Thomas, Judy & Tucker, P. A. 4700 Falls of Neuse Road, Suite 400 Raleigh, NC 27609 (919) 571-7055

November 10, 2017

Vets To Vets United, Inc. 1311 Elmira Ave. Durham, NC 27707

Dear Terry:

Enclosed is the organization's 2016 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

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

Sincerely,

Kristen Hoyle, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2016

Prepared for	Vets To Vets United, Inc.
	1311 Elmira Ave. Durham, NC 27707
Prepared by	Mhana t Tall a Fill
	Thomas, Judy & Tucker P. A. 4700 Falls of Neuse Road Suite 400 Raleigh, NC 27609
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if	
applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.
N. Sall Commission of the Comm	

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

- 20	2046

Department of the Treasury Internal Revenue Service For calendar year 2016, or fiscal year beginning , 2016, and ending

Do not send to the IRS. Keep for your records.

nur records

2016

OMB No. 1545-1878

Name of exempt organization

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

VETS TO VETS UNITED, INC.

35-2434695

Name and title of officer

TERRY MORRIS

EXECUTIVE DIRECTOR

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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

	Form 990 check here Data Data Provided in the State of th	1b	62,827.
	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer'	s	PIN:	check	one	box	only
----------	---	------	-------	-----	-----	------

X I authorize	THOMAS,	JUDY	&	TUCKER	P.	A.	to enter my PIN	67675
				ERO	firm n	ame		Enter five numbers, bu do not enter all zeros

as my signature on the organization's tax year 2016 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2016 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.

The state of the s

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.

56663211112 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization 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

Date > 11/10/17

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

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

A	For th	e 2016 calendar year, or tax year beginning and end		.govnomiooo.	mopection				
	Check it		amig T	D Employer identific	otion number				
	applicat	le:		D Employer identing	ation number				
	Addr chan	VETS TO VETS UNITED, INC.							
	Nam			35_2/	434695				
	Initia		om/suite						
	Final	1 1211 PTMTD X XVID	Jily Suite	E Telephone number) 683-1360				
	termi			THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN					
2	Amer	INTERIAM NAC 277777	1	G Gross receipts \$	62,827.				
	Appli			H(a) Is this a group re					
	pend	SAME AS C ABOVE			? Yes X No				
1	Tax-ex	tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 1501(c)	527	H(b) Are all subordinates in					
J	Webs	ite: VETSTOVETSUNITED.ORG			list. (see instructions)				
			t Voor o	H(c) Group exemption	State of legal domicile: NC				
	art I	Summary	L Teal U	Hormation, ZUIZ M	State of legal domicile: INC				
4	1	Briefly describe the organization's mission or most significant activities: SERVICI	E AM	TMATC FOD TO	ZMED A MC				
Activities & Governance		Diffy I Co	LI ALV.	IMAUS FOR VI	SIERANS				
rna	2	Check this box if the organization discontinued its operations or disposed	- 6	U 050/ (::)					
ove	3				sets.				
Ğ	4	Number of voting members of the governing body (Part VI, line 1a)		3	3				
S	5	Number of independent voting members of the governing body (Part VI, line 1b)		4	3				
itie	6	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0				
cţi	1	Total unrelated business revenue from Part VIII askum (C) line 40		6	15				
A	b	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
-	† ~	Net unrelated business taxable income from Form 990-T, line 34	·····		0.				
m	8	Contributions and grants (Part VIII line 1b)		Prior Year	Current Year				
nne	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		22,588.	62,827.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
C	11	Other revenue (Part VIII, column (A), lines 5, 4, and 7d)		0.	0.				
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,588.	62,827.				
	14	Donaffia maidile and the second of the secon		0.	0.				
s)	927233	Salaries other compensation employed benefits (Part IX, solumn (A), line 4)		0.	0. 15,100.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), lines 5-10)	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
bei	b	Total fundraising expenses (Part IX, column (D), line 25)		0.	0.				
ũ	17	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10 706	41 015				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,726.	41,916.				
		Revenue less expenses. Subtract line 18 from line 12		18,726.	57,016.				
or	1	Terendo loco expenses. Cubitact line 16 ffortiline 12	Desi	3,862.	5,811.				
sets	20	Total assets (Part X, line 16)	beg	inning of Current Year	End of Year				
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)		7,514.	13,325.				
E E	22	Net assets or fund balances. Subtract line 21 from line 20		7 514	0.				
Pa	art II	Signature Block		7,514.	13,325.				
		lities of perjury, I declare that I have examined this return, including accompanying schedules and	d atatamar	ato and to the best of					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	a Statemer	as and to the best of my	knowledge and belief, it is				
		Teur 1 Man	preparer n	as any knowledge.					
Sig	n	Signature of officer		Date	-17				
Her		TERRY L MORRIS, EXECUTIVE DIRECTOR		Dato					
		Type or print name and title							
		Print/Type preparer's name Preparer's signature / . 94/109	I Da	fà la l	II DTM				
Paid	i	KRISTEN HOYLE, CPA		110 11 If	PTIN				
Pre	parer	Firm's name THOMAS, JUDY & TUCKER P. A.	<u> </u>	-/ IU/ I / self-employed	P00118964				
	Only	Firm's address 4700 FALLS OF NEUSE ROAD SUITE 400	1	Firm's EIN	56-1965804				
		RALEIGH, NC 27609	J	010	E71 7055				
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		Prione no. 919	-571-7055				
tomores	STATE OF THE PERSON NAMED IN			***************************************	X Yes No				

