Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

7	A Fo	or the 2022 cal	endar year, or tax year beg	ginning	. 2	022, and endi	na		, 20
Ē		eck if applicable:	C Name of organization		, _	ozz, ana chai		lovor i	dentification number
Γ	Ad	ldress change	Doing business as				1, 5,,,,		1856136
	Na	me change		ox if mail is not delivered to street addr	nee/	Room/suite	F Tolo	phone r	
Г	Init	tial return	835 S BURLING			115			
	Fin	al return/		ovince, country, and ZIP or foreign	nostal so		 	402-	462-2066
		minated	HASTINGS NE 68		i postai coi	ue	G Gros		206
	Am	ended return	F Name and address of			H/a) (-11:		ipts\$	396,3
	Арр	olication pending	SEE ATTACHMENT			H(a) Isthisa			H
T		exempt status:				H(b) Are all s			
J		osite: NON	1.77) (insert no.) 4947(a)(1) or	527	an en	attach a lis		tructions.
_		of organization:		Association Other	I Van	H(c) Group e			
	art			Association Other	L rea	r of formation:	2008	IVI Sta	ite of legal domicile: N
				ion or most significant activities:					
	a P	ROVIDE (CHRISTIAN EDIIC	ATION AND ENCOUR	7 CEME	יות חווחוו	EDIIC	7 M T Z	
	ž C	OUNSELI	NG	ATION AND ENCOUR	AGEME	NT THRU	EDUC	ATI	ON AND
	G G G G G G G G G G G G G G G G G G G		.,,,						
	S S	2 Check this	box I if the organization (discontinued its operations or dis	noned of w	ore than OF9/	of its		
Ċ	5 3		voting members of the gove	erning body (Part VI, line 1a)	posed of fi	iore triari 25%	or its net	1 1	
٥		1 Number of	independent voting member	rs of the governing body (Part VI,	ling 1h)			3	
:		Total numb	er of individuals employed in	n calendar year 2022 (Part V, line	20)			4	
÷	6	Total numb	er of volunteers (estimate if r	necessary)	2a)			5	10
<				Part VIII, column (C), line 12				6	
		b Net unrelate	ed business taxable income t	from Form 990-T, Part I, line 11				7a	
							00.00000	7b	Current Veer
a	8	Contribution	or Year 122,	951	Current Year				
Revenue	9	_	168,		212,59				
eve	10		income (Part VIII, column (A)		100/	132	5,99		
<u>~</u>	11	Other revenu	ue (Part VIII, column (A), line		9	888	13,21		
	12	Total revenu	ie add lines 8 through 11						
-	13	Grants and s	similar amounts paid (Part IX		400		371,57 20,45		
	14	Benefits paid	to or for members (Part IX.	column (A), line 4)		. –		100	20,13
ý	15		er compensation, employee		264,	262,94			
Expenses	16a		fundraising fees (Part IX, col		2017	021	202,34		
tbe	b	Total fundrais	sing expenses (Part IX, colur	mn (D), line 25)	2,46	With the second			
யி	17			s 11a-11d, 11f-24e)			154,	944	100,32
	18	Total expense	es. Add lines 13-17 (must ed	qual Part IX, column (A), line 25)		.	420,		383,71
	19	Revenue less	expenses. Subtract line 18	from line 12 · · · · · · · · · · · · · · · · · ·		·	-118,		-12,14
ts "							of Current		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				273,		248,43
AT F	21						60,		54,13
So Se	22	Net assets or	fund balances. Subtract line	21 from line 20			212,		194,29
Par	III	Signatur	e Block					, 5 1	131/23
Under	enalti	ies of perjury, I de	clare that I have examined this re	eturn, including accompanying schedule	s and statem	ants and to the	hast of my	knowlad	as and ballet it.
true, co	rrect,	and complete. De	claration of preparer (other than o	officer) is based on all information of w	hich prepare	r has any knowle	dge.	Kilo wied	je and belief, it is
Sign		Signature of	officer					L Da	
Here		MAUR	EEN MOHLMAN	7	REASU	RER		24	
		Type or print	name and title		112100	TUDIC			
_		Print/Type	e preparer's name	Preparer's signature	Date	1,	Chook	., [PTIN
Paid		MAURE:	EN MOHLMAN				Check [_] self-empl	11 1	00582261
Prepa		Firm's nar	me H AND R BLOC	K					42418
Use (Only		dress 1011 W 2ND			Phon		0201	17110
			NGS NE 68901				0)472	2-56	25
May the	IRS	discuss this ret	turn with the preparer showr	n above? See instructions		1,00	0/1/2		· Yes X No
For Pa	oerw	ork Reduction	Act Notice, see the separa	ate instructions.					Form 990 (2022)
CD A			AND THE RESIDENCE OF THE PARTY						. J JJU (LUEZ)

