

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning, 2022, and ending, 20

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization REVIVE INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
835 S BURLINGTON AVE 115
City or town, state or province, country, and ZIP or foreign postal code
HASTINGS NE 68901

D Employer identification number 26-1856136
E Telephone number 402-462-2066
G Gross receipts \$ 396,380

F Name and address of principal officer: SEE ATTACHMENT #1

H(a) Is this a group return for subordinates? Yes X No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

I Tax-exempt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 527

J Website: NONE

H(c) Group exemption number

K Form of organization: X Corporation Trust Association Other

L Year of formation: 2008 M State of legal domicile: NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROVIDE CHRISTIAN EDUCATION AND ENCOURAGEMENT THRU EDUCATION AND COUNSELING

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

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 MAUREEN MOHLMAN Date TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name MAUREEN MOHLMAN Preparer's signature Date Check if self-employed PTIN P00582261 Firm's name H AND R BLOCK Firm's EIN 823142418 Firm's address 1011 W 2ND ST HASTINGS NE 68901 Phone no. (800) 472-5625

May the IRS discuss this return with the preparer shown above? See instructions Yes X No

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION STATEMENT IS "ASSISTING IN THE TRANSFORMATION OF LIVES THROUGH THE PROCESS OF RECOVERY." THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF PROVIDING CHRISTIAN SUPPORT EDUCATION AND ENCOURAGE THROUGH COUNSELING EDUCATION & HELPING THOSE IN NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
SEE ATTACHMENT #2

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational reporting requirements for various schedules (A through H).

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for employee reporting, prohibited transactions, contributions, and various organizational requirements.

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows 1a-9g. Includes questions about voting members, family relationships, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

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

**Part VII 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIRSTEN OATMAN SECRETARY	1.00			X				0	0	0
(2) MAUREEN MOHLMAN TREASURER	1.00			X				0	0	0
(3) DAN RUTT DIRECTOR	40.00				X			0	0	0
(4) SANDRA BUHR PRESIDENT	1.00			X				0	0	0
(5) DON JANSSEN DIRECTOR	1.00	X						0	0	0
(6) RAELEE VANWINKLE-JOHNSON	1.00	X						0	0	0
(7) DIRECTOR BECKY MOHLING	1.00	X						0	0	0
(8) DIRECTOR DAN MCMAHON	1.00	X						0	0	0
(9) DIRECTOR ASHLEY RUSSELL	1.00	X						0	0	0
(10) DIRECTOR JOHN BOLTZ	1.00	X						0	0	0
(11) DIRECTOR ANDREA HAYS	1.00	X						0	0	0
(12) DIRECTOR SARAH KORT	1.00	X						0	0	0
(13) DIRECTOR										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	92,528			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	32,640			
	<b>f</b> All other contributions, gifts, grants, & similar amounts not included above	<b>1f</b>	14,598			
	<b>g</b> Noncash contributions included in lines 1a-1f.	<b>1g \$</b>				
	<b>h Total.</b> Add lines 1a-1f . . . . .		139,766			
<b>Program Service Revenue</b>	<b>2a</b> <u>NONGOVERNMENT PROGRAMS</u>	Business Code	156,799	156,799		
	<b>b</b> <u>GOVERNMENT PROGRAMS</u>		55,797	55,797		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total.</b> Add lines 2a-2f . . . . .		212,596			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		5,993	5,993		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents . . . . .	(i) Real	30,826			
		(ii) Personal				
		<b>6a</b>	30,826			
	<b>b</b> Less: rental expenses	<b>6b</b>	24,809			
	<b>c</b> Rental income or (loss)	<b>6c</b>	6,017			
	<b>d</b> Net rental income or (loss) . . . . .		6,017	6,017		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
		<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>				
	<b>c</b> Gain or (loss) . . . . .	<b>7c</b>				
	<b>d</b> Net gain or (loss) . . . . .					
<b>8a</b> Gross income from fundraising events (not including \$ 92,528 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	<b>11a</b> <u>THRIFT STORE SALES</u>	Business Code	4,205	4,205		
	<b>b</b> <u>MISC INCOME</u>		2,994	2,994		
	<b>c</b> _____					
	<b>d</b> All other revenue . . . . .					
	<b>e Total.</b> Add lines 11a-11d . . . . .		7,199			
<b>12 Total revenue.</b> See instructions . . . . .		371,571	231,805			