Form	m 990 (2016) VETS TO VETS UNITED, INC. art III Statement of Program Service Accomplishments	35-2434695	Page 2
			<u> </u>
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		X
•	THE VETS TO VETS MISSION IS TO PROVIDE AS MANY VETERANS	AS POSSIBLE	TN
	NEED OF COMPANIONSHIP, SERVICE AND LOVE WITH SERVICE, T	HERAPY OR	
	COMPANION ANIMALS; REDUCE THE HIGH NUMBERS OF ANIMALS U	INNECESSARILY	
	EUTHANIZED IN THE LOCAL SHELTERS, WHO ARE ALSO IN DESPE	RATE NEED OF	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Voc.	X No
	If "Yes," describe these new services on Schedule O.	Lifes L	42 NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	? Yes	V
	If "Yes," describe these changes on Schedule O.	/Yes L	_ No
4			
	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to otherwenue, if any, for each program service reported.	iers, the total expenses, ar	nd
4a	AF ROE		
14	LOCAL VETERINARIANS AND VOLUNTEERS WORKING TOGETHER TO	nue \$)
	THERAPEUTIC, AND EMOTIONAL SUPPORT ANIMALS, AND DISCOUN	PROVIDE SERVI	CE,
	CARE TO OUR II C MILITARY VETERANG GUERRETANG FROM LOWER	TED VETERINAR	Y
	CARE TO OUR U.S. MILITARY VETERANS SUFFERING FROM LONEL	INESS,	
	DEPRESSION, POST TRAUMATIC STRESS, TRAUMATIC BRAIN INJU	RY, AND PHYSI	CAL
	DISABILITIES. THIS SERVICE WILL ALSO SIGNIFICANTLY REDU	CE THE NUMBER	OF
	ANIMALS EUTHANIZED AT THE LOCAL ANIMAL SHELTERS.		
4b	(Code:) (Expenses \$including grants of \$) (Rever	nue \$	1
		*	
			-
4c	(Code:) (Expenses \$ including grants of \$ \ / Reverse		
	(Code:) (Expenses \$ including grants of \$) (Reven	rue \$)
		 	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	1	
4e	Total program service expenses ► 45,805.		
		Form 99 0	0 (2016)