Ŧ	Part III	Statement of Program Service Accomplishments	Page
_		Check if Schedule O contains a response or note to any line in this Part III	[
		y describe the organization's mission:	
	THE	MISSION STATEMENT IS "ASSISTING IN THE TRANSFORMATION OF LIVE	ES
	THR	ROUGH THE PROCESS OF RECOVERY." THE CORPORATION IS ORGANIZED F	OR
	$\underline{\text{THE}}$: PURPOSE OF PROVIDING CHRISTIAN SUPPORT EDUCATION AND ENCOURAGE	ΞE
	THR	OUGH COUNSELING EDUCATION & HELPING THOSE IN NEED.	
2	2 Did th	e organization undertake any significant program services during the year which were not listed on the	
	prior F If "Yes	Form 990 or 990–EZ?	X I
3		e organization cease conducting, or make significant changes in how it conducts, any program	
	service	es?	X N
4			
	expens	be the organization's program service accomplishments for each of its three largest program services, as measured by ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, all expenses, and revenue, if any, for each program service reported.	
48	a (Code:_) (Expenses \$including grants of \$) (Revenue \$)
	SEE	ATTACHMENT #2	′

4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	
		/ (Hevelide 3	/
-			
-			
-			
c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
		/ Cheveline \$	/
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O:	ther progr	ram services (Describe on Schedule O.)	
	xpenses (Φ	
		including grants of \$) (Revenue \$) am service expenses	

Form 990 (2022) REVIVE INC 26-1856136 *Part IV Checklist of Required Schedules

				Yes	No
	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A 2 Is the organization required to complete Schedule B. Schedule of Contribute 32 Service to the complete Schedule B. Schedule of Contribute 32 Service to the contribu			X	
	See instructions	· ·	2	Х	
	and the state of t				
	candidates for public office? If "Yes," complete Schedule C, Part I	├	3	_	X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II		.		7.7
	5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	· -	4	-+	X
	assessments, or similar amounts as defined in Rev. Proc. 98–19? If "Yes," complete Schedule C, Part III	. .	_		
	6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	7. F	5	_	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
	"Yes," complete Schedule D, Part I	١,	.		V
	7 Did the organization receive or hold a conservation easement, including easements to preserve open space,	. 6	-		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	١,	.		V
	8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	. 7	+	+	X
	complete Schedule D, Part III	8			Χ
	9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0	-	-	Λ
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9			X
1	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			+	21
	or in quasi endowments? If "Yes," complete Schedule D, Part V	. 10			X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI.				
	VII, VIII, IX, or X, as applicable.				
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	244520	CHEST SHOW	- SEARCH 1995	
	complete Schedule D, Part VI	11a	X		
	b Did the organization report an amount for investments other securities in Part X, line 12, that is 5% or more			1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		2	X
	c Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		>	<
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Σ	2
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
12	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	12a		X	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional				
13	Is the organization a school described in section 170/b/1/(A//3/2 K i//c- //	12b		X	
	The second described in section 170(b)(1)(A)(li)? If yes, complete Schedule E	13		X	
	 Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 	14a		X	
	fundraising, business, investment, and program service activities outside the United States, or aggregate				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			,,	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X	_
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			.,	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X	_
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			7.7	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X	_
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions			37	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X	-
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	v		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Х		-
	If "Yes," complete Schedule G, Part III	19		Χ	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	_			-
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N / Δ	20a 20b		X	-
21	bid the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200			-
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ	
FDA	22 9903 BWF 990 Form Software Convict Manage and MRD 7			4 7	

1	Part IV Checklist of Required Schedules (continued)			-
	22. Did the arganization report more than 05 000 of greate as other assistance to as few demostic individuals an		Yes	s N
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	,	X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	. 22	-	1
•	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		X
2	24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		_	123
	\$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	. 24	a	X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	240	c	
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	240	d	
2	5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258	a	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?	ŀ		
	If "Yes," complete Schedule L, Part I	25b)	X
2				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	200		X
2	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	+	1 A
_	7 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	1		X
28		21		
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"			and the
	complete Schedule L, Part IV	28a		X
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
(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	28c		X
29	G	29		X
30	5			١
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	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	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
0.4	sections 301.7701–2 and 301.7701–3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			17
250	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
,	olf "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		
••	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
اند	Check if Schedule O contains a response or note to any line in this Part V			П
	and the state of t	1	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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	CONTRACTOR CONTRACTOR	Χ
DA			990 (2	
			,	,

	990 (2022) REVIVE INC 26-1856136			age
Pai	general desired for the second for t	F3550000	Yes	N
2a	, , , , , , , , , , , , , , , , , , ,			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	\perp
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		\perp
4a	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 account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	CSCID-Fallscore CS	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	04120000	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		25.56	21
	sponsoring organization have excess business holdings at any time during the year?	8		Χ
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		V
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter:	30		Λ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ES 14400 A 451 A	X
	"Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	s the organization licensed to issue qualified health plans in more than one state?	13a	action to part of section	X
	lote: See the instructions for additional information the organization must report on Schedule O.			
	nter the amount of reserves the organization is required to maintain by the states in which			
	ne organization is licensed to issue qualified health plans			
	nter the amount of reserves on hand			
		14a		X
		14b		
	the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
ex	ccess parachute payment(s) during the year?	15		X
lf	"Yes," see the instructions and file Form 4720, Schedule N.		100	
	the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	mp	X
	"Yes," complete Form 4720. Schedule O.	(XXI)		
	ection 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any	PARTIE SE	DARKS EPRAS-II	
	tivities that would regult in the imposition of	17	1	X
	Yes," complete Form 6069.		18/8/30 (7/5/4	

