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

Open to Public Inspection

Department of the Treasury

		e 2023 cale	endar year, or tax		-	130 IOI IIISTI UCTIONIS AN		23, and endir				20	
$\overline{}$		applicable:	C Name of organ			~	, 20	zo, and chan		way ida			
П					T A F1 T T 1/4				•	-	ntification		
н		s change	Doing business								<u>356136</u>)	
н	Name c	-				livered to street address)		Room/suite	E Telep				
Н	Initial re		835 S BUP					115	15 402-462-2066				
Ш	Final ret	turn/	ii .			and ZIP or foreign post	tal coc	de	G Gross				
_	termina	ted	HASTINGS	NE 6890	01				receip	ts \$		377,143	
Ц	Amende	ed return		address of prì	•	er:		H(a) Isthisa	group return	forsubo	rdinates?	Yes 🔀 No	
Ц_	Applicat	tion pending	SEE ATTAC	CHMENT :	#1			H(b) Arealls	ubordinates	included	⁷ _	J Yes ∐ No	
<u> </u>	ах-ехе	empt status:	X 501(c)(3)	501(c)() (insert no	o.) 4947(a)(1) or	527	lf "No,"	attach a list.	See instr	uctions.		
J۷	Vebsit	e: N/A						H(c) Group e	xemption nu	mber			
KF	orm of c	organization:	Corporation	Trust A	ssociation	Other	L Yea	r of formation:	2008	M Stat	e of legal do	micile: NE	
Pa	art I	Summ	nary										
	1		scribe the organiza	tion's mission	or most sig	gnificant activities:					· · · · · · · · · · · · · · · · · · ·		
41	PRO					AND ENCOURAGE	EME	NT THRO	UGHED	UCAT	'ION A	ND	
Governance	COI	UNSELI											
na Ta	00.	01101111				AND LOCAL PERSONAL PRINCIPLE STATE OF THE ST							
ĕ	2	Check this	s hox lifthe or	ganization disc	continued i	ts operations or dispose	ed of r	more than 25%	of its net	assets			
Ĝ	3			-		art VI, line 1a)	_BB			3		10	
Activities &	4					rning body (Part VI, line	9/09/2019			4		10	
ţ	7					ar 2023 (Part V, line 2a)	LILAN E THE LI			5		9	
ŧξ	5					_600F03C05-9A	.6.	Star Victory		6		55	
Ac													
	7a					mn (C), line 12				7a		0	
	b	Net unrela	ted business taxal	ble income tro	m Form 99	0-T, Part I, line 11				7b			
									rior Year	7.66	Curre	ent Year	
<u>o</u>	8		ons and grants (Pa				,766		142,591				
ē	9	Program s	service revenue (Pa	art VIII, line 2g			,596		202,063				
Revenue	10	Investmen	t income (Part VIII	, column (A), l	lines 3, 4, a	and 7d) $\{\cdots\cdots$,993		1,042	
ملا	11	Other reve	enue (Part VIII, col	umn (A), lines	5, 6d, 8c, 9	9c, 10c, and 11e) · · · ·				,216		991	
	12	Total reve	nue add lines 8	through 11 (r	nust equal	Part VIII, column (A), lir	ie 12)			,571		346,687	
	13	Grants and	d similar amounts	paid (Part IX,	column (A)	, lines 1-3)			20	,450			
	14												
Ø	15											251,576	
3Se	16a		AS .	Chick Street Co.		9 11e)							
Expenses	ь		raising expenses (40 C C C C C C C C C C C C C C C C C C C	9' ' '	•	5,7	Transport Transport Con-		WALLS.	The cost	entificial	
й	17		ACCESS. A	1563A MISSISSION		11f-24e)			100	,325		115,621	
	18					column (A), line 25)				,717		367,197	
	19			(2) (2017))		,146		-20,510	
S		A			,				ing of Curre		End o	of Year	
age	တ္တ 20	Total asset	ts (Part X-line 16)			. ,				, 434		198,937	
AS	21									,139		23,748	
Net Assets or Fund	g 22	100 GALT		•		e 20				,295		175,189	
	rt II	No. 302 452	242.707	. Subtract line	21 1101111111	6 20				, 250		1707100	
		********	ture Block								1 11		
						g accompanying schedules a ed on all information of whi				ny Knowie	eage ana bei	iet, it is	
					***************************************					1			
C1		<u> </u>	7 65:				<u> </u>				D - t -		
Sig		Signature				70.	D 77 C	r- r- x ren		ı	Date		
Her	е		N MCMAHON			P.	RES	IDENT					
			rint name and title		1						T		
D~!	J		Type preparer's na		Preparer	's signature	Dat	е	Check		PTIN		
Paid			REEN MOHL			.,					P0058		
	parer		s name H AND		CK				irm's EIN	823	314241	. 8	
Use	Only		Firm's address 1011 W 2ND ST Phone no.										
		HAS'	TINGS NE	68901				(800)4	72-5	625	_	
vlay	the IRS	discuss th	is return with the r	oreparer show	n above? §	See instructions						Yes No	