Form 990 (2016) VETS TO VETS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10	If "Yes," complete Schedule D, Part IV	9		X
10	bid the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		X
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			and the same
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		- 23
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.0		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	and a state of solidated in an ida state ments for the tax year include a toothote that addresses			
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1 1		
	or more? If "Yes," complete Schedule F, Parts I and IV			37
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		X
16	bid the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		-22
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	the organization report more than \$15,000 or gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		X
		Eorm	aan /	2010

Form 990 (2016) VETS TO VETS UNITED, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	22		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	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		21
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		- 22
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		-22
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M	30		X
	If "Yes," complete Schedule N, Part I	31		Х
32	Schedule N, Part II	32		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	33		X
34	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	bid the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
30	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	38	X	

Form 990 (2016) VETS TO VETS UNITED, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1098. Enter 0- if not applicable 1a 0 0 0 0 1b 1c 1c 1c 1c 1c 1c 1c		Check if Schedule O contains a response or note to any line in this Part V	1							
b Enter the number of Forms W2G included in line 1a. Enter of Ind applicable 10 0 0 0 0 0 0 0 0				Yes	No					
b Enter the number of Forms W2G included in line 1a. Enter of Ind applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
bil the organization comply with backup withholding rules for reportable symments to vendors and reportable gamining (gambining) withings to prize withmens? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary were anding with or within the year covered by this return 5 bil fal least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b lif Yes, "has it filed a Form 990-T for this year?" No. 1 of line 3b, provide an explanation in Schedule C 3b lif Yes, "has it filed a Form 990-T for this year?" No. 1 of line 3b, provide an explanation in Schedule C 3b lif Yes, "has it filed a Form 990-T for this year?" No. 1 of line 3b, provide an explanation in Schedule C 3c At any time during the calendary year, did the organization for 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)? 4c At any time the hanse of the foreign country. 5c If Yes, 1 on life or year year of the organization than the way of the country of the	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
gambling) winnings to prize winners? 2a Enter the number of employees sported on from W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, if the sum of lines is a and 2a is greater than 250, you may be required to e-frife (see instructions) 3c Iod the organization have unrelated business gross income of \$1,000 or more during the year? 3a Iod the organization have unrelated business gross income of \$1,000 or more during the year? 3a Iod the organization have unrelated business gross income of \$1,000 or more during the year? 3a Iod at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts? 5a Iod and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Iod and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR). 5a Iod and the calendar year, did the organization flat it was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5b Iod any taxabile party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c Iod See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selection tax deductibles acharitable contributions? 6c In Yea, "id the organization selection tax deductibles acharitables contributions? 7 organizations that many receive deductible contributions under section 170(c). 8 Iod In the organization selection tax deductible schematises and calentificatio	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
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			-		X					
		in 166, Has it filed a Point 720 to report triese payments? II INO," provide an explanation in Schedule O	recommends	000	(0020)					

Form 990 (2016)

VETS TO VETS UNITED, INC.

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Page
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 in Schedule O. See instructions.

Militaria	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		territory (Co.	A CONTRACTOR OF THE PARTY OF TH
			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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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?	2	Bay Tables	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		- 22
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 23
		70		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
		-71-		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
а	The governing body?	0-	X	
b	Each committee with authority to act on behalf of the governing body?	8a	X	B-0411
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	23,	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	The internal neverties code.)		V	N.
10a	Did the organization have local chapters, branches, or affiliates?	40-	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		-25
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	-22	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Manager 1	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	-	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	1000000	21
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	450		Y
b	Other officers or key employees of the organization	15a	-+	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		23
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?	160	Машал	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		-22
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	1Ch		
Sec	tion C. Disclosure	16b		-
17	List the states with which a copy of this Form 990 is required to be filed ►NC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	voilab	lo.	
	for public inspection. Indicate how you made these available. Check all that apply.	vanaD		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	rial	
	statements available to the public during the tax year.	in real IC	JICI	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	TERRY MORRIS - (919)683-1360	HORIZON AND AND AND AND AND AND AND AND AND AN		
	1311 ELMIRA AVE, DURHAM, NC 27707			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	, unle	Pos heck	ition more	than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HENRY WALL CHAIR	1.00	x		х				0.	0.	0
(2) CARLA GARTRELL	1.00	A	-	1	-	\vdash		0.	0.	0.
VICE CHAIR		X		X				0.	0.	0.
(3) CYNTHIA HEIGHT SECRETARY	1.00	х		Х						
(4) TERRY MORRIS	40.00	Δ	-	Λ	-	-		0.	0.	0.
EXECUTIVE DIRECTOR	20.00			x				15,100.	0.	0.
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										·
										entrangen minimum and an annual state of the