	1990 (2022) REVIVE INC 26-1856136					age
"Pa	TO VI Governance, Management, and Disclosure. For each "Yes" response to I					o"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change					
	Check if Schedule O contains a response or note to any line in this Part VI					· 📙
Sec	tion A. Governing Body and Management					
			f	_	Yes	No
18		1a	1	0		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.		_			
b	the second state of the se		1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or unde					
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior For			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect of					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) member					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	en du	ring			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	eache	ed at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O \dots			9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal	Rever	ue Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	ne form	?	11a	So. Maria AMERICA	Χ
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that					
	rise to conflicts?		N./.A.	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes,"				
	describe on Schedule O how this was done		N./A	12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and appro	val by	/			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and c	lecision?			
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Χ_
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement				
	with a taxable entity during the year?			16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	juard	the			
	organization's exempt status with respect to such arrangements?		N./.A.	16b		
	n C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed NONE					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 9	90-T (section 501(d	;)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app		•	1000		
	Own website Another's website Don request Other (explain on School)			
9 '	Describe on Schedule O whether (and if so, how) the organization made its governing documents,			and		
	financial statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	and records			

*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.

(A)	(B)			(C)			(D)	(E)	(F)	
Name and title	Average hours pe week	er	box, u	t check nless p and a c	erson is	than one both an /trustee)	-	Reportable compensation	Reportable compensation from related	Estimated amount of	
	(list any hours for related organiza- tions below dotted line)	dividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations	
(1) KIRSTEN OATMAN	1.00			X				0	0	C	
SECRETARY											
(2) MAUREEN MOHLMAN TREASURER	1.00			X				0	0	0	
(3) DAN RUTT DIRECTOR	40.00				Х			0	0	0	
(4) SANDRA BUHR PRESIDENT	1.00			Χ				0	0	0	
(5) DON JANSSEN DIRECTOR	1.00	х						0	0	0	
(6) RAELEE VANWINKLE-JOHNSON	1.00	x						0	0	0	
(7) DIRECTOR	1.00							0		0	
BECKY MOHLING	1.00	x						0	0	0	
(8) DIRECTOR DAN MCMAHON	1.00	x						0	0	0	
(9) DIRECTOR		x									
ASHLEY RUSSELL (10)DIRECTOR	1.00	^						0	0	0	
JOHN BOLTZ	1.00	х						0	o	0	
(11)DIRECTOR	1.00			-	-				0		
ANDREA HAYS	1.00	х			1			0	0	0	
12)DIRECTOR						1		-			
SARAH KORT	1.00	х						0	0	0	
13)DIRECTOR											
14)			\dashv	\dashv	+		+				

	rt VII Section A. Officers,	Directors,	Truste	es, Ke			s, and h	lighes	t Compensated Em	ployees (continue	ed)	
	(A) Name and title	(B) Average		(do no box, u office	Pos ot check nless per r and a c	C) ition more terson is director	han one both an /trustee)		(D) Reportable compensation	(E) Reportable compensation	Es ar	(F) stimated nount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/1099-NEC)	from related organizations (W-2/1099-MIS(1099-NEC)	C/ fr an	pensation rom the anization d related anizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Subtotal											
С	Total from continuation sh											
d	Total (add lines 1b and 1c)							• • • • •		1400 000 of		
2	Total number of individuals (to thos	e liste	d above	wno	received more than a	5100,000 01		
	reportable compensation from	m the organ	nization									Yes No
2	Did the organization list any	former offic	or dire	ector t	rustee	kev e	mplovee	or hi	ghest compensated			
3	employee on line 1a? If "Yes										3	X
4	For any individual listed on lin											
	organization and related orga	anizations g	reater t	han \$1	50,000	o? If "\	res," cor	nplete	Schedule J for such	individual	4	X
5	Did any person listed on line	1a receive	or accr	ue con	npensa	ation fr	om any	unrela	ted organization or ir	ndividual		V
	for services rendered to the o		? If "Ye	es," cor	mplete	Sche	dule J fo	r such	person		5	X
Sectio	n B. Independent Contractor	'S						-44	and more the	n \$100 000 of		
1	Complete this table for your f compensation from the organ	ive highest dization Re	compe	nsated mpens	indep ation f	enaer or the	it contra calenda	r vear	ending with or within	the organization's	s tax year.	
	Compensation from the organ	(A)	port 001	пропо	<u>anorri</u>	00		,	(B)		(0	C)
	Name and		ddress						Description of ser	vices	Compe	nsation
										Parties and Partie		
2	Total number of independent received more than \$100.000							listed	above) who			

