

Form **990****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.

TAXPAYER

OMB No. 1545-0047

2022**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2022 calendar year, or tax year beginning****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/county

Foreign postal code

D Employer identification number

82-1383709

E Telephone number

(586) 381-6700

G Gross receipts \$ 241,728**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

H(c) Group exemption number**I Tax-exempt status:**☒ 501(c)(3)☐ 501(c)

(

(insert no.)

☐ 4947(a)(1) or☐ 527**J Website:** N/A**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:
DAILY LIVES AFTER RETURNING TO CIVILIAN LIFE.

TO HELP VETERANS ACHIEVE SUCCESS IN THEIR

2 Check this box ☐ 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 2022 (Part V, line 2a)

5

0

6 Total number of volunteers (estimate if necessary)

6

0

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

b Net unrelated business taxable income from Form 990-T, Part I, line 11

7b

0

Revenue**8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

202,738

241,728

9 Program service revenue (Part VIII, line 2g)

0

0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

0

0

11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9, 10c, and 11e)

0

0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

202,738

241,728

Expenses**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)

123,340

153,901

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

0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

69,832

84,340

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

193,172

238,241

19 Revenue less expenses. Subtract line 18 from line 12

9,566

3,487

Net Assets or Fund Balances**20** Total assets (Part X, line 6)

Beginning of Current Year

End of Year

6,953

11,803

21 Total liabilities (Part X, line 26)

847

2,210

22 Net assets or fund balances. Subtract line 21 from line 20

6,106

9,593

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

SCOTT GATTO

Date

Type or print name and title

ATS Advisors

PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name

SHANE L RANDELL, CPA

Preparer's signature

Date

5/17/2024

Check ☐ if self-employed

PTIN

P01676418

Firm'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.

HTA

Form **990** (2022)