Part VII Section A. Officers, Directors, Tru (A)	(B)	-,			3)	3.10		(D)	(E)	T	(F)	
Name and title	Average hours per	ours per box				than is bot	h an	Reportable compensation	Reportable compensation	1	stimate mount	of
	(list any hours for related organizations below	tee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	org ar	other opensation the ganizated relations	ation le tion ted
	line)	Individ	Institut	Officer	Keyem	Highes	Former			org	anizati	ions
												THE STREET STREET, STR

1b Sub-total		<u></u>	<u> </u>	Ш				15,100.	0.	1	Manage de la constant	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but							<u>></u>	15,100.	0.	1	······································	0.
compensation from the organization	Tot ill little d to ti	1036	IISC	u al	JOV6	3) WI	10 16	eceived more than \$100	,,uuu of reportable		Yes	No
 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for. For any individual listed on line 1a, is the second of the second of	such individual									3		Х
 For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or 	0,000? If "Yes,	" co	mple	ete S	che	edule	Jf	or such individual		4		X
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedule	e J f	or st	ıch p	oers	on .				5		X
Complete this table for your five highest compensation. Report compensation for	mpensated inc the calendar y	depe ear e	ende endi	nt co	ontr	acto or w	rs tl	the organization's tax	\$100,000 of compens			
(A) Name and business	address	NC	ONE	3			+	(B) Description of s	ervices (C) ensatio	n
		***************************************					+			Water and the State of the Control o		
							+			and the second s		
Total number of independent contractors (including but n	ot lir	nited	d to t	thos	se lis	ted	above) who received m	ore than			
\$100,000 of compensation from the organ	zation >				C			,		Form	990 c	2016)

		Check if Schedule O conta			(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	18,045.			(minuser)	
		Membership dues						
		Fundraising events						
	d	Related organizations	1d					
		Government grants (contribut						
	f	All other contributions, gifts, grant	ts, and					
		similar amounts not included above	ve 1 f	44,782.				
de la	g	Noncash contributions included in lines	1a-1f: \$	1,440.				
8 8	h	Total. Add lines 1a-1f			62,827.			
				Business Code				
Program Service Revenue	2 a							W. Established St. Company
	b							
S all	С							
Sev	d							
0	е							
ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
1		other similar amounts)		>				
1	4	Income from investment of tax	x-exempt bond	proceeds >				
	5	Royalties						
- 1			(i) Real	(ii) Personal				
- 1	6 a	Gross rents						
1	b	Less: rental expenses						
1	C	Rental income or (loss)						
1	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
1		assets other than inventory						
- 1	b	Less: cost or other basis						
1		and sales expenses						
- 1	С	Gain or (loss)						and the second
	d	Net gain or (loss)						
٥	8 a	Gross income from fundraisin	g events (not				E HID III	
evenue		including \$	of					
lev		contributions reported on line	1c). See					
10		Part IV, line 18		a				
Other R	b	Less: direct expenses						
٦		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19		a				
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ning activities					
1	10 a	Gross sales of inventory, less	returns					
		and allowances		a		100		
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu	11/2/11/20	Business Code				
	11 a							
	b							
1	С							
	d	· · · · · · · · · · · · · · · · · · ·						
	е	Total. Add lines 11a-11d			The second secon			
	12	Total revenue. See instructions.			62,827.	0.	0	. 0.

Form 990 (2016) VETS TO VETS UNITED, INC.