Pai		Service Accomplishments										
		a response or note to any line in this Part III										
1	Briefly describe the organization's missis											
	The state of the s	NT IS "ASSISTING IN THE	· · · · · · · · · · · · · · · · · · ·									
	THROUGH THE PROCESS		PORATION IS ORGANIZED									
		IDING CHRISTIAN SUPPORT		KAGE								
	THROUGH COUNSELING I	EDUCATION & HELPING THO:	SE IN NEED.									
2		nificant program services during the year which		_								
	prior Form 990 or 990-EZ?		Yes	∑ No								
	If "Yes," describe these new services or	n Schedule O.										
3	Did the organization cease conducting,	or make significant changes in how it conducts	, any program									
	services?		Yes	⊠ No								
	If "Yes," describe these changes on Schedule O.											
4	-	rvice accomplishments for each of its three large	est program services, as measured by									
		(4) organizations are required to report the amo										
4a	(Code:) (Expenses \$	336,041 including grants of \$) (Revenue \$	202,063)								
	SEE ATTACHMENT #2		, , , , , , , , , , , , , , , , , , ,									
	100000000000000000000000000000000000000											
	The state of the s											
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			**									
		<u> </u>										
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)								

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	A Second											
	487 49											

40	(Code:) (Expenses \$	including grants of \$) (Revenue \$									
-10	(Code:	moluting grants of \$	/ (Hevenide #									
												
			All									
		ALCO AND A STATE OF THE STATE O										

4d	Other program services (Describe on Sc	hedule O.)										
	(Expenses \$) (Revenue \$									
4e	Total program service expenses	336,041		-								

Pai	rt 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	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	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
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		NO POR LIA	8.38
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	STY, SOMEONE	SELECTION.	La Marilia
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments other securities in Part X, line 12, that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		Х
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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	WWW. Comments of the Comments			
144	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If			<u> </u>
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<u> </u>		
.,	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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	<u> </u>	- 21
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'''		21
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"	- 42	
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? \mathbb{N}/\mathbb{A}	20a 20b	 	
	Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or	200		

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots \dots \mathbb{N} / A$.	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots N/A$	24d		
25a	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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes" complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,	7587 F		io wa
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	10 mm	*****	\$2.5
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"		WASHING.	ctus/vivi
	complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		X
	A family member of any individual described in line 28a? If "Yes, complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			İ
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If Wes," 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,	_		
	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			l
	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			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		7.7	
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	tV Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V	• • • • •		Ш
		2.7.5223F51	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			Magazia.
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		1000b	4466g.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	M. P. A. L.	STREET, STREET	destribe.
	reportable gaming (gambling) winnings to prize winners?	1 1C		Х

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	11 47 5 Editorio		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		200	Marie Marie
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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 N./ A	3b		
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			ja englerini Deglah Sate
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			7.4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	360.3 stol. N	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	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).	N.A.F.	100 m	(State
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			dire
и	and services provided to the payor?	7a	Carl Arch	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots N \cdot A$.	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
·	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	***************************************		<u>∧</u> ∀%5 <i>8</i>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	Parales.	X
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, dld the organization file a Form 1098–C?	79 7h		X
	2000-02 Acres of			112-15
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	£7(2)4000	X
•	sponsoring organization have excess business holdings at any time during the year?	0	SCHOOL STATE	45538798W
9	Sponsoring organizations maintaining donor advised funds.			製物で
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	ļ	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	200		A
10	Section 501(c)(7) organizations. Enter:		Arrana la constitución	1000
a	Initiation fees and capital contributions included on Part VIII, line 12			1944
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	Resta	-	£307.24
11	Section 501(c)(12) organizations. Enter	100	2.24	新型 · 电电
a	Gross income from members or shareholders			1000
b	Gross income from other sources: (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	2000	Minne.	37
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- 15 GE 15 G	X fix tax
b	11 Tos, Charles anount of the Society and Control of Accorded during the year 111	Element of	PE (AND)	War.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10.	565000	37
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	10/2004	X
l.	Note: See the instructions for additional information the organization must report on Schedule O.	2000	in.	
b	Enter the amount of reserves the organization is required to maintain by the states in which	A CONTRACTOR	8793569;	100
_	the organization is licensed to issue qualified health plans	Political Print	STATE	等無額
C 110	Enter the amount of reserves on hand	44-	中華學學	17 N
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.	255	Balik	Madie .
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Sec. 40. 3.	X
4 =	If "Yes," complete Form 4720, Schedule O.	otalii.	49/97/14/2	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any		i	_
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	(E)(C MQ2)/2c	X
	If "Yes" complete Form 6069	Part of the	48528585KA	122300

