

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and questions about monitoring, expenses, and reporting.


Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures and a table for revenue and assets.

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASS ASC 958 relating to these items: a Revenue included on Form 990, Part

VIII, line 1

b Assets included in Form 990, Part X  \$ _____
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ _____
Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasure, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a D Public exhibition
b D Scholarly research
c D Preservation for future generations
d D Loan or exchange program
e D Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

100% of the organization's funds rather than to be maintained as part of the organization's collection? D Yes D No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included

on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No

on Form 990, Part X, line 21, for escrow or custodial account liability? D

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: Description, (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g.

2g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

(i) Unrelated organizations

(ii) Related organizations ..

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a/ii, 3b.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990 Part X column (B), line 10c.J. 0.

Part VIII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
/A\		
/B\		
/C\		
/D\		
IR		
(F)		
(G)		
/H\		
Total. /Col. /bl must equal Form 990 Part X col. /BI line 12.\		

Part VIII

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(11)		
12\		
(3\		
14\		
15\		
16\		
(1\		
/8)		
Total. /Col. /bl must equal Form 990 Part X col. (BI line 13.)		

Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
12\	
(3)	
14\	
(5)	
16\	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (BJ line 15.J.....)	

Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
1 Southwest Credit Card Payable	33,189.
rai American Airlines Credit Card	
/4\ Payable	5,229.
(5)	
(6)	
(7)	
/8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (BJ line 25.J	38,418.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASS ASC 740. Check here if the text of the footnote has been provided in Part XIII... **D**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for descriptions and numerical values.

Section header for Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for descriptions and numerical values.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1 and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

2020

Open to Public
Inspection

Name of the organization

VILLAGERS FOR VETERANS INC

Employer identification number

47-1817320

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Attach a schedule if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Patriot Service Dogs 656 Martinique Court Fleming Island FL 32002	27-0537995	501(c)(3)	14,000.	0.			to provide training for service animal of wounded veteran
Project SOS 2412 Due West Drive The Villages FL 32162	27-2932657	501(c)(3)	5,117.	0.			to provide necessities like food, water, clothing, medical care and motorized wheelchairs to
Code Horse S.A.D.L.E.S. Ranch 41025 Thomas Boat Landing Rd Umatilla FL 32784	46-4216690	501(c)(3)	15,066.	0.			to provide equine assisted therapy to disabled veterans
Camp4Heroes PO Box 400 Fairmont NC 28340	81-1555077	501(c)(3)	14,998.	0.			to provide a place for relaxing, rebuilding and healing for veterans and to assist them with
Villages Honor Flight PO Box 490 Ladysburg FL 32158	45-5560376	501(c)(3)	100,000.	0.			to provide flight transportation for veterans to visit Washington DC and reflect

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5.

3 Enter total number of other organizations listed in the line 1 table 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

See Part IV for Column (h) descriptions

032101 11-02-20

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Monetary assistance to veterans in need of funds or mobility services equipment	0	21,829.	0.		
Food collection for Veterans	10	0.	4,000.	FMV	Food collection
Transferred land lot and custom built home to wheelchair veteran	1	330,900.	0.	FMV	and lot was purchased and custom built home was constructed and furnished. title of house was transferred

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I Line 2:
 ASSISTANCE TO DOMESTIC ORGANIZATIONS AND INDIVIDUALS IS PROVIDED AS NEEDED
 BASED ON BOARD OF DIRECTORS DECISIONS. THERE ARE NO GRANTS PROVIDED OR
MONITORED.

Part II, line 1, Column (h):
 Name of Organization or Government: Project SOS
(h) Purpose of Grant or Assistance: To provide necessities like food,
water, clothing medical care and motorized wheelchairs to disabled

Part IV | Supplemental Information

veterans

Name of Organization or Government: Camp4Heroes

(h) Purpose of Grant or Assistance: To provide a place for relaxing, rebuilding and healing for veterans and to assist them with readjusting to civilian life.

Name of Organization or Government: Villages Honor Flight

(h) Purpose of Grant or Assistance: To provide flight transportation for veterans to visit Washington DC and reflect on their memorials.

(f) Description of Non-cash Assistance: Land lot was purchased and custom built home was constructed and furnished. Title of house was transfered to wheelchair veteran. Total amount of assistance is amount spent on purchase of land and cost or construction and furnishings.

SCHEDULE 0
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

YILLAGERS FOR VETERANS INC

Employer identification number

47-1817.320

Form 990, Part I, Line 1, Description of Organization Mission:

INDEPENDENT LIFESTYLE. WE ARE ESTABLISHED TO ADDRESS THE GREAT NEED
FOR RESOURCES TO SUPPORT VETERANS WHO SUSTAINED CATASTROPHIC INJURIES
WHILE DEFENDING OUR FREEDOM.

Form 990, Part III, Line 1, Description of Organization Mission:

FREEDOM.

Form 990, Part VI, Section B, line 11b:

FORM 990 IS REVIEWED BY THE PRESIDENT AND AVAILABLE UPON REQUEST.

Form 990, Part VI, Section C, Line 19:

GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211 11-20-20

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

▶ File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ 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 print	Name of exempt organization or other filer, see instructions. VILLAGERS FOR VETERANS INC	Taxpayer identification number (TIN) 47-1817320
File by the due date for filing your return. See Instructions.	Number, street, and room or suite no. If no box, see instructions. <u>3015 r,unec:: CT</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. THE VILLAGES, FL 32163	

Enter the Return Code for the return that this application is for (file a separate application for each return) **1011**

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

MARIE BOGDONOFF

• The books are in the care of ▶ 2518 BURNSED BLVD BOX 303 - THE VILLAGES, FL 32162
Telephone No. ▶ 352-751-7611 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box..... **D**

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box **D**. If it is for part of the group, check this box **D** and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until November 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 2020 or
 tax year beginning _____, and ending _____

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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	\$	0.
c 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	\$	0.

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