Part IX Statement of Functional Expenses

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

Secu	Check if School 10 O contains a response			mplete column (A).	TT
Do	Check if Schedule O contains a response not include amounts reported on lines 6b.	(A)	(B)	(c)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	15,100.	10,570.	4,530.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
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 (non-employees):				
7.25	Management				
b	Legal	4,000.		4 000	
c d	Accounting Lobbying	4,000.		4,000.	
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,579.	3,579.		
13	Office expenses	1,505.		1,505.	
14	Information technology	1,397.	1,257.	140.	
15	Royalties				
16	Occupancy				······································
17	Travel	1,488.	1,339.	149.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,001.	1,001.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	VET FEES	17,977.	17,977.		
b	DOG TRAINING SUPPLIES	8,461.	8,461.	-	
С	VEHICLE MAINTENANCE	1,048.	524.	524.	
d	OFFICE MAINTENANCE	726.	363.	363.	
е	All other expenses	734.	734.		
25	Total functional expenses. Add lines 1 through 24e	57,016.	45,805.	11,211.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
discussifications.	Check here if following SOP 98-2 (ASC 958-720)		- 91 TO 10 T		

		Check if Schedule O contains a response or not	1	(A)	T	(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		7,514.	1	13,325.
	2	Savings and temporary cash investments			2	
- 1	3	Pledges and grants receivable, net			3	TO STATE OF THE PARTY OF THE PA
	4	Accounts receivable, net		10000 100000 100000 100000 100000 100000 100000 100000	4	
	5	Loans and other receivables from current and for		otimie.		
		trustees, key employees, and highest compensations	ated employees, Complete			
		Part II of Schedule L		**************************************	5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec				
1		employees' beneficiary organizations (see instr)	CDC 4 (100 mm v) Enter 111111111111111111111111111111111111	6		
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Duam sid some sure sure of the first			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		33	10c	
		Investments - publicly traded securities		11		
1	12	Investments - other securities. See Part IV, line	11		12	on and the desired
1	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
1	16	Total assets. Add lines 1 through 15 (must equ		7,514.	16	13,325
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Grants payable 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 current and former			21	
		key employees, highest compensated employee				
Labilities		Complete Part II of Schedule L			22	
i	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa			24	
		parties, and other liabilities not included on lines				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0 .
		Organizations that follow SFAS 117 (ASC 958	Check here X and		20	
2		complete lines 27 through 29, and lines 33 ar				
	27	Unrestricted net assets		7,514.	27	13,325
	28	Temporarily restricted net assets		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	28	10,040
	29	_			29	
		Organizations that do not follow SFAS 117 (A	SC 958) check here		29	
		and complete lines 30 through 34.	oo oooj, cheek here			
	30	Capital stock or trust principal, or current funds			20	
	31	Paid-in or capital surplus, or land, building, or ed	uinment fund		30	
	32	Retained earnings, endowment, accumulated in	come or other funds		31	
		Total net assets or fund balances	come, or other lunds	7,514.	32	13,325
2	33	LOTAL DEL ASSETS OF TLING DAISNOSE				

	990 (2016) VETS TO VETS UNITED, INC.	35-243	1695	Page	e 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[
				1900000	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,82	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,01	
3	Revenue less expenses. Subtract line 2 from line 1	3		,81	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	,51	4.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			-,0,1	
	column (B))	10	13	3,32	15.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			L	
			1	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form \$	990 (2	016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number VETS TO VETS UNITED, INC. 35-2434695 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ly) is the organization listed (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document organization (described on lines 1-10 support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 VETS TO VETS UNITED, INC. 35-24346 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.)