FDA

Form 990 (2022) REVIVE INC 26-1856136 Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenu excluded fro under sect 512-514
ıts,	ıts	1a Federated campaigns 1a				
Contributions, Gifts, Grants,	ä	b Membership dues				
, G	Ĕ	c Fundraising events 1c 92,5	28			
if	ar	d Related organizations				
s, G	Ē	e Government grants (contributions) . 1e 32,6	40			
<u>6</u>	2	f All other contributions, gifts, grants, &				
but	<u> </u>	similar amounts not included above 1f 14,59	98			
Ē	5	g Noncash contributions included in lines 1a-1f. 1g \$				
ō	and	h Total. Add lines 1a-1f	139,766			
		Business Code				
ω		2a NONGOVERNMENT PROGRAMS	156,799	156,799		5 (15 (44 S) (2 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5
<u>Š</u>		b GOVERNMENT PROGRAMS	55,797	55,797		
šer E	2	c				
E 4		d				
gra		e				
Program Service		f All other program service revenue	-			
		g Total. Add lines 2a-2f	212,596			
	+.		212,390			达斯 米斯特克
	'	3 Investment income (including dividends, interest, and	5,993	E 003		
	١.	other similar amounts)	3,993	5,993		
		Income from investment of tax-exempt bond proceeds				
	5	5 Royalties				
		(i) Real (ii) Personal				
	6	6a Gross rents 6a 30,826				
	1	b Less: rental expenses 6b 24,809				
	1	c Rental income or (loss) 6c 6,017				
		d Net rental income or (loss)	6,017	6,017		
	7	a Gross amount from sales (ii) Securities (ii) Other				
	1	of assets other than				
		inventory				
e l	1	b Less: cost or other basis				
nevenue		and sales expenses 7b				
Ž	(c Gain or (loss)				
-	(d Net gain or (loss)				
Office		a Gross income from fundraising events				
1		(not including \$ 92,528				
		of contributions reported on line 1c).				
		See Part IV, line 18				
	b	Less: direct expenses 8b				
		Net income or (loss) from fundraising events				
		Gross income from gaming activities.				
		See Part IV, line 19 · · · · · · · · 9a			Ara Total	
	b	Less: direct expenses				
		Net income or (loss) from gaming activities			\$ 150 E	
-		Gross sales of inventory, less				
1	. Ja	returns and allowances				
	h					
+	·	Net income or (loss) from sales of inventory			district & district control of the control of	
1.	4-	Business Code	4 005			
		THRIFT STORE SALES	4,205	4,205		
	b	MISC INCOME	2,994	2,994		
	С					
		All other revenue				
		Total. Add lines 11a-11d	7,199			
	2	Total revenue. See instructions	371,571	231,805		

Part IX Statement of Functional Expenses

D~	Check if Schedule O contains a response or note to not include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 · · · · · · · ·				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	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				
)	Payroll taxes	18,575	14,687	3,888	
1	Fees for services (nonemployees):				
а	Management				
b	Legal·····				
С	Accounting				
d	Lobbying				
е	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		
	Advertising and promotion	4,081		4,081	
	Office expenses	14,720		14,720	,
	Information technology				
	Royalties				
	Occupancy	22,350	22,350		
	Travel	2,764	2,764		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		2		
	Conferences, conventions, and meetings	873	873		
	Interest	16,992	16,992		
	Payments to affiliates	, ,			
	Depreciation, depletion, and amortization	13,230	13,230		
	Insurance	4,889	4,889		
		1,009	17003		
	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.)	3,648	3,648		
-	FEES	940	940		
-	DUES		940	3,292	
-	REFUNDS AND INS WRITE OFFS	3,292		3,292	2 4
-	FUNDRAISING FEES	2,465	2.065		2,4
	All other expenses	3,265	3,265	86.108	
	Total functional expenses. Add lines 1 through 24e	383,717	305,055	76,197	2,4
	Joint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
(Check here 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
		1 Cash non-interest-bearing	45,87	1 1	17,655
		2 Savings and temporary cash investments		2	8,770
	;	3 Pledges and grants receivable, net		3	
	'	4 Accounts receivable, net	39,08	4 4	53,214
	!	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		5	
	6	and an analysis of the second control of the			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
	8			8	
Ass	9	Prepaid expenses and deferred charges		9	
_	10	a Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 360, 665			
		b Less: accumulated depreciation	188,117	10c	168,595
	11	Investments publicly traded securities		11	
	12	Investments other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets	200	14	200
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	273,272	16	248,434
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
∄		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	CONTROL OF THE PROPERTY OF THE	22	
_	23	Secured mortgages and notes payable to unrelated third parties	59,135	23	52,736
	24	Unsecured notes and loans payable to unrelated third parties	1,403	24	1,403
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	60,538	26	54,139
		Organizations that follow FASB ASC 958, check here	大声说,他们没有 的一种。		
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	192,734	27	194,295
ga	28	Net assets with donor restrictions	20,000	28	
		Organizations that do not follow FASB ASC 958, check here			
2		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
20	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
2		Retained earnings, endowment, accumulated income, or other funds		31	
- 1		Total net assets or fund balances	212,734	32	194,295
- 1		Total liabilities and net assets/fund balances		33	248,434
					,

_	40
Page	12
· ugo	

For	M 990 (2022) KEVIVE INC 20 1030130				
"Pa	rt XI Reconciliation of Net Assets				EZ.
	Check if Schedule O contains a response or note to any line in this Part XI				· 🛚
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3/1	,5/1
2	Total expenses (must equal Part IX, column (A), line 25)	2	383,71 -12,14		
3					·
4					,734
5					
6					
7	Investment expenses	7			
8	Prior period adjustments	8		-6	,293
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		194	,295
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				, Ц
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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.	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.		4.02.00	de uiteal	963 4840 <u>8</u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
9/	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
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.	3b		
FDA	22 99012 BWF 990 Form Software Copyright 1996 - 2023 HRB Tax Group, Inc.		Form	990 (2	2022)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

