IRS e-file Signature Authorization for a Tax Exempt Entity

r calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20

	ent of the Treasury			RS. Keep for your records. 879TE for the latest information.		Z 0 Z I
Name o	Revenue Service	_	P GO to www.iis.gov/Formo	6791E for the latest information.	EIN or SSN	
realitio c		t Refit				163506
Name a	and title of officer or pe		James Corbett			103300
ivallic a	and title of officer of pe	I SUIT SUDJECT TO TAX	Vice President			
Part	Type of	Return and Re	eturn Information	<u>'</u>		
Form 5 or 10a which	5330 filers may enter below, and the amo	r dollars and cents ount on that line fo	s. For all other forms, enter who ir the return being filed with thi 0-). But, if you entered -0- on th	d enter the applicable amount, if any, fole dollars only. If you check the box on is form was blank, then leave line 1b, the return, then enter -0- on the application.	on line 1a, 2a, 2b, 3b, 4b, 5b ble line below.	, 3a, 4a, 5a, 6a, 7a, 8a, 9a b, 6b, 7b, 8b, 9b, or 10b, . Do not complete more
1a	Form 990 check h			Form 990, Part VIII, column (A), line 12)		
2a	Form 990-EZ che		1	Form 990-EZ, line 9)		2b 128,049.
3a	Form 1120-POL o	· —		OL, line 22)		
4a	Form 990-PF che		1	ent income (Form 990-PF, Part V, line		·
5a	Form 8868 check	here ▶		68, line 3c)		
6a	Form 990-T check			Part III, line 4)		
7a	Form 4720 check		b Total tax (Form 4720, F	Part III, line 1)		7b
8a	Form 5227 check			of tax year (Form 5227, Item D)		8b
9a	Form 5330 check	here ▶	b Tax due (Form 5330, Pa	art II, line 19)		9b
10a	Form 8038-CP ch			nent requested (Form 8038-CP, Part I		10b
Part				Officer or Person Subject to Talentity or I am a person subject to		
entry t financi later th payme persor	to the financial institution to debinan 2 business days ent of taxes to receive	ution account indict the entry to this a prior to the payme e confidential infonter (PIN) as my si	cated in the tax preparation so account. To revoke a payment ent (settlement) date. I also aut rmation necessary to answer in ignature for the electronic retu	d Financial Agent to initiate an electror of tware for payment of the federal taxes to I must contact the U.S. Treasury Final thorize the financial institutions involve inquiries and resolve issues related to turn and, if applicable, the consent to ele	s owed on this ancial Agent at ed in the proce the payment. I	s return, and the t 1-888-353-4537 no essing of the electronic have selected a s withdrawal.
_			ERO firm name		, .	Enter five numbers, but
	with a state age on the return's c As an officer or preturn. If I have i	ncy(ies) regulating lisclosure consent person subject to t ndicated within thi	charities as part of the IRS Fe screen. tax with respect to the entity, I	f I have indicated within this return that ed/State program, I also authorize the all will enter my PIN as my signature on turn is being filed with a state agency(ie) sure consent screen.	aforementioned the tax year 20	d ERO to enter my PIN 021 electronically filed
Signatur	e of officer or person subjec				Date	e >
Part	III Certifica	tion and Auth	entication			
	EFIN/PIN. Enter your (EFIN) followed by	-	nic filing identification selected PIN.	2098440990 Do not enter all zero		
submi				the 2021 electronically filed return indic Modernized e-File (MeF) Information fo		
ERO's	signature ►			Date ▶ <u>0</u> 7	7/27/22	
		Do Not S		Form - See Instructions - IRS Unless Requested To Do	o So	

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

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

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.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print Project Refit 82-2163506 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 45 Penn Rd return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 08043 Voorhees, NJ Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) Corporation The books are in the care of ▶ 43 Penn Road - Voorhees, NJ 08043 Telephone No. ▶ 8568331634 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 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until November 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions.

123841 01-12-22

LHA

Form 8868 (Rev. 1-2022)

Extended to November 15, 2022 **Short Form**

Form 990-EZ

Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2021 calendar year, or tax year beginning and ending Check if applicable: D Employer identification number C Name of organization Address change Project Refit 82-2163506 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Initial return Final return 45 Penn Rd (856)833-1634City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return 08043 Voorhees, NJ Application pending Number > X Cash Accrual Accounting Method: Other (specify) **H** Check ► X if the organization is Website: ► N/A not required to attach Schedule B **Tax-exempt status** (check only one) - \mathbb{X} 501(c)(3) $\boxed{}$ 501(c) ()**◄**(insert no.) 4947(a)(1) or (Form 990). Form of organization: X Corporation Trust ____ Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 128,049. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 53. 4 Investment income See Schedule O 4 **5a** Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b **c** Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c Other revenue (describe in Schedule 0) 8 8 128,049. **Total revenue**. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 11,475. 12 12 11,145. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 1,210. Printing, publications, postage, and shipping 15 15 See Schedule O 38,875. 16 Other expenses (describe in Schedule 0) 16 62,705. 17 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9) 65,344. 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 64,036. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20 21 380. Net assets or fund balances at end of year. Combine lines 18 through 20