	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					П
Secti	on A. Governing Body and Management					<u>'</u>
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	80 A	NATION.	100 mg
	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			1842		
	committee, explain on Schedule O.			No A Co.		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship v	with		raid or Line	2007
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under	er the o	direct			
	supervision of officers, directors, trustees, or key employees to a management company or other	perso	n?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Fo	rm 990) was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's	s asset	ts?	5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or app	oint			
	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) members					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertail			enuncia. Le constato		166364
	the year by the following:					H.Y.
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?		.,	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Interna	l Reve	nue Code.)		•	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of suc					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt	ourpos	es?N./A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	m?	11a		Х
b	Describe on Schedule O the process, if any used by the organization to review this Form 990.			t Stantiers to	SANT.	27525
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	at cou	ld give			
	rise to conflicts?			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes	," '1			
	describe on Schedule O how this was done		N./A	12c		
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and app				CONTRACTA TOTAL	Street,
	independent persons, comparability data, and contemporaneous substantiation of the deliberation					W.
а	The organization's CEO, Executive Director, or top management official			15a	Calvas	Х
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				* POWER	THE SE
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrai	ngeme	ent		0.5	7.05
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev				10.51	
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa					WAL.
	organization's exempt status with respect to such arrangements?			16b	1,1000000000000000000000000000000000000	Note Marie Control
Section	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024–A, if applicable), 95	90, and	d 990-T (section 501	(c)		
•	(3)s only) available for public inspection. Indicate how you made these available. Check all that a		(. ,		
	Own website Another's website Dupon request Other (explain on Sci		0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documen			, and		
	financial statements available to the public during the tax year.	, 501		.,		
20	State the name, address, and telephone number of the person who possesses the organization's	s book	s and records.			
	SEE ATTACHMENT #3					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the orga	nization no	r any rel	ated o	rganiz	ation (compens	ated a	any current officer, di	rector, or trustee.	
(A)	(B)			_ (0	2)			(D)	(E)	(F)
Name and title	Average hours per week		Position (do not check more than on box, unless person is both a officer and a director/truste				Reportable compensation from the	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W=2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KIRSTEN OATMAN	1.00			Х		With the	4	0	0	0
SECRETARY	1 00			V	9	Ala.				
(2) MAUREEN MOHLMAN	1.00		i	X				0	0	0
TREASURER (3) DAN RUTT	40.00				×			12 720	0	0
(3) DAN RUTT EXECUTIVE DIRECTOR	40.00	4	à	4				43,728	U	0
(4) SANDRA BUHR	1.00	X						0	0.	0
DIRECTOR			A .					_		_
(5) DON JANSSEN	1,00	X	V					0	0	0
DIRECTOR										
(6) RAELEE VANWINKLE DIRECTOR	1.00	X						0	0	0
(7) BECKY MOHLING DIRECTOR	1,00	х						0	0	0
(8) DAN MCMAHON PRESIDENT	> 1.00	х						0	0	0
(9) ASHLEY RUSSELL DIRECTOR	1.00	Х						0	0	0
(10)JOHN BÖLTZ DIRECTOR	1.00	Х						0	0	0
(11)ANDREA HAYS DIRECTOR	1.00	х						0	0	0
(12)SARAH KORT DIRECTOR	1.00	X						0	0	0
(13)KRISTINE KASPERB EXECUTIVE DIRECTOR	40.00				Х			15,096	0	0
(14)										

Pan	Section A. Officers, L	Jirectors,	, Trustees, Key Employees, and Highest						t Compensated Em	ied)	
	(A) Name and title	(B) Average		box, ur	(C Positicheck nless petand a d	more th	both an		(D) Reportable	(E) Reportable	(F) Estimated amount of
		hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MIS 1099-NEC)	compensation from the SC/ organization
(15)											
(16)											
(17)							***************************************				
(18)											
(19)											
(20)									A		
(21)											
(22)			**								
(23)											
(24)							1				
(25)					4911) VI	Yes (P)				
			20						F 0 00 4		
1b c	Subtotal Total from continuation should be a second cont			 ection					58,824		
d	Total (add lines 1b and 1c)								58,824		
2	Total number of individuals (including b	iut not lii						received more than	\$100,000 of	
····	reportable compensation from	n the orga	nization		-					·	Yes No
3	Did the organization list any f										100 Table 100 Ta
4	employee on line 1a? If "Yes For any individual listed on li	以及1455-14732 (A.S.)									···· 3 X
•	organization and related orga										4 X
5	Did any person listed on line	1a receive	or accr	ue cor	npens	ation fi	om any	unrela	ated organization or	individual	
Saction	for services rendered to the on B. Independent Contractor		n? If "Ye	s," co	mplete	Sche	dule J fo	r such	n person		5 X
1	Complete this table for your f		compe	nsated	d inder	ender	nt contra	ctors	that received more th	nan \$100,000 of	
	compensation from the organ	_	•								n's tax year.
	N	(A)							(B)		(C)
	Name and	business a	address						Description of se	ervices	Compensation
				····							
2	Total number of independent							listed	d above) who		
	received more than \$100,000	of compe	nsation i	rom t	ne orga	anızatio	on				36342 project project (1997)