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 . . . . .	20,450	20,450		
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 . . . . .	50,216		50,216	
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 . . . . .	187,716	187,716		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	6,435	6,435		
9	Other employee benefits . . . . .				
10	Payroll taxes . . . . .	18,575	14,687	3,888	
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .				
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	6,816	6,816		
12	Advertising and promotion . . . . .	4,081		4,081	
13	Office expenses . . . . .	14,720		14,720	
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	22,350	22,350		
17	Travel . . . . .	2,764	2,764		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	873	873		
20	Interest . . . . .	16,992	16,992		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	13,230	13,230		
23	Insurance . . . . .	4,889	4,889		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	FEES	3,648	3,648		
b	DUES	940	940		
c	REFUNDS AND INS WRITE OFFS	3,292		3,292	
d	FUNDRAISING FEES	2,465			2,465
e	All other expenses	3,265	3,265		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	383,717	305,055	76,197	2,465
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash -- non-interest-bearing	45,871	<b>1</b>	17,655
	<b>2</b> Savings and temporary cash investments		<b>2</b>	8,770
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	39,084	<b>4</b>	53,214
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 360,665		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 192,070	188,117	<b>10c</b> 168,595
	<b>11</b> Investments -- publicly traded securities		<b>11</b>	
	<b>12</b> Investments -- other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments -- program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets	200	<b>14</b>	200
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		273,272	<b>16</b>	248,434
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	59,135	<b>23</b>	52,736
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	1,403	<b>24</b>	1,403
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		60,538	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	192,734	<b>27</b>	194,295
	<b>28</b> Net assets with donor restrictions	20,000	<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances.</b>	212,734	<b>32</b>	194,295
<b>33 Total liabilities and net assets/fund balances.</b>	273,272	<b>33</b>	248,434	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	371,571
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	383,717
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-12,146
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	212,734
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-6,293
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	194,295

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . N/A. If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . . N/A.		

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

<b>Name of the organization</b> REVIVE INC	<b>Employer identification number</b> 26-1856136
---	---

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

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

- 1  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).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2022

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,006	4,600	51,164	4,810	14,598	81,178
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	139,169	117,521	146,018	118,141	125,168	646,017
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	279,004	138,358	138,046	168,492	212,596	936,496
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	424,179	260,479	335,228	291,443	352,362	1,663,691
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,663,691

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	424,179	260,479	335,228	291,443	352,362	1,663,691
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					5,993	5,993
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b					5,993	5,993
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	424,179	260,479	335,228	291,443	358,355	1,669,684
<b>14 First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.64 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	100.00 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	0.36 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests -- 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests -- 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

REVIVE INC

Employer identification number

26-1856136

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization REVIVE INC	Employer identification number 26-1856136
------------------------------------	--

**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	P J AND RENEE DEVENY 927 HIGHLAND DR HASTINGS, NE 68901	\$ 5,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DAVE AND JAN THOM 5000 W PLATTE RIVER RD DONIPHAN, NE 68832	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: REVIVE INC; Employer identification number: 26-1856136

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II containing questions 1-9 about conservation easements, including purpose(s), acreage, and monitoring details.

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

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

Form for Part III containing questions 1a-2b about reporting collections of art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

**Part XIII Supplemental Information.**

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE G**  
**(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2022**

Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**REVIVE INC**

Employer identification number  
**26-1856136**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		MAILINGS	HASTINGS G	3	(add col. (a) through col. (c))		
		(event type)	(event type)	(total number)			
Revenue	1	Gross receipts . . . . .	42,420	15,098	35,010	92,528	
	2	Less: Contributions . . . . .					
	3	Gross income (line 1 minus line 2) . . . . .	42,420	15,098	35,010	92,528	
Direct Expenses	4	Cash prizes . . . . .					
	5	Noncash prizes . . . . .					
	6	Rent/facility costs . . . . .					
	7	Food and beverages . . . . .			1,636	1,636	
	8	Entertainment . . . . .					
	9	Other direct expenses . . . . .			1,543	1,543	
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .					3,179
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .					89,349