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

Employer identification number Name of the organization 26-1856136 REVIVE INC 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 331/3% 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 $33\frac{1}{3}\%$ 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 III, 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 (vi) Amount of other (ii) EIN (i) Name of supported (iii) Type of organization (V) Amount of monetary listed in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Yes No (A)

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

Schedule A (Form 990) 2022

(B) (C) (D) (E)

FDA

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	ection A. Public Support						
	lendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,006	4,600	51,164	4,810	14,598	81,17
2	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	646,01
3	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	936,49
4	Tax revenues levied for the organization'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	424,179	260,479	335,228	291,443	352,362	1,663,691
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
С	Add lines 7a and 7b					John Waster Haller State Market State of	1 662 601
8	Public support. (Subtract line 7c from line 6.)						1,663,691
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	424,179	260,479	335,228	291,443	352,362	1,663,691
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					5,993	5,993
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
1	Add lines 10a and 10b					5,993	5,993
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12.)	424,179	260,479	335,228	291,443	358,355	1,669,684
	First 5 years. If the Form 990 is for the organization, check this box and stop here	zation's first, secon					П
ect	ion C. Computation of Public Supp						
	Public support percentage for 2022 (line 8, col			n (f))		5	99.64%
6	Public support percentage from 2021 Schedule	e A, Part III, line 15			1		00.00%
ecti	on D. Computation of Investment	Income Perce	entage				
7	nvestment income percentage for 2022 (line 1	Oc, column (f), div	ided by line 13,	column (f))		7	0.36%
3 1	nvestment income percentage from 2021 Sch	edule A, Part III, lir	ne 17		1	8	%
	33 ¹ /3% support tests 2022. If the organiza						
	I7 is not more than 33 ^{1/} 3%, check this box and 331/3% support tests 2021. If the organizal						
- \	ine 18 is not more than $33^{1/3}$ %, check this box	and stop here. T	he organization	qualifies as a nul	blick supported	organization	П
	Private foundation. If the organization did not						

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number REVIVE INC 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				
	red by the General Rule or a Special Rule. , or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
	rm 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 rty) from any one contributor. Complete Parts I and II. See instructions for determining a ons.				
Special Rules					
regulations under sections satisfies 16b, and that received from (2) 2% of the amount on (i)	ed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or any one contributor, during the year, total contributions of the greater of (1) \$5,000; or Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. d in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one total contributions of more than \$1,000 exclusively for religious, charitable, scientific,				
literary, or educational purpo	ses, or for the prevention of cruelty to children or animals. Complete Parts I (entering 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					
ution: An organization that isn't outline 2, ust answer "No" on Part IV, line 2,	overed by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it 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				

Ca mu 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization REVIVE INC

Employer identification number 26-1856136

		7 200 200 March 200 200 200 200 200 200 200 200 200 20
Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.

I GIL I	Ochthibators (555 mondono). 555 dapheate sepies of tart in an		
(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 X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAVE AND JAN THOM 5000 W PLATTE RIVER RD DONIPHAN, NE 68832	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization Employer identification number 26-1856136 REVIVE INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

P	art III Organizations M	Maintaining Colle	ctions of Art.	Historical Treas	ures,	or Other Similar	Assets (c	ontinued
3	Using the organization's acqu	isition, accession, and	other records, ch	eck any of the following	ng that	make significant use o	f its	
_	collection items (check all that							
a				d Loan or exchang	ge prog	ram		
b	H			d Loan or exchang				
c	H_ '	erations						
4	and a subject to the second control of the s							
7	XIII.							
5	During the year, did the organ	nization solicit or receiv	e donations of art.	historical treasures, o	or other	similar	_	
3	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
D	art IV Escrow and Cus							
	Complete if the organ	ization answered "Yes	s" on Form 990. Pa	rt IV. line 9. or reporte	ed an a	mount on Form 990, P	art X, line 21.	
10								
1a	included on Form 990, Part X?	rusiee, custodian or o	iner intermediary is				Yes	☐ No
h	If "Yes," explain the arrangement	ent in Part XIII and co	molete the followin	a table:				_
b	II fes, explain the arrangeme	entin rait XIII and coi	ripiete trie ioliowin	g tablo.		An	nount	
_	Beginning balance				. 10			
C	Additions during the year							
d	Distributions during the year				. 1e			
e,	Ending balance				. 1f			
f	Did the organization include a	amount on Form 000	Dart V line 21 fo	or escrow or custodia	Laccou		Yes	No
2a	If "Yes," explain the arrangement	n amount on Form 990	boro if the evaluation	tion has been provide	ed on F	Part XIII		П
b			nere ii the explana	mon has been provide	0111	arrain interest		
Pá	ert V Endowment Fun		" on Form 000 Pa	rt IV line 10				
	Complete if the organi				hack	(d) Three years back	(e) Four year	rs back
		(a) Current year	(b) Prior yea	(C) TWO years	Dack	(a) Throo your Duon	(4)	
1a	Beginning of year balance		-					
b	Contributions		-					
С	Net investment earnings,							
	gains, and losses							
d	Grants or scholarships							
е	Other expenditures for							
	facilities and programs							
f	Administrative expenses							
g	End of year balance	L						
2	Provide the estimated percentage			1g, column (a)) neid	as:			
а	Board designated or quasi-end		%					
b	Permanent endowment	%						
С	Term endowment	%						
	The percentages on lines 2a, 2							
3a	Are there endowment funds no	t in the possession of	the organization the	nat are held and adm	inistere	d for the	V	s No
	organization by:							SINU
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the re						3b	
4	Describe in Part XIII the intende	ed uses of the organiz	ation's endowmen	t funds.				
Pa		, and Equipmen						
	Complete if the organ	nization answered "Ye	s" on Form 990, P	art IV, line 11a. See F				
	Description of property	(a) Cos	t or other basis	(b) Cost or other	(c) Accumulated	(d) Book va	lue
		(ii	nvestment)	basis (other)	, reput	depreciation		
1a	Land				340	Harris III.		
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
	. Add lines 1a through 1e. (Colur		m 990, Part X, col	umn (B), line 10c.) .				