Part VIII Statement of Revenue

I GI		Check if Schedule O co			nnse or	note to any line in t	his Part VIII			П
		Oncor ii donedale o co	THEATTE	a respi	orise or	Tiole to any line in t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, s	1a	Federated campaigns		1	1a		Control of the Contro	District the second	William Company	
Contributions, Gifts, Grants and Other Similar Amounts	1	Membership dues			1b			About 1995	THE STREET PROPERTY.	tions of Conference
۵٥	C			+	1c	18,14	5	TENTERS.	Participant of the Control of the Co	
ifts r A	4	Related organizations		+	1d			Table 1	ACTOR STOCK	
	<u>ر</u> ۵	Government grants (contril		ļ.	1e	25,100	ol M	100	TO THE PARTY OF THE	SOUTH THE STATE OF
Sis		All other contributions, gifts		· .	16					
ž Ę	'	similar amounts not include		- 1	1f	99,34	6	P78081.012.21	Part Indiana	
등등	_							Selection of the select	TOTAL SEC.	1666-54106
ğğ	g						142,591		ental all constants	
0 %		Total. Add lines 1a-1f					112,031	25 (15 (16 L) 26 (16 L)	A Commence	ETER
<u>.</u> .	20	DDOCDAM INCOM	יהדי			Business Code	199,032	199,032	5460 G T L	
<u>i</u>	ſ	PROGRAM INCOM MISC INCOME	L				3,031			
e e	b	MITOC INCOME					3,002			
n S	d d									
ga ev	ı u			***************************************						
Program Service Revenue		All other program contine			· · · · · · · · · · · · · · · · · · ·		<u> </u>			
ш.	,	All other program service re Total. Add lines 2a-2f					202,063	Significant Control of the Control o		1 Telescope and the second and the s
	3	Investment income (includi			***************************************		2.00	TO THE PROPERTY OF THE	1 1100000000000000000000000000000000000	3. (255) 10. (2. (2. (2. (2. (2. (2. (2. (2. (2. (2
	3	other similar amounts)					1,042	1,042		
	4	Income from investment of					7 EEE 2			
	5	Royalties		-	-	433				
	"	noyanes					(1)	a Parasana and a	TO SHARE THE STATE OF THE STATE	
	6a	Gross rents	6a	(i) Rea	31,447	(ii) Personal	V(1)	STATE DESCRIPTION	Charles .	
	b	Less: rental expenses	6b		0,456			4673065		Santa Sa
	C	Rental income or (loss)	6c		991	/////	47	The same of the sa	1000	
	d	. , ,					991	991	A CARLOTTE	
	"	Not rental moonle of (1033)	r	i) Secur		(ii) Other		200	TOTAL CHARLES	Series of the se
	7a	Gross amount from sales		i) Gecui	467	(II) Outer	Yang in the second			
		of assets other than inventory	7a	1						
4)	h	Less: cost or other basis	'u		WAGA.					
n	~	and sales expenses	7b		1	ð	eleterative property	1967	TOTAL COMMISSION OF THE PARTY O	A CONTRACTOR OF THE PARTY OF TH
Revenue	c	Gain or (loss)	7c		26.		Principal Services		700	(All Paragraphs)
-		Net gain or (loss)			2000		The state of the s		0.000.000.000.000	MOREUT.
Other	8a	Gross income from fundral	sina e	events			1.4.96.0	the contract of	SEE SENELLE	Security There's
0		(not including \$.45					A PART TOTAL
		of contributions reported or					Average Company	TO SERVICE STATE OF THE SERVIC	Carried State of the Control of the	garante de arte a
					. 8a			THE REPORT OF THE PERSON	THE BUILDING TO STREET,	
	b	See Part V line 18			8b			A STATE OF THE STA	Section of the sectio	12000
		Net income or (loss) from for						TO THE ASSESSMENT		19-2-10-3-1-C-3-1
		Gross income from gaming					7. W. T. S.	TO THE BOOK OF		Space
		See Part IV, line 19			. 9a		The second secon		Transfer	
	b	Less: direct expenses					1	Garante e		41011100-05
	С	Net income or (loss) from g	amin	g activiti	es · · ·		Laborated Viscolina, sector of Paul Control		33,000	
	10a	Gross sales of inventory, le	SS				Section and the second		4644075	SANTONIA DE LA COMPANSIONE DEL COMPANSIONE DE LA
		returns and allowances			, 10a		ATTEMPT STATES	ATT WATER	Transport Co.	3000 24000
	b	Less: cost of goods sold			. 10b			Maria Company	The Section of the Se	AND
	c	Net income or (loss) from s	ales c	of invent	tory · · ·		- proportion of a site of the			
S						Business Code				ing happened to the fact and
ng :	11a									
ane	b									
iscellane Revenue	C									
Miscellaneous Revenue	đ	All other revenue								
	е	Total. Add lines 11a-11d			<u></u>					Apple Commission of the Commis