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .					
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

REVIVE INC

Employer identification number

26-1856136

PART VI LINE 11A - RETURN WAS PRESENTED AT OCTOBER BOARD MEETING

2022 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION For calendar year 2022, or tax period beginning , and ending

Name of Organization REVIVE INC Employer Identification Number 26-1856136

990, Page 1, Line F

Principal officer name SANDRA BUHR

or

Business Name:

Street Address 13490 S SHADY BEND RD

U.S. Address:

Zip code 68832 City DONIPHAN State NE

or

Foreign Address

City

Province or State

Country

Postal code



## 2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2022, or tax period beginning _____, and ending _____.
------------------------------	--

Name of Organization REVIVE INC	Employer Identification Number 26-1856136
------------------------------------	--

**Part III - Statement of Program Service Accomplishments**

Code:	Expenses:	including Grants of:	Revenue:
Exempt Purpose Achievements			

WE HOUSED 28 FOLKS IN 2022 IN THE UNITY HOUSE PROGRAM. WE BEGAN THE YEAR WITH 6 CLIENTS. WE SERVED 18 MALES AND 19 FEMALES IN THE HOUSES. WE HAD 1 MALE CLIENT GRADUATE BOTH THE TREATMENT AND HOUSING PROGRAMS. THERE WERE 8 STILL LIVING IN THE HOUSES WHO ARE CLOSE TO COMPLETING THEIR PROGRAM. 20-30 CLIENTS WERE SERVED PER MONTH FOR THE ALCOHOL / DRUG TREATMENT COUNCELING . 25 CLIENTS GRADUATED FROM THEE INTENSIVE OUTPATIENT TREATMENT PROGRAM AND 8 COMPLETED THE OUTPATIENT TREATMENT PROGRAM. 32 CLIENTS ATTENDED THE ALCOHOL / DRUG EDUCATION PROGRAM. 5 CLIENTS COMPLETED THE AFTERCARE CONTINUNG CARE TREATMENT PROGRAM. WE ALSO COMPLETED 78 ALCOHOL / DRUG EVALUATIONS. WE HAD 4 COMPLETE INDIVIDUAL SESSIONS, 8 COMPLETE INDIVIDUAL MENTAL HEALTH AND 3 COMPLETE CO-OCCURRING TREATMENT. WE PROVIDED LIFE SKILL CLASSES FOR 88 ADULTS AND YOUTH,

2022 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION For calendar year 2022, or tax period beginning , and ending

Name of Organization REVIVE INC Employer Identification Number 26-1856136

Part VI - Line 20

Individual Name or

Business Name: HORIZON RECOVERY

Street Address 835 S BURLINGTON SUITE 115

U.S. Address:

Zip code 68901 City HASTINGS State NE

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (402) 462-2066

Fax Number

**2022 FORM 990 PAGE 10, ALL OTHER EXPENSES**

ATTACHMENT 4: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC  
INSPECTION

For calendar year 2022 or tax period beginning , and ending .

Name of Organization

REVIVE INC

Employer Identification Number

26-1856136

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
DRUG TESTING	1,270	1,270		
THRIFT STORE EXP	1,245	1,245		
STAFF DEVELOPMENT	750	750		
<b>Total:</b>	3,265	3,265		

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return REVIVE INC

Business or activity to which this form relates FOR FORM 990

Identifying number 26-1856136

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I, including fields for maximum amount, total cost, threshold cost, reduction in limitation, dollar limitation, and carryover of disallowed deduction.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II, including fields for special depreciation allowance, property subject to section 168(f)(1) election, and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A, including fields for MACRS deductions for assets placed in service in tax years beginning before 2022 and a checkbox for grouping assets.

Section B -- Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 9 rows for Section B, detailing classification of property, month and year placed in service, basis for depreciation, recovery period, convention, method, and depreciation deduction.