Call State Part Reginating in Part Call State Part Reginating in Part Regination Part Regin	Sec	ction A. Public Support						
1 Gifts, grants, contributions, and mambership feer received, (Do not include any "unusual grants,") 1 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to expended either			(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
include any 'unusual grants') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 Total. Add lines 1 through 3 Total and lines 1 through 4 Total acceptance and lines 1 through 10 Total support. Add lines 1 through 10 Total support and lines 7 through 10 Total support beoretage for 2016 (line 6, column (f) divided by line 11, column (f)) Total support beoretage for 2016 (line 6, column (f) divided by line 11, column (f)) Total support test - 2016. If the organization of din ot 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 Delta 13 or 58, and line 14 is 30 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Delta 13 or 68, and line 14 is 30 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Delta 14 is 10% or more, and if the organization meets the "facts-and-circumstances" t	1	Gifts, grants, contributions, and					1-7	(1)
2 Tax revenues levied for the organization 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		membership fees received. (Do not						
2 Tax revenues levied for the organization is 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. Subsective is from lex 8 Section B. Total Support 2 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total organization organization organization organization organization organization. 8 Public support subsective is from lex 8 Cross income from interest, dividends, payments received on securities loans, ronts, royalities and income from unrelated business activities, whether or not the business is regularly carried on the business is regularly carried or 10 their 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 Caross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 900 is for the organization of such capital control or public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2015 Schedule A, Part II, line 14 16a 33 1/3% support test - 2016. If the organization of idn ot check the box on line 13, fia, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 15 Public support test - 2016. If the organization of idn or theck ch a box on line 13, fia, fib, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. the organization of idn or theck as a publicly supported organization 16 b 10% -facts-and-circumstances test - 2016. If the organization of idn or thecks a box on line 13, fia, fib, or 17a, a		include any "unusual grants.")	131.	9,227.	11,636.	22,588.	62,827.	106,409.
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 Bissupport 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and 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 Gross receipts from related activities, etc. (see instructions) 12 Total support. Add lines 7 through 10 13 First five 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 2016 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2015 Schedule A, Part II, line 14 16 33 1/3% support test - 2016. 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. 16 10% -facts-and-circumstances' test. (heck this box and stop here. And the facts and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances' test, check this box and stop here. And I have a support test on the facts and circumstances' test, check this box and stop here. And I have a support test on the facts and circumstances' test, check this box and stop here. And I have a support test on the facts and circumstances' test, check th	2	Tax revenues levied for the organ-					,	
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. subsett line 5 them line 4 7 Amounts from line 4 8 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from minetated 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 percentage from 2015 Schedule A, Part II, line 14 9 Public support percentage from 2015 Schedule A, Part II, line 14 9 Public support percentage from 2015 Schedule A, Part II, line 14 9 Public support percentage from 2015 Schedule A, Part II, line 14 9 Public support percentage from 2015 Schedule A, Part II, line 14 10% -facts-and-circumstances test - 2016. If the organization of ind check a box on line 13, rida, 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. 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain		ization's benefit and either paid to			1			
furnished by a governmental unit to the organization without charge to the organization without charge to the organization without charge to the organization 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) support. Section B. Total Support. Submed line 5 from line 4. 87,729 . Section B. Total Support suppor		or expended on its behalf			1			
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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	18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instruction	s

Schedule A (Form 990 or 990-EZ) 2016 VETS TO VETS UNITED, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	ciew, picase con	ipioto i art ii.)				
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not			(4) - 2 - 1	(4) 20 10	(0) 2010	(i) rotar
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to			4-111-11-11-11-11-11-11-11-11-11-11-11-1			
	the organization without charge						
	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b					 	
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				Language and the second		
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6		(4)20.0	(6) 2014	(4) 2013	(6) 2010	(i) iotai
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						***************************************
ŀ	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	22					
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			L			
14	First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
Sec	check this box and stop here ction C. Computation of Publi	c Support De	roontogo				>
				1 (0)			
16	Public support percentage for 2016 (li Public support percentage from 2015	Sebadula A Dar					%
Sec	ction D. Computation of Inves	tment Incom	Cili, line 15			16	%
				- 10 1 (0)		T	
18	Investment income percentage for 20	10 (iiiie 100, coiu	Inn (i) divided by iir	ie 13, column (f))		17	%
19:	Investment income percentage from 2	organization did	, Part III, line 17	E d d I E		18	%
100	33 1/3% support tests - 2016. If the o	organization old i	e organization and	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
b	more than 33 1/3%, check this box and 33 1/3% support tests - 2015. If the collection is support tests - 2015 and the collection is support tests - 2015.	organization did	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, chec	ck this box and s	stop here. The orga	nization qualifies	as a publicly sup	oorted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ir	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3c		
4a	1000000	
4b		
4c		
5a		
5b		-weight the
5c		
6		
7		
8		
9a		
9b		
9c		
10a	SENIETH SOLD	
10b	90-EZ)	and production of