Total revenue, gains, and other support per audited finan	ncial statements	1
2 Amounts included on line 1 but not on Form 990, Part VII	II, line 12:	
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
Amounts included on Form 990, Part VIII, line 12, but not	on line 1:	
a Investment expenses not included on Form 990, Part VIII,		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c
Total revenue. Add lines 3 and 4c. (This must equal Form	n 990, Part I, line 12.)	5
Reconciliation of Expenses per Au		
Complete if the organization answered "Yes" on		
Total expenses and losses per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part IX, I		
a Donated services and use of facilities	1 1	7.
Prior year adjustments		
Other losses	2c	
d Other (Describe in Part XIII.)		
Add lines 2a through 2d		2e
Subtract line 2e from line 1		
Associate included on E 1900 D 1911 11 TELL	. Emp. d.	
Amounts included on Form 990, Part IX, line 25, but not on	Time 1:	
Amounts included on Form 990, Part IX, line 25, but not on Investment expenses not included on Form 990, Part VIII, li		
Investment expenses not included on Form 990, Part VIII, li	ine 7b	
	ine 7b	4c
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.)	ine 7b	
Investment expenses not included on Form 990, Part VIII, li Other (Describe in Part XIII.)	1 990, Part I, line 18.)	5
Investment expenses not included on Form 990, Part VIII, lind Other (Describe in Part XIII.) Add lines 4a and 4b	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lines (Describe in Part XIII.) Add lines 4a and 4b	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, li Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Investment expenses not included on Form 990, Part VIII, lip Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line

FDA

SCHEDULE G

(Form 990)

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

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. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

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

Form 990-EZ filers are				inswered "Yes" on Form	990, Part IV, line 17.	
1 Indicate whether the organization	on raised funds thr	ough any				
a Mail solicitations		e	\vdash	citation of non-governme		
b Internet and email solicitation	าร	f	\vdash	citation of government gr	ants	
c Phone solicitations		g	☐ Spe	cial fundraising events		
d In-person solicitations						
2a Did the organization have a writ						
or key employees listed in Form						
b If "Yes," list the 10 highest paid		es (fundra	aisers) pu	rsuant to agreements un	der which the fundraiser	is to be
compensated at least \$5,000 by	the organization.					
		(iii) Did	fundraiser		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual	(ii) Activity	have	ustody	(iv) Gross receipts	(or retained by) fund-	(or retained by)
or entity (fundraiser)	(.,,,	or control of contributions?		from activity	raiser listed in col. (i)	organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Fotal						

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 mor
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.

		gross receipts greater than \$5,000.	_			
			(a) Event #1 MAILINGS	(b) Event #2 HASTINGS G	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	anne.	1 Gross receipts	42,420	15,098	35,010	92,528
٥						
	3		12 120	15,098	35,010	92,528
_	+	line 2)	42,420	15,090	33,010	32,320
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs · · · · · · · · · · · · · · · · · ·				
Direct Expenses	7	Food and beverages			1,636	1,636
Direct	8	Entertainment				
	9	Other direct expenses			1,543	1,543
	10	Direct expense summary. Add lines 4 thro	ugh 9 in column (d)			3,179
	11	Net income summary. Subtract line 10 from	m line 3, column (d)			89,349
Pê	ırt l			rm 990, Part IV, line 19,	or reported more	
	Γ	than \$15,000 on Form 990-EZ, line 6a	1.	<i>a</i> ,		(a) Tatal marsing (and d
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
	1	Gross revenue				
SS	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs · · · · · · · · · · · · · · · · · ·				
-	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 throu	gh 5 in column (d)			
	•	Not remain a income automatic .	7 for an line 4 and one (a)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (a)		
	Ent	er the state(s) in which the organization con-	ducts gaming activities:			
а		ne organization licensed to conduct gaming		states?		· · · Yes No
0	If "N	No," explain:				
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

If "Yes," explain:

REVIVE INC 26-1856136

Sche	edule G (Form 990) 2022	Page 3
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?	No
13	Indicate the percentage of gaming activity conducted in:	_
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name	
	Address	
15a	_	
	revenue?	∐ 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 \$	
С	If "Yes," enter name and address of the third party:	
	Maria	
	Name	
	Address	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	∐ 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 I		€,
	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 for the latest information.