Section C -- Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 4 rows for Section C, detailing class life (12-year, 30-year, 40-year) and depreciation method.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV, including fields for listed property amount, total depreciation deduction, and carryover of disallowed deduction to 2023.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Busn./investment use percentage (d) Cost or other basis (e) Basis for depr. (busn./investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use: % % %
27 Property used 50% or less in a qualified business use: % S/L- % S/L- % S/L-
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):
43 Amortization of costs that began before your 2022 tax year 43 4,667
44 Total. Add amounts in column (f). See the instructions for where to report 44 4,667

2022 FEDERAL DEPRECIATION SCHEDULE

REVIVE INC  
26-1856136

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
FORM 990												
FURNITURE AND E	02-28-08	S/LHY-7	10000	0	0	0	0	10000	10000	0	10000	0
BUSINESS	02-28-08	AMORT-15	70000	0	0	0	0	70000	64949	4667	69616	384
COMPUTER	02-01-09	200DBHY-5	773	0	0	0	0	773	773	0	773	0
2 LAPTOPS	03-05-09	200DBHY-5	1074	0	0	0	0	1074	1074	0	1074	0
COPIER	03-09-09	200DBHY-5	2400	0	0	0	0	2400	2399	0	2399	1
COMPUTER	03-26-09	200DBHY-5	807	0	0	0	0	807	806	0	806	1
LAND	12-31-09	LAND-0	20000	0	0	0	0	0	0	0	0	0
UNITY 1 AND 2 H	12-31-09	S/L-27.5	136121	0	0	0	0	136121	59599	4949	64548	71573
COMPUTER	05-27-14	200DBHY-5	4121	0	0	2060	0	2061	2061	0	2061	0
UNITY 3 210 W D	08-01-14	S/L-27.5	106904	0	0	0	0	99404	26654	3614	30268	69136
COPIER	09-22-14	200DBHY-5	8465	0	0	4232	0	4233	4233	0	4233	0
11 ASSETS	TOTALS:		360665	0	0	6292	0	326873	172548	13230	185778	141095
11 ASSETS	GRAND TOTALS:		360665	0	0	6292	0	326873	172548	13230	185778	141095

2022 FEDERAL AMT DEPRECIATION SCHEDULE

REVIVE INC  
26-1856136

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
FORM 990												
FURNITURE AND E	02-28-08	S/LHY-7	10000		0	0	0	10000	10000	0	10000	0
BUSINESS	02-28-08	AMORT-15	70000		0	0	0	70000	64949	4667	69616	384
COMPUTER	02-01-09	150DBHY-5	773		0	0	0	773	773	0	773	0
2 LAPTOPS	03-05-09	150DBHY-5	1074		0	0	0	1074	1074	0	1074	0
COPIER	03-09-09	150DBHY-5	2400		0	0	0	2400	2400	0	2400	0
COMPUTER	03-26-09	150DBHY-5	807		0	0	0	807	806	0	806	1
LAND	12-31-09	LAND-0	20000		0	0	0	0	0	0	0	0
UNITY 1 AND 2 H	12-31-09	S/L-27.5	136121		0	0	0	136121	59599	4949	64548	71573
COMPUTER	05-27-14	200DBHY-5	4121		0	2060	0	2061	2061	0	2061	0
UNITY 3 210 W D	08-01-14	S/L-27.5	106904		0	0	0	99404	26654	3614	30268	69136
COPIER	09-22-14	200DBHY-5	8465		0	4232	0	4233	4233	0	4233	0
11 ASSETS		TOTALS:	360665	0	0	6292	0	326873	172549	13230	185779	141094
11 ASSETS		GRAND TOTALS:	360665	0	0	6292	0	326873	172549	13230	185779	141094

Compliance with California, and the fee schedule provisions of the first two sections of the code.