Pa	rt IV Supporting Organizations (continued)	7 = 0 7	- F	age 5
	Continued		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	INO
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	-	-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	_
Sec	ction B. Type I Supporting Organizations	TIC		L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	INO
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	A COLUMBIA	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations	2		L
	Je suppose government of the suppose governm		Tv-	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			665
Sec	ction D. All Type III Supporting Organizations	1		
			\ \ \	L.,
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_1_		_
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr.	. odio o o	1	
2	Activities Test. Answer (a) and (b) below.	ICUONS		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	e de la filita de		
b	The state of the s	2a		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		-
а				
ca	of the officers, directors, of			
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
S	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		-

Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		Part VI \ See instructions
			art vi., occ mon uctions.
	Inpicto O	(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	11		
			1
<u> </u>			
	+++		
	6		
	8		
		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	T		
	1a		3 =====================================
Average monthly cash balances	-	**************************************	
Fair market value of other non-exempt-use assets	1c		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount.	1		
see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)			
Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
	-		
	1		
emergency temporary reduction (see instructions)	1 1		
	other Type III non-functionally integrated supporting organizations must colon A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	other Type III non-functionally integrated supporting organizations must complete Setion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions 2 Depreciation and depletion 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 Depreciation and depletion 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1 a Average monthly value of securities 1 a Average monthly value of securities 1 a Average monthly cash balances 1 b Total (add lines 1a, 1b, and 1c) 1 c Total (add lines 1a, 1b, and 1c) 1 d Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1 d 2 Subtract line 2 from line 1 d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 5 Inter greater of line 2 or line 3 1 Income tax imposed in prior year	Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1a Average monthly value of securities 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detall in Part VII): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) Mutiply line 5 by .035 Recoveries of prior-year distributions 7 Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Income tax imposed in prior year

	ion D - Distributions	(a)(o) Supporting Orga	(continued)	O
1	Amounts paid to supported organizations to accomplish exe	ompt purposes		Current Year
2	Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity	or purposes or supported		
3	Administrative expenses paid to accomplish exempt purpos	as of aupported examination		
4	Amounts paid to acquire exempt-use assets	S		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	ho organization is responsive		
_	(provide details in Part VI). See instructions	ne organization is responsive	,	
9	Distributable amount for 2016 from Section C, line 6			
0	Line 8 amount divided by Line 9 amount			
_	Elife o diriodite divided by Line 9 amount	(a)	(::)	Z1
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
-	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
В	Breakdown of line 7:			
а				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Schedule A	(Form 990 or 990-EZ) 2016 VETS T	O VETS	UNITED,	INC.	35-2434695	Page 8
Part VI	Supplemental Information. Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b, line 1; Part IV, Section D, lines 2 and 3; Section D, lines 5, 6, and 8; and Part V, (See instructions.)	vide the exp 4c, 5a, 6, 9a Part IV. Sect	lanations require a, 9b, 9c, 11a, 1 ion E. lines 1c. 2	ed by Part II, line 10 1b, and 11c; Part IV	; Part II, line 17a or 17b; Part III, line 12; ', Section B, lines 1 and 2; Part IV, Section B, line 1e; Fart V,	an C
Martin Port St. Martin Co.			***************************************			

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

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

•	VETS TO VETS UNITED, INC.	35-2434695
Organization type (chec	k one):	The state of the s
Filers of:	Section:	
Form 990 or 990-EZ	X 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	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota	
	any one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the am -EZ, line 1. Complete Parts I and II.	6a, or 16b, and that received from
year, total conti	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eco of cruelty to children or animals. Complete Parts I, II, and III.	
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled ter here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000. If this box ous, charitable, etc., e it received <i>nonexclusively</i>
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	3 (Form 990, 990-EZ, or 990-PF), s Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

VETS TO VETS UNITED, INC.