OMB No. 1545-0047

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	Employer Identification Number
REVIVE INC	26-1856136
990, Page 1, Line F	
Principal officer nameor	SANDRA BUHR
Business Name:	
Street Address	13490 S SHADY BEND RD
U.S. Address:	
Zip code 68832 City DONIPHAN	State NE
or	State IVE
Foreign Address	
r oroigin nadrood	
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 cale	ndar ye	ar 2022, oi	tax p	period begi	nning	, and ending	
Name of Organization	i								Employer Identification Number
REVIVE INC									26-1856136
Part III - Statement	of Pr	ogram Ser	vice Ac	complish	nent	S			

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 INDUVIDUAL SESSIONS, 8 COMPLETE INDIVIDUAL
MENTAL HEALTH AND 3 COMPLETE CO-OCCURRING TREATMENT. WE PROVIDED LIFE

Code:

Expenses:

SKILL CLASSES FOR 88 ADULTS AND YOUTH,

2022 FORM 990 BOOKS ARE IN CARE OF

	CHMENT	3:	FORM	990	PAGE	6, PART	r VI,	SECTIO	ON C,	LINE	20			
OPEN	TO PUBLIC						•		•					
INSPE	ECTION		For o	alendar y	year 2022,	or tax period	beginning	J	, ;	and endi	ng			
Name of	Organization										Employe	er Identifi	cation Nur	mber
REVI	VE INC										26-18	35613	6	
Part VI -	- Line 20													
Individua	al Name													
or														
Business														
HORI Z	ZON REC	OVE	RY											
											- ~	1	1 =	
Street Ad	dress		• • • • • • •		• • • • • • • •			835 S	BURLI	NGTO	1 SUI	TE 1	15	
U.S. Addr														
U.S. Addr	ress:													
7:	: CC	0001			II 7	CHINCO				_	NID			
		901		_	City HA	STINGS				State	$\overline{\text{NE}}$			
Or														
Foreign Ad	aaress													
Ci	ity													
Ci	ity													
Pr	rovince or State	Δ												
	rovince or State	C			•									
Co	ountry													
	ournay													
Po	stal code													
Ph	one Number											(402)	462-2	2066
											_	1 2 2 7		
Fax	x 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		-	26-18561	Employer Identification Number		
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising		
DRUG TESTING THRIFT STORE EXP STAFF DEVELOPMENT	1,270 1,245 750	1,245				
Total:	3,265	3,265				

FDA

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172 2022

Department of the Treasury Internal Revenue Service

23 For assets shown above and placed in service during the current year.

For Paperwork Reduction Act Notice, see senarate instructions

enter the portion of the basis attributable to section 263A costs

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 Business or activity to which this form relates Identifying number REVIVE INC FOR FORM 990 26-1856136 Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (busn. use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12. Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 8,563 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr. (d) Recovery (g) Depreciation (a) Classification of property year placed in (business/investment use (f) Method Convention deduction period service only -- see instructions) 19a 3-year property 5-year property c 7-year property d 10-year property 15-year property f 20-year property g 25-year property S/L 25 yrs. h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM 39 yrs. S/L i Nonresidential real property MM Section C -- Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 30-year 30 yrs. S/L MM d 40-year 40 yrs. MM S/L Summary (See instructions.) 21 Listed property. Enter amount from line 28..... Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions 8,563

OIIII	1002	1202
Dar	+ 1/	Li

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.