Code	Modifier	Description	13	44	47	48	52
			Professional Clinic	Community Support	Substance Abuse Treatment Center	Adult Substance Abuse	Medically Monitored Inpatient Withdrawal
			SFY2024 Rate	SFY2024 Rate	SFY2024 Rate	SFY2024 Rate	SFY2024 Rate
H2015	HF	ASAM Level 1 – Adult Community Support	\$ 29.07	\$ 29.07	\$ -	\$ -	\$ -
H0015		ASAM Level 2.1 – Adult Substance Use Disorder Intensive Outpatient (per hour)	\$ 38.69	\$ -	\$ 38.69	\$ 38.69	\$ -
H2034		ASAM Level 3.1 – Adult Halfway House	\$ -	\$ -	\$ 144.54	\$ 144.54	\$ -
H0012		ASAM Level 3.2 – Adult Substance Use Disorder Social Detoxification (per diem)	\$ -	\$ -	\$ 244.15	\$ 244.15	\$ -
H0019		ASAM Level 3.3 – Adult Intermediate Therapeutic Residential Co-occurring capable (per diem)	\$ -	\$ -	\$ 216.98	\$ 216.98	\$ -
H0019	TT	ASAM Level 3.3 – Adult Therapeutic Community (per diem)	\$ -	\$ -	\$ 195.20	\$ 195.20	\$ -
H0018	HF	ASAM Level 3.5 – Adult SUD/MH Co-Occurring Enhanced Short Term Residential (per diem)	\$ -	\$ -	\$ 263.77	\$ 263.77	\$ -
H0018	HH	ASAM Level 3.5 – Adult Substance Use Disorder Dual Diagnosis Residential	\$ -	\$ -	\$ 300.98	\$ 300.98	\$ -
H0010		ASAM Level 3.7 - Withdrawal Management - Medically Monitored Residential Withdrawal Management	\$ -	\$ -	\$ -	\$ -	\$ 546.59



# Nebraska Secretary of State

## REVIVE, INC.

Wed Sep 20 14:09:07 2023

**SOS Account Number**

10107296

**Status**

Active

**Principal Office Address**

SUITE 115  
835 S. BURLINGTON  
HASTINGS, NE 68901  
USA

**Registered Agent and Office Address**

DANIEL L RUTT  
8355 BURLINGTON STE 115  
HASTINGS, NE 68901

**Nature of Business**

TREATMENT CENTER / SOBER LIVING HOMES

**Entity Type**

Non Profit (Dom) Corp  
Qualifying State: NE

**Date Filed**

Jan 30 2008

**Next Report Due Date**

Jan 01 2025

**Nonprofit Type**

Public Benefit

**Has Members**

No

Corporation Position	Name	Address
President	DANIEL MCMAHON	2727 W 2ND STE 115 HASTINGS, NE 68901 USA
Secretary	KIRSTEN OATMAN	1216 N PINEAVE HASTINGS, NE 68901
Treasurer	MAUREEN MOHLMAN	204 S BALTIMORE AVE HASTINGS, NE 68901 USA
Director	GREG AUTEN	3200 W BLUE VALLEY RD BLUE HILL, NE 68930 USA

Corporation Position	Name	Address
Director	JOHN BOLTZ	1003 E 7TH HASTINGS, NE 68901 USA
Director	SANDRA BUHR	13490 S SHADY BEND RD DONIPHAN, NE 68832 USA
Director	ANDREA HAYS	1309 PERSHING RD HASTINGS, NE 68901 USA
Director	DON JANSSEN	2630 SOUTHERN HILLS HASTINGS, NE 68901
Director	RAELEE JOHNSON	727 CRANE AVE HASTINGS, NE 68901 USA
Director	SARAH KORT	3608 FISHERMAN LN HASTINGS, NE 68901 USA
Director	BECKY MOHLING	4490 S PAWNEE AVE GLENVIL, NE 68941 USA
Director	ASHLEY RUSSELL	123 E PARK ST HASTINGS, NE 68901 USA

### Filed Documents

Filed documents for REVIVE, INC. may be available for purchase and downloading by selecting the Purchase Now button. Your Nebraska.gov account will be charged the indicated amount for each item you view. If no Purchase Now button appears, please contact Secretary of State's office to request document(s).

Document	Date Filed	Price	
Articles Perpetual	Jan 30 2008	\$0.90 = 2 page(s) @ \$0.45 per page	<a href="#">Purchase Now</a>
Tax Return	Mar 31 2009	\$0.90 = 2 page(s) @ \$0.45 per page	<a href="#">Purchase Now</a>
Tax Return	Mar 14 2011	\$0.90 = 2 page(s) @ \$0.45 per page	<a href="#">Purchase Now</a>
Tax Return	Mar 26 2013	\$1.35 = 3 page(s) @ \$0.45 per page	<a href="#">Purchase Now</a>
Tax Return	Apr 14 2015	\$0.90 = 2 page(s) @ \$0.45 per page	<a href="#">Purchase Now</a>
Change of Agent or Office	Apr 24 2017	\$0.45 = 1 page(s) @ \$0.45 per page	<a href="#">Purchase Now</a>