	12	Total revenue. See instruc	tions				346,687	204,096		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) (C) Do not include amounts reported on lines 6b, 7b, Program service Management and general expenses Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Benefits paid to or for members Compensation of current officers, directors, 62,116 62.116 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 164,052 164,052 7 Other salaries and wages Pension plan accruals and contributions (include 5,615 5,615 section 401(k) and 403(b) employer contributions) 9 Other employee benefits 19,793 15,041 4,752 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal.... Accounting Lobbving d Professional fundraising services. See Part IV, line 17 ... Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 14,384 14,384 (A), amount, list line 11g expenses on Schedule O.) . . 9,388 9,388 12 Advertising and promotion 8,12 8,129 13 Office expenses 14 Information technology Royalties 15 20,900 20,900 16 1,173 1,173 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 123 12: 20 Payments to affiliates 21 Depreciation, depletion, and amortization 8,949 8,949 22 4,797 4,797 23 24 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.) 2,801 2,801 DUES AND SUBSCRIPTION 5,798 FUNDRAISING EXP 242 242 MISC C 1,967 1,967 STAFF DEVELOPMENT 31,156 36,970 5,814 All other expenses 271,200 367,197 90,199 5,798 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported 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			17,655	1	13,905
	2	Savings and temporary cash investments			8,770	2	9,605
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			53,214	4	15,581
	5	Loans and other receivables from any current or fo			11484	148	Toronto and the same
		trustee, key employee, creator or founder, substant			TO THE COURSE SHOW THE COURSE STATES		22 Talking and Colored Section 2
		controlled entity or family member of any of these p		·	NACES AND PROPERTY OF STREET AND A STREET AN	5	STATE OF THE PROPERTY OF THE STATE OF THE ST
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in	A BANKSON STREET OF THE STREET				
	7	Notes and loans receivable, net					
ş	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges				9	
⋖	10a	Land, buildings, and equipment: cost or				ni, in	To the second se
		other basis. Complete Part VI of Schedule D	10a	360,665		Tall W	
	b	Less: accumulated depreciation		201,019	168,595	10c	159,646
	11	Investments publicly traded securities				11	
	12	Investments other securities. See Part IV, line 11				12	
	13	Investments program-related. See Part IV, line 1	11			13	
	14	Intangible assets		600000	200	14	200
	15	Other assets. See Part IV, line 11	15				
	16	Total assets. Add lines 1 through 15 (must equal li	ine 33)		248,434	16	198,937
-	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 Pari		21			
es	22	Loans and other payables to any current or former	officer,	director,	A THE RESIDENCE OF THE PARTY OF	and the same	The property of the second
Liabilities		trustee, key employee, creator or founder, substant	ial cont	ributor, or 35%		(PASA)	Eller Control
<u> </u>		controlled entity or family member of any of these p	ersons			22	
_	23	Secured mortgages and notes payable to unrelated			52,736		17,748
	24	Unsecured notes and loans payable to unrelated th	-		1,403	24	6,000
	25	Other liabilities (including federal income tax, payat					
		parties, and other liabilities not included on lines 17					
		of Schedule D			F 4 100	25	00 740
	26	Total liabilities. Add lines 17 through 25			54,139	26	23,748
m		Organizations that follow FASB ASC 958, check	here	X		物编	
ğ		and complete lines 27, 28, 32, and 33.			104 005		175 100
<u>a</u>	27	Net assets without donor restrictions			194,295		175,189
Ä	28	Net assets with donor restrictions				28	
ŭ		Organizations that do not follow FASB ASC 958,	, check	here	And the second	7000 ii	Part of the control of the control of
F	00	and complete lines 29 through 33.		PARE.			
ţs (29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equi		30			
¥ A	31	Retained earnings, endowment, accumulated incom			194,295	31	175,189
Š	32	Total liabilities and not seasts /fund balances			248,434	32	198,937
	33	Total liabilities and net assets/fund balances	· · · · ·	<u> </u>	240,434	33	1 20, 337