columns (a) through (c) of	Section A, a	ll of Sec	tion B, a	and Sect	tion C if	applica	ble.						
Section A Depreciation	n and Otl	her Int	forma	tion (C	aution:	See the	instruction	ns for I	imits for	passe	nger auton	nobiles.)	
24a Do you have evidence to support th	e business/	investme	ent use	claimed'	? \ \	es	No 24	If "Ye	s," is the	evide	nce writter	?	Yes N
(a) (b) Type of property Date placed (list vehicles first) in service	(c) Busn./ investment use		(d) Cost or ner basi	(1	Basis for busn./in	r depr. vestme		ery 1	(g) Method/ onvention	1	(h) Depreciatio deduction	n se	(i) Elected ction 179
Control of the contro	percentage				use			00	711/61/11/01	-		2702	cost
25 Special depreciation allowance for q						_	-		2	_			
and used more than 50% in a qualification and used more than 50% in a qualification and the second s				CHOIS .					2	,		11.00	
Property used more than 50% in a qu	%		.	T			T						
	%						-	_		+			
	%						-	+		_			
27 Property used 50% or less in a qualif		1											
27 Troperty adda 3070 or loss in a quain	%	T					T	S/L	L -	T			
	%			_				S/L					
	%			_				S/L					
28 Add amounts in column (h), lines 25			ere and	on line 2	21. page	1			28				
29 Add amounts in column (i), line 26. E											2	29	
C/I							of Veh					•	
Complete this section for vehicles used by									ad nerso	n If vo	ou provide	d vehicle	es to
your employees, first answer the question	s in Section	C to see	e if vou	meet an	excepti	on to co	ompleting	this se	ction for	those	vehicles.	a vomoio	,0 10
30 Total business/investment miles drive			a)	T	(b)	T	(c)		(d)		(e)		(f)
during the year (don't include commi			icle 1	1	nicle 2	Ve	ehicle 3	Ve	ehicle 4	\	Vehicle 5	Ve	hicle 6
miles)													
31 Total commuting miles driven during t	he year												
32 Total other personal (noncommuting)													
miles driven													
33 Total miles driven during the year. Ad-	d b												
lines 30 through 32	ł												
34 Was the vehicle available for personal	use	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s No	Yes	No
during off-duty hours?					П								
35 Was the vehicle used primarily by a m	ore	П	П	П	П	П	П	П	П	Г	П	П	Ιп
than 5% owner or related person?										L			
6 Is another vehicle available for person													
Section C Questio	ns for Er	nploye	ers W	ho Pro	vide '	Vehic	les for	Use l	by The	ir En	nployees	S	
nswer these questions to determine if you	ı meet an ex	ception	to com	pleting S	Section E	3 for ve	hicles use	ed by e	mployee	s who	aren't mo	re than t	5%
wners or related persons. See instruction	S.												
7 Do you maintain a written policy staten												Yes	No
employees?												Ш	\perp
8 Do you maintain a written policy staten												П	ΙП
See the instructions for vehicles used to													- H
9 Do you treat all use of vehicles by emp												Ш	$+$ \perp
Do you provide more than five vehicles												П	
vehicles, and retain the information rec													-
Do you meet the requirements concern												DALWEST LINGS TO	402 100 A 100 A
Note: If your answer to 37, 38, 39, 40	, or 41 is "Y	es," don	't comp	lete Sec	tion B fo	r the co	overed ve	hicles.					ALC: NO. OF STREET
art VI Amortization									T ,	,			
(a)	(b)			(c)		(d)		(e Amorti			(f)	
Description of costs	Date amor		An	nortizabl	e amour	nt	Code se	ection	perio		Amortizat	ion for t	his year
	begir								percer	ntage			
Amortization of costs that begins duri	ng your 202	2 tax ye	ar (see	instruction	ons):				т		Г		
											-	Л	((7
Amortization of costs that began before										43			,667
Total. Add amounts in column (f). See	ne instruction	ns for w	vhere to	report						44	1	4	,667

REVIVE INC 26-1856136

	DATE METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASTS	PRIOR	TINEGGIIO	MILLOUR	H (1
	- LIFE		179	179	ALLOW	ALLOW		DEPR	DEPR	DEPR	BASTS
FORM 990											
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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

rennuals		conconducting partial reconstruction parameters only are more the decimal process.		13 fessional Clinic	(9)	44 ommunity Support		47 ubstance Abuse reatment Center	Ş	48 Adult Substance Abuse	M	52 Medically Medically Monitored Inpatient Mithdrawal
Code	Modifier	Description	SFY	2024 Rate	SFY	2024 Rate	SF	/2024 Rate	SF	Y2024 Rate	SFY	/2024 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	S	144.54	\$	-
H0012		ASAM Level 3.2 – Adult Substance Use Disorder Social Detoxification (per diem)	\$	-	\$		S	244.15	s	244.15	\$	•
H0019		ASAM Level 3.3 – Adult Intermediate Therapeutic Residential Co–occurring capable (per diem)	\$	-	\$	•	\$	216.98	\$	216.98	s	
H0019	TT	ASAM Level 3.3 – Adult Therapeutic Community (per diem)	\$	-	\$	•	\$	195.20	s	195.20	\$	
H0018	HF	ASAM Level 3.5 – Adult SUD/MH Co-Occurring Enhanced Short Term Residential (per diem)	\$	•	\$	-	s	263.77	\$	263.77	s	-
H0018	нн	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	\$		\$		\$		\$		s	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	Purchase Now
Tax Return	Mar 31 2009	\$0.90 = 2 page(s) @ \$0.45 per page	Purchase Now
Tax Return	Mar 14 2011	\$0.90 = 2 page(s) @ \$0.45 per page	Purchase Now
Tax Return	Mar 26 2013	\$1.35 = 3 page(s) @ \$0.45 per page	Purchase Now
Tax Return	Apr 14 2015	\$0.90 = 2 page(s) @ \$0.45 per page	Purchase Now
Change of Agent or Office	Apr 24 2017	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now

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

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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

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

Continue to Order

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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 Y
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	\$1,040	Reselling of slightly used sports equipment and sports minded clothing. ,	General operating and Sponsorship	Yearly	4
2022	\$92,528				

Revive Ministries Inc Debt info

	Purchase price	Paid off to date	Remaining amount
	2009	raid off to date	Remaining amount
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
700 East 7th St., Only 3	Ψ101,000	Ψ21,171.10	Ψ17,023.50
Totals	\$364,000	\$88,625.41	\$275,374.59
	2010		
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
F.,444.	2011	Daid off to data	Damaining amount
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
	2012		
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
	2013		
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
,	2014		
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

		***	D (2 222 22
210 W D St. Unity 3	\$104,000	\$41,017.61	\$62,982.39
	\$364,000	\$191,454.07	\$172,545.93
	2015		
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 firnances	\$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
	2016		
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
	2017		
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
	2018		
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
	2019		
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

	2020		
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
	2021		
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
	2022		
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
	2023		
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