Document	Date Filed	Price	
Tax Return	Apr 26 2017	\$0.90 = 2 page(s) @ \$0.45 per page	<a href="#">Purchase Now</a>
Nonprofit Biennial Report	Feb 27 2019	\$0.90 = 2 page(s) @ \$0.45 per page	<a href="#">Purchase Now</a>
Nonprofit Biennial Report	Feb 02 2021	\$0.90 = 2 page(s) @ \$0.45 per page	<a href="#">Purchase Now</a>
Nonprofit Biennial Report	Jan 24 2023	\$0.90 = 2 page(s) @ \$0.45 per page	<a href="#">Purchase Now</a>

### Good Standing Documents

- If you need your Certificate of Good Standing Apostilled or Authenticated for use in another country, you must contact the Nebraska Secretary of State's office directly for information and instructions. Documents obtained from this site cannot be Apostilled or Authenticated.

#### Online Certificate of Good Standing with Electronic Validation

**\$6.50**

This certificate is available for immediate viewing/printing from your desktop. A Verification ID is provided on the certificate to validate authenticity online at the Secretary of State's website.

[Purchase Now](#)

#### Certificate of Good Standing - USPS Mail Delivery

**\$10.00**

This is a paper certificate mailed to you from the Secretary of State's office within 2-3 business days.

[Continue to Order](#)

[↑ Back to Top](#)

Major fundraisers:

Activity	Net \$ Results	Brief Description	Which program will the funds be used for? (if not a specific program mark general operating)	Dates	# of Yr Conducted
Direct mailings 2022 July 2023	\$42,420 \$7,638	We send out a direct mailing appeal letters. We ask our donors to designate which fund they desire the donations be earmarked. The three areas include general fund, recovery fund and debt reduction fund.	General operating and Sponsorship	March, June, August November and December	13
Spring New Growth dinner/fundraiser 2022 2023	\$14,932 \$17,075 \$2,143	This Spring New Growth Experience follows our motto which represents a seed sprouting which says, "Where New Life Begins" This fundraiser is being held in the spring of the year that promotes new growth of seeds that will produce fruit later in life.	General operating and Sponsorship		12
Hastings Give Day 2022 2023	\$15,098 \$24,442.75 \$9,344	The Hastings Community Foundation sponsors this event. We utilize Social media along with local radio/tv air time.	General operating and Sponsorship	May 5th	9
Recovery In The Park "Celebration" 2022 2023	\$9,757 \$11,882 \$2,125	Recovery in the Park Celebration will be held at Chautauqua Park this summer. Hamburgers, Hotdogs, chips, and drinks will be provided. A recovery Program will be presented.	General operating and Sponsorship	July 27th	13
Stomp Run/Walk Out- Addiction Mud Run	\$0	This event helps us bring awareness to the problems of Substance Abuse Addiction. The race will be at Camp Augustine. Registration begins at 8:00 am Race begins at 9:00 am	General operating and Sponsorship	July 31st	4
Other small grants: Community Foundation, Sunnyside	\$7,475	Grants written and approved by these organizations	General operating and Sponsorship	March June December	12
Revive Sports Thrift Store July 2022  2022	\$2,846 \$1,450  \$92,528	Reselling of slightly used sports equipment and sports minded clothing. ,	General operating and Sponsorship	Yearly	4