FOLL	HEVIVE INC 26-1856136			rage	9 12
Pa	rt XI Reconciliation of Net Assets				_
	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		346,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		367,	
3	Revenue less expenses. Subtract line 2 from line 1	3		-20,	510
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	194,	295
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		1,	404
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		175,	189
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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		140	Side 15	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		A Carlo		
	reviewed on a separate basis, consolidated basis, or both:		800		1200
	Separate basis Consolidated basis Both consolidated and separate basis		99 (3) (2)		
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		104	2342	
	separate basis, consolidated basis, or both:		3		
	Separate basis Consolidated basis Both consolidated and separate basis		100		
c	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.		(400); (400)	SECRETA	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b	If "Yes," did the organization undergo the regulred 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	1	
FDA	23 99012 BWF 990 Form Software Copyright 1996 - 2024 HRB Tax Group, Inc.		Form	990 (2023)

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

2023

Open to Public Inspection

Employer identification number Name of the organization REVIVE INC 26-1856136 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1 / $_3$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 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 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (iii) Type of organization (ii) EIN listed in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Part III Suppor

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.)

Sec	tion A. Public Support						·
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,600	51,164	4,810	14,598	25,100	100,272
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	117,521	146,018	118,141	125,168	202,063	708,911
3	Gross receipts from activities that are not an unrelated trade or business under section 513 · · · ·	138,358	138,046	168,492	212,596	148,938	806,430
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 · · · · · · · · · ·	260,479	335,228	291,443	352,362	376,101	1,615,613
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		4				
C	Add lines 7a and 7b						1,615,613
8	Public support. (Subtract line 7c from line 6.)	de tradição de la figura de		The state of the s	A STATE OF THE STA	The State of the S	1,013,013
-	tion B. Total Support	(a) 0016	(b) 2020	(a) 0001	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(a) 2019 260, 479		(c) 2021 291, 443	352,362	376,101	1,615,613
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				5,993	1,042	7,035
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b; whether or not the business is regularly carried on				5,993	1,042	7,035
12	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI)	260,479	335,228	291,443	358,355	377,143	1,622,648
13 14	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organ				· · · · · · · · · · · · · · · · · · ·	LL	-,
14	organization, check this box and stop here			n, or min tax year			
Sec	tion C. Computation of Public Sup	port Percen	tage				
15	Public support percentage for 2023 (line 8, co	olumn (f), divided	by line 13, colu	mn (f))		15	99.57%
16	Public support percentage from 2022 Schedu	ıle A, Part III, line	15			16	100.00%
<u>Sec</u>	tion D. Computation of Investment						
17	Investment income percentage for 2023 (line		=			17	0.43%
18	Investment income percentage from 2022 Sc					18	%
19a	33 ¹ /3% support tests 2023. If the organiz						F
h	17 is not more than $33^{1/3}$ %, check this box an $33^{1/3}$ % support tests 2022. If the organize	-					
b	line 18 is not more than $33^{1/3}$ %, check this be						
20	Private foundation. If the organization did no						

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

Employer identification number

2023

REVIVE INC 26-1856136 Organization type (check one): Filers of: Section: X 501(c)(Form 990 or 990-EZ 3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** | For an organization described in section 501(e)(3) filing Form 990 or 990-EZ that met the 331/6% support test of the regulations under sections 509(a)(1) and 70(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

Employer identification number 26-1856136

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BILL CONLEY 8409 MOLOKAI DR PAPILLION, NE 68046	\$5,900	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
2	DAVE & JAN THOM 5000 W PLATTE RIVER DR 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
3	RENEE DEVENY 927 HIGHLAND DR HASTINGS, NE 68901	\$ 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
	Name, address, and ZIP + 4 TERRY & SUSAN KLATT 2470 BALTIMORE AVE HASTINGS, NE 68901	(c) Total contributions \$ 11,550	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4 TERRY & SUSAN KLATT 2470 BALTIMORE AVE	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
No4	Name, address, and ZIP + 4 TERRY & SUSAN KLATT 2470 BALTIMORE AVE HASTINGS, NE 68901	\$ 11,550	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
No4	Name, address, and ZIP + 4 TERRY & SUSAN KLATT 2470 BALTIMORE AVE HASTINGS, NE 68901	\$ 11,550 Total contributions	Type of contribution Person X

