

Form **990**

(Rev. January 2020)

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

OMB No. 1545-0047

2019**Open to Public Inspection****A For the 2019 calendar year, or tax year beginning , and ending****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending**C** Name of organization **REUNITE THE FIGHT INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

7361 FLAMINGO ST

Room/suite

City or town

CLAY

State

MI

ZIP code

48001

Foreign country name

Foreign province/state/country

Foreign postal code

D Employer identification number**82-1383709****E** Telephone number**G** Gross receipts \$**142,803****F** Name and address of principal officer:**SCOTT GATTO 7361 FLAMINGO ST, CLAY, MI 48001****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **N/A****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2017****M** State of legal domicile: **MI****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	TO HELP VETERANS ACHIEVE SUCCESS IN THEIR DAILY LIVES AFTER RETURNING TO CIVILIAN LIFE.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	140,493	142,803
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	140,493	142,803
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	87,480
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	55,055	58,412
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	142,535	148,032
19		Revenue less expenses. Subtract line 18 from line 12	-2,042	-5,229
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	4,599	2,895
	22	Net assets or fund balances. Subtract line 21 from line 20	0	3,525

Part II Signature Block

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

SHANE L RANDELL, CPA

Preparer's signature

Shane Randell, CPA

Date

10/22/2020Check ☐ if self-employed

PTIN

P01676418Firm's name ▶ **ATS ADVISORS, A CPA FIRM**Firm's EIN ▶ **38-3327112**Firm's address ▶ **875 SOUTH MAIN STREET, PLYMOUTH, MI 48170**Phone no. **(734) 454-4100**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

HTA