## Revive Ministries Inc

## Debt info

	Purchase price	Paid off to date	Remaining amount
<b>2009</b>			
Horizon Recovery and Counseling Center	\$80,000	\$24,451.31	\$55,548.69
1036 South Lincoln, Unity 1&2	\$180,000	\$40,000	\$140,000
706 East 7th St., Unity 3	\$104,000	\$24,174.10	\$79,825.90
Totals	\$364,000	\$88,625.41	\$275,374.59
<b>2010</b>			
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$32,128.82	\$47,871.18
1036 South Lincoln, Unity 1&2	\$180,000	\$47,567	\$132,433
706 East 7th St., Unity 3	\$104,000	\$26,577.49	\$77,422.51
Totals	\$364,000	\$106,273.16	\$257,726.84
<b>2011</b>			
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$41,201.70	\$38,798.30
1036 South Lincoln, Unity 1&2	\$180,000	\$53,155	\$126,845
706 East 7th St., Unity 3	\$104,000	\$30,376.10	\$73,623.90
Totals	\$364,000	\$124,733.12	\$239,266.88
<b>2012</b>			
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$58,190.00	\$21,810.00
1036 South Lincoln, Unity 1&2	\$180,000	\$61,017	\$118,983
706 East 7th St., Unity 3	\$104,000	\$33,937.00	\$71,063.00
Totals	\$364,000	\$153,144.00	\$211,856.00
<b>2013</b>			
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$64,097.57	\$15,902.43
1036 South Lincoln, Unity 1&2	\$180,000	\$69,829	\$110,171
706 East 7th St., Unity 3	\$104,000	\$37,163.96	\$66,836.04
Totals	\$364,000	\$171,090.53	\$192,909.53
<b>2014</b>			
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$70,474.46	\$9,525.54
1036 South Lincoln, Unity 1&2	\$180,000	\$79,962	\$100,038

Revive Ministries Inc

Debt info

210 W D St. Unity 3	\$104,000	\$41,017.61	\$62,982.39
	\$364,000	\$191,454.07	\$172,545.93
	<b>2015</b>		
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$77,659.00	\$2,341.00
1036 South Lincoln, Unity 1&2	\$180,000	\$81,919	\$98,081
New firmances	\$7,800	HCF, \$2,500	\$95,581
210 W D St. Unity 3	\$104,000	\$43,927.03	\$60,072.97
	\$364,000	\$206,005.03	\$157,949.97
	<b>2016</b>		
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$80,000.00	\$0.00
1036 South Lincoln, Unity 1&2	\$180,000	\$94,769	\$85,231
210 W D St. Unity 3	\$104,000	\$43,927.00	\$56,744.00
	\$364,000	\$218,696.00	\$132,487
	<b>2017</b>		
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$80,000.00	\$0.00
1036 South Lincoln, Unity 1&2	\$180,000	\$105,637	\$74,363
210 W D St. Unity 3	\$104,000	\$50,881.00	\$53,119.00
	\$364,000	\$236,518.00	\$127,482
	<b>2018</b>		
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$80,000.00	\$0.00
1036 South Lincoln, Unity 1&2	\$180,000	\$115,797	\$64,203
210 W D St. Unity 3	\$104,000	\$54,446.00	\$49,536.00
	\$364,000	\$250,261.00	\$113,739
	<b>2019</b>		
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$80,000.00	\$0.00
1036 South Lincoln, Unity 1&2	\$180,000	\$127,668	\$52,332
210 W D St. Unity 3	\$104,000	\$57,846.00	\$46,154.00
	\$364,000	\$265,514.00	\$98,486

Revive Ministries Inc  
Debt info

<b>2020</b>			
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$80,000.00	\$0.00
1036 South Lincoln, Unity 1&2	\$180,000	\$138,904	\$41,096
210 W D St. Unity 3	\$104,000	\$60,682.00	\$43,318.00
	\$364,000	\$279,586.00	\$84,414
<b>2021</b>			
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$80,000.00	\$0.00
1036 South Lincoln, Unity 1&2	\$180,000	\$152,120	\$27,880
210 W D St. Unity 3	\$104,000	\$63,720.00	\$40,280.00
	\$364,000	\$295,840.00	\$68,160
<b>2022</b>			
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$80,000.00	\$0.00
1036 South Lincoln, Unity 1&2	\$180,000	165,908.02	\$14,092
210 W D St. Unity 3	\$104,000	\$67,851.00	\$36,149.00
	\$364,000	\$313,759.00	50,241
<b>2023</b>			
Entity	Purchase price	Paid off to date	Remaining amount
Horizon Recovery and Counseling Center	\$80,000	\$80,000.00	\$0.00
1036 South Lincoln, Unity 1&2	\$180,000	\$180,000	\$0
210 W D St. Unity 3	\$104,000	\$75,579.00	\$28,421.00
As of 9/17/23	\$364,000	\$332,351.00	28,421