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2023

Employer identification number

Open to Public Inspection

REVIVE INC 26-1856136

De	rt I Organizations Maintaining Donor Advised Funds or Other Similar	Funds or Assounts
Гε	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	rulius of Accounts
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(b) i dilda and other accounts
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a	duinod
J	funds are the organization's property, subject to the organization's exclusive legal control?	F-1
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca	
Ü	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	conferring impermissible private benefit?	
Da	t II Conservation Easements	ics No
ra	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	4
•		vation of a historically important land area
		vation of a historically important rand area vation of a certified historic structure
	Preservation of open space	validit of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo	arm of a consequation
2	easement on the last day of the tax year.	Held at the End of the Tax Year
		Size Contractor
a	Total acreage restricted by conservation easements	
b	Number of conservation easements on a certified historic structure included on line 2a	
ال		
u	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	
9		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	The organization during the
4	Number of atten where preparty subject to as a retire service of the state of	
4	Number of states where property subject to conservation easement is located	, of
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling violations, and enforcement of the conservation easements it holds?	
c		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	orvation assements during the year
•	Amount of expenses incurred in monitoring, inspecting, framquing of violations, and emotioning cons	ervation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 1	70/h\/4\/B\/i\
Ü	and section 170(h)(4)(B)(ii)?	
۵	In Part XIII, describe how the organization reports conservation easements in its revenue and expe	
J	balance sheet, and include if applicable, the text of the footnote to the organization's financial state	
	organization's accounting for conservation easements.	ements that describes the
Par		or Other Similar Assets
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Of Other Shinial Assets
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statements	nt and balance sheet works
•••	of art, historical treasures, or other similar assets held for public exhibition, education, or research	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these i	tems.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement a	nd 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. (i) Revenue included on Form 990, Part VIII, line 1	Φ.
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for fina	
4		notal gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items. Revenue included on Form 990, Part VIII, line 1	Q
	Assets included in Form 990, Part V	
N	ANDOLO MONGO MILLO HILLO HILLO DE LA CALLA	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land						
b	Buildings						
C	Leasehold improvements						
d	Equipment						
_е	Other						
Tota	Total, Add lines 1a through 1e. (Column (d) must equal Form 990. Part X line 10c. column (B))						

1 Total revenue, gains, and other support per audited financial statements	Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line		Hevenue per Heturn	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoverles of prior year grants d Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 3a and 4b. 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. 1 Other (Ossoribe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. a Investment expenses not included on Form 990, Part IX, line 25: a Subtract line 2e from line 1. a Investment expenses not included on Form 990, Part IX, line 25. b Prior year adjustments. 2b. c Other (Ossoribe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and lines 3 and 4c. (This must equal Form 980, Part II, line 11, line 12, line 12, line 12, line 13, line 14,	1	***************************************		1.	
a Net unrealized gains (losses) on investments 2a 2b 2b 2c 3c 3c 3c 3c 3c 3c 3c					
b Donated services and use of facilities. c Recoveries of prior year grants. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.). Fart XIII Production of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Vee" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Complete if the organization answered "Vee" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses: c Other losses: 2 Description of Expenses and services and use of facilities. b Prior year adjustments c Other losses: 2 Amounts included on Form 990, Part IV, line 25; a Subtract line 2e from line 1. a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.). 2 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.). 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part, III, lines 1b, III) 7 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses and lines 3 and 4c. (This must equal Form 990, Part, III, lines 1b, III, III, III, III, III, III, III,			20		
c Recoveries of prior year grants. d Other (Describe in Part XIII.). 2d 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part XIII.) 4 Dother (Describe in Part XIII.) 4 C Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. 2 Donated services and use of facilities b Prior year adjustments 2 C Other (Describe in Part XIII.) 2 Amounts included on Form 1990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 12. 4 Amounts included on Form 1990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 19, 4a 4 Amounts included on Form 1990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 19, 4a 4 Amounts included on Form 1990, Part IV, line 25, but not on line 1: a Investment expenses and lines 3 and 4c. (This must equal Form 980, Part IV, line 18). 5 Total expenses Add lines 3 and 4c. (This must equal Form 980, Part IV, line 18). 5 Deptimental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII lines 2d and 4b; Also complete this part to provide any additional information.					
d Other (Describe in Part XIII.). 2d 2e 3 Subtract line 2e from line 1 4 Amounts Included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4 Amounts Included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part IV, line 12a.) 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 b c Other losses 2 c d Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 c 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part IVII, line 7b b Total expenses and lines 3 and 4e. (This must equal Form 990, Part IVII, line 7b c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part IVII, line 7b c Total expenses and lines 3 and 4e. (This must equal Form 990, Part IVIII) 6 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part IVIII) 6 Total expenses and lines 3 and 4e. (This must equal Form 990, Part IVIII) 6 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part IVIII) 6 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part IVIII) 7 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part IVIII) 8 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part IVIII) 8 Total expenses. Add lines 3 and 4e. (This mus		· · · · · · · · · · · · · · · · · · ·			
e Add lines 2a through 2d. 2e 3 Subtract line 2e from line 1. 3 4 Amounts included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.). 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2a d Other (Describe in Part XIII.) 2c 3 Subtract line 2e from line 1 2c 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 c Add lines 4a and 4b. 5 5 Total expenses. Add lines 3 and 4c. (This must equal Form 980, Part II line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 2d and 4b. Also complete this part to provide any additional information.		· · · · · · · · · · · · · · · · · · ·			
3 Subtract line 2e from line 1. 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4b b Other (Describe in Part XIII.). 4c Add lines 4a and 4b. 5 Total expenses and losses per audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a horizon and use of facilities 2b Prior year adjustments. 2b c Other losses. 2b d Other (Describe in Part XIII.). 2d e Add lines 2a through 2d. 2e 3 Subtract line 2e from line 1. 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IVII, line 7b b Other (Describe in Part XIII.). 4d b Other (Describe in Part XIII.). 5 Total expenses. Add lines 3 and 4c. (This must equal Form 980, Part IVI, line 18.). 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 2d and 4b. Also complete this part to provide any additional information.		•			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses see per audited financial statements. 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 December 1 Donated services and use of facilities. 2 December 2 December 1 December 2 December 2 December 3	_				
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b	-		1 1		
b Other (Describe in Part XIII.)			4a		
c Add lines 4a and 4b. 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 Total expenses and losses per audited financial statements. 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 Deprive year adjustments. 2 Cother losses. d Other (Describe in Part XIII.). 2 Add lines 2a through 2d. 3 Subtract line 2e from line 1. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 74 b Other (Describe in Part XIII.). c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line 18.). 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		·	J		
Forti XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 2d and 4b. Also complete this part to provide any additional information.		·		4c	
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements					
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements				· · · · · · · · · · · · · · · · · · ·	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities				•	
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 2e 3 Subtract line 2e from line 1. 3 A Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IX line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	1	Total expenses and losses per audited financial statements			
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part I; line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
c Other losses. 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 IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.). c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line 18.). Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; Also complete this part to provide any additional information.		· · · · · · · · · · · · · · · · · · ·	2a	September 2	
d Other (Describe in Part XIII.). e Add lines 2a through 2d: 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.). c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I line 18.). 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	b	Prior year adjustments	2b		
e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.). c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I/ line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	C	Other losses	2c		
3 Subtract line 2e from line 1					
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I/ line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	е				
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.). c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I) line 18.). 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	3	Subtract line 2e from line 1			
b Other (Describe in Part XIII.)					
c Add lines 4a and 4b					
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line 18.)					
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		4000		5	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			white lines the sun	Oh. Dort V. ling 4: Port V. ling	
	_, , ,	in this 2d and 15, and t are this, into 2d and 15, those complete this part to pro-	ndo any additiona	, mornadon	