132171 12-08-21

Form 990-EZ (2021)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp			X		
			(A) Beginning of year	. ,	nd of year	
22	Cash, savings, and investments		24,914.	22	63,108.	
23	Land and buildings			23		
24	Other assets (describe in Schedule 0) See Schedule O		44,590.		101,716.	
25	Total assets		69,504.		164,824.	
26	Total liabilities (describe in Schedule 0)		5,468.		35,444.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		64,036.	·	129,380.	
Pa	art III Statement of Program Service Accomplishmen	,	,	— I /D	rpenses for section	
	Check if the organization used Schedule O to resp		tion in this Part III [and 501(c)(4)	
	it is the organization's primary exempt purpose? See Schedule O			organizati	ons; optional for	
	ribe the organization's program service accomplishments for each of its three largest program so her, describe the services provided, the number of persons benefited, and other relevant informat		enses. In a clear and concise	Others.)		
	Radio Check - offered community supp	* =	eranc first			
20	responders, and family members via			-		
	support groups.	VII CUUI PCC	r co peer	— I I		
	(Grants \$) If this amount includes foreign of	arants check here	▶ [_{28a}	4,819.	
29	Blue Skies Mobile App - helped our	community b	v connecting			
	them via the mobile platform.	· · · · · · · · · · · · · · · · · · ·	<u>, </u>	_		
	•			_		
	(Grants \$) If this amount includes foreign g	grants, check here	> [29a	10,264.	
30	Mobile Base Program's Clean Socks C	lub - hande	d out socks			
	to homeless around the tristate area	a.				
				_		
	(Grants \$) If this amount includes foreign g	grants, check here	> [30a	16,628.	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign of	grants, check here	>	31a		
	Total program service expenses (add lines 28a through 31a)			▶ 32	31,711.	
Pa	art IV List of Officers, Directors, Trustees, and Key E			e the instructions fo	r Part IV)	
_	Check if the organization used Schedule O to resp	1 .				
		(b) Average hours	compensation (Forms	d) Health benefits, contributions to	(e) Estimated amount of other	
	(a) Name and title	position	1099-NEC) p	employee benefit plans, and deferred	compensation	
<u></u>	NIEL LOMBARD		(if not paid, enter -0-)	compensation		
	ESIDENT	10.00	0.	0.	0.	
	MES CORBETT	10.00		<u> </u>	•	
	ce President	50.00	11,475.	0.	0.	
	rsten Toler	33133	11/1/50			
	easurer	2.00	0.	0.	0.	
						
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		4				
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		I			I	

_	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0 •			
b	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization $ ightharpoonup 0$.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NJ			
42 a	The organization's books are in care of \blacktriangleright Corporation Telephone no. \blacktriangleright 856833	163	4	
	Located at ▶ 43 Penn Road, Voorhees, NJ ZIP+4 ▶ 0	804	3	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	00 E7	(2021)