35-2434695

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	DURHAM MERCHANTS ASSOCIATION CHARITABLE FOUNDATION P.O. BOX 52016 DURHAM, NC 27717		Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	FOUNDATION OF HOPE 9401 GLENWOOD AVE RALEIGH, NC 27617	\$10,974.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	CFC GREATER NC P.O. BOX 97 PLEASANT GARDEN, NC 27313	\$12,510.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
623452 10-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

VETS TO VETS UNITED, INC.

35-2434695

	Noncash Property (See instructions). Use duplicate copies of P	art ii ii 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)		(2)	
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Seeds ipsion of noneusir property given	(See instructions)	Date received
-			
		\$	
(a) No.	(b)	(c)	(4)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
-			
		\$	***
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
		MANAGED AND AND AND AND AND AND AND AND AND AN	
-			
-		\$	
(a) No.	(In)	(c)	1.33
from	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
Part I		(200 Houdonoile)	
_			
-			
3453 10-18-16			990, 990-EZ, or 990-PF)

lame of orga	nization		Employer identification number		
ETS TO	O VETS UNITED, INC.		35-2434695		
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	COIUMNS (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations		
(a) No T	Use duplicate copies of Part III if addition	al space is needed.			
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferral	(e) Transfer of gift			
	Transferee's name, address, ar	na 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		
-	Transferee's name, address, a	(e) Transfer of gift nd 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, ar	nd 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, ar	nd ZIP + 4	Relationship of transferor to transferee		
-					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

16 Open to Public

Employer identification number

OMB No. 1545-0047

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

Inspection

VETS TO VETS UNITED, INC.	35-2434695
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	
LOVE AND COMPANIONSHIP; PROVIDE SERVICE AND TRAINING AT N	O COST TO THE
VETERAN; AND MOTIVATE OUR VETERANS BY PROVIDING FUN/EDUCA	TIONAL
ACTIVITIES AND COMMUNITY SERVICE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
CORRELATE DOCUMENTS AND INFORMATION COMPILED THROUGHOUT T	
PERTINENT REQUIREMENTS OF FORM 990. THE EXECUTIVE DIRECT	OR REVIEWS THE 990
BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANC	
AVAILABLE UPON REQUEST.	
EXPLANATION FOR AMENDED RETURN:	
THE ORIGINALLY FILED 2016 FORM 990 WAS NOT PREPARED IN FU	LL.
ADDITIONALLY, THE INFORMATION INCLUDED ON THE ORIGINALLY	FILED RETURN
WAS INCORRECT. THIS INCLUDES REVENUES, EXPENSES, AS WELL	AS ENDING

THE RETURN HAS BEEN AMENDED TO PROPERLY REFLECT THE 2016 INCOME AND EXPENSES AS WELL AS ALL OTHER SUPPLEMENTAL INFORMATION. THE ORIGINALLY FILED RETURN SHOULD BE DISREGARDED IN FULL AND REPLACED WITH THIS VERSION.

CASH AND EQUITY BALANCES.

Form **8868** (Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

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/efile, click on Charities & Non-Profits, and click on 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. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print VETS TO VETS UNITED, INC. 35-2434695 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for Social security number (SSN) filing your 1311 ELMIRA AVE. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 27707 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 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) Form 8870 12 TERRY MORRIS The books are in the care of ▶ 1311 ELMIRA AVE - DURHAM, NC 27707 Telephone No. ► (919)683-1360 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box
If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2017 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: X calendar year 2016 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 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. 0. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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. 30

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

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

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.

LHA