	<u> </u>							Yes	No	
46 Did the or	rganization engage, directly or indirectly, in poli	itical campaign activitie	s on behalf of or i	in opposition to	candidates for pu	blic office?				
	omplete Schedule C, Part I						46		X	
	Section 501(c)(3) Organizations	-								
	All section 501(c)(3) organizations must a	•		-						
	Check if the organization used Schedule	O to respond to any	question in this	Part VI				Yes	No	
47 Did the or	rganization engage in lobbying activities or hav	e a section 501(h) elect	ion in effect durin	on the tax year?				1.00	110	
If "Yes," complete Sch. C, Part II										
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
49a Did the organization make any transfers to an exempt non-charitable related organization?									Х	
b If "Yes," w	vas the related organization a section 527 organ	nization?					49b			
-	this table for the organization's five highest co		•	rs, directors, tru	istees, and key en	nployees) who e	ach red	ceived r	nore	
than \$100	0,000 of compensation from the organization. I	f there is none, enter "N				(4)	Τ.			
	(a) Name and title of each employee		(b) Average per week dev	oted to co	(C) Reportable mpensation (Forms	(d) Health benefit contributions to	l om	e) Estim ount of		
	NON	E	positio		W-2/1099-MISC/ 1099-NEC)	employee benefi plans, and deferre compensation	`. I	mpens		
	IVOIV	17			·	compensation	+			
							\perp			
							-			
organizat	this table for the organization's five highest co ion. If there is none, enter "None." NON lame and business address of each independer	E	t contractors who		more than \$100,0 be of service	1		om the ensatio		
	•			, , ,,						
	nber of other independent contractors each rec	-								
	rganization complete Schedule A? Note: All sec	ction 501(c)(3) organiza	itions must attach	n a		_		_	_	
	d Schedule A						Xγ		No_	
	s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other tha	·				-	ge and	i beliet,	It is	
true, correct, ar	nd complete. Declaration of preparer (other than	ii oilicei) is baseu oli ai	i iiiioiiiiatioii oi w	vilicii preparei ii	as any knowledge	;.				
Sign	Signature of officer					Date				
Here	James Corbett, Vice	President								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature		Date	Check] if PTIN				
Paid				0.7.407.46	self- emplo	ı	c o =	000		
Preparer			LER	07/27/2			627830			
Use Only	Firm's name ► KMT CONSULTINE Firm's address ► 107 E KNIGH					Firm's EIN ► 20-3392803 Phone no. (856) 833-1634				
	COLLINGSWOO!		R1 <u>/</u> 1 /		Phone no.	(856)	033	-тр	<u> </u>	
May the IRS die	scuss this return with the preparer shown abov		, <u> </u>			<u> </u>	Xγ	es	No	
iviay tilo ii to ula	soudo ano roturn with the property shown above	o. ooo maaddana							(2021)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Project Refit 82-2163506 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi				i01(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2021 (li	ne 6, column (f), c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2020. If the o	rganization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2021. If the org	ganization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances tes	st. The organization	on qualifies as a pu	iblicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	ganization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th				-		
	organization meets the facts-and-circu		-				▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Project Refit 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				96,845.	124,424.	221,269.
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				781.	2,070.	2,851.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness 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						
	the organization without charge						
6	Total. Add lines 1 through 5				97,626.	126,494.	224,120.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						224,120.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6				97,626.	126,494.	224,120.
10a	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				97,626.	126 404	224 120
	Total support. (Add lines 9, 10c, 11, and 12.)				· ·	126,494.	224,120.
14	First 5 years. If the Form 990 is for the	•			•		on, ⊾ □
Sec	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2021 (I			volumn (f)\		15	100.00 %
	Public support percentage from 2020		•			16	<u> </u>
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13. column (fl)		17	.00 %
18						18	%
	a 33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						►X
ŀ	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						ightharpoons
20	Private foundation. If the organization						▶ □

Project Refit 82-2163506 Page 4

Schedule A (Form 990) 2021 Program IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	supported organizations played in this regard. 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 year (see instructions)	š).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		\	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see a Activities Test. Answer lines 2a and 2b below.	nstruction	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vos " describe in Part VI the role played by the exempiration in this regard	3h		

Schedule A (Form 990) 2021

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

2021 DEPRECIATION AND AMORTIZATION REPORT

Form 990-EZ Page 1

990-EZ

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	Software Development Costs	01/01/18		15M	ΗΥ	43	46,922.				46,922.	13,294.		0.	13,294.
	* Total 990-EZ Pg 1 Depr & Amort						46,922.				46,922.			0.	
	Amort				П		40,922.				40,922.	13,294.		0.	13,294.
					П										
					П										
					П										
					П										

128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Project Refit

Employer identification number 82-2163506

Project Refit		82-2163506
Form 990-EZ, Part I, Line 4, Other Investment In	.come:	
Description of Property:		Amount:
Interest Income		53.
-		
Form 990-EZ, Part I, Line 16, Other Expenses:		
Description of Other Expenses:		Amount:
Advertising and Marketing		1,381.
Auto Expenses		9,331.
Bank Charges and Processing Fees		34.
Insurance		4,208.
Meals & Travel		5,852.
Membership Fees		2,832.
Office Supplies & Software		580.
Service Fees		2,712.
Supplies		920.
Taxes & Licenses		1,391.
Amortization		9,384.
Donations		250.
Total to Form 990-EZ, line 16		38,875.
Form 990-EZ, Part II, Line 24, Other Assets:		
Description	Beg. of Year	r End of Year
Contribution Receivable	0	1,502.
Other Depreciable Assets	44,590	. 100,214.
Total to Form 990-EZ, line 24	44,590	. 101,716.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization Project Refit 82-2163506 Form 990-EZ, Part III, Primary Exempt Purpose - PROJECT REFIT COMBATS ISOLATION AMONG VETERANS, FIRST RESPONDERS, AND THEIR FAMILIIES, BY BUILDING THE COMMUNITY OF THE FUTURE. Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.