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FDA

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990)

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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Inspection

Employer identification number Name of the organization REVIVE INC 26-1856136 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations C Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid to (iii) Did fundralser (v) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity (or retained by) (or retained by) fundor control of or entity (fundraiser) from activity raiser listed in col. (i) organization contributions? Yes No 1 2 3 4 5 6 10

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

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

			(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(**************************************			
Rev	2	Less: Contributions				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment		Á		
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro		N281.8530.799		
Pa	rt II			Form 990, Part IV, line 19,	or reported more	
		than \$15,000 on Form 990-EZ, line 6	a.	//////////////////////////////////////		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				eneble (nitro) (nitro) (nitro) (nitro)
	6	Volunteer labor	Yes%	Yes % No	Yes% No	
,	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, column	(d)		
9 a b	ls ti	er the state(s) in which the organization co ne organization licensed to conduct gamin No," explain:		ese states?		···· Yes No
10a b		re any of the organization's gaming license			tax year?	···· Yes No
~		,				

REVIVE INC 26-1856136

Sched	dule G (Form 990) 2023	Page 3
11	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	П
	formed to administer charitable gaming?	∐ No
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility	<u>%</u>
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	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Пис
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	∐ No
b	of gaming revenue retained by the third party.	
С	If "Yes," enter name and address of the third party:	
•	The state and address of the time party.	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
ı, a	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	اسا
	spent in the organization's own exempt activities during the tax year\$	
Part		9,
	55, 155, 155, 155, 155, 155, 155, 155,	

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.

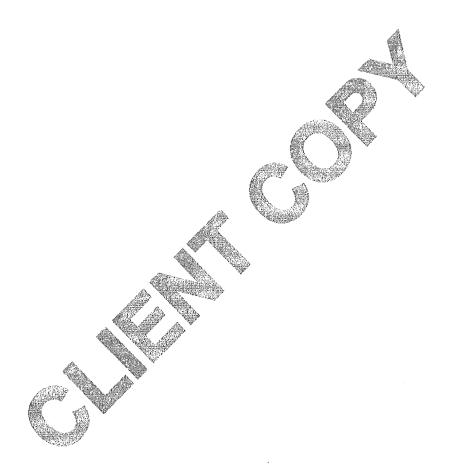
OMB No. 1545-0047 20**23**

> Open to Public Inspection

Name of the organization REVIVE INC

Employer identification number 26-1856136

PART XI LINE 8 - ADJUSTMENT OF 1404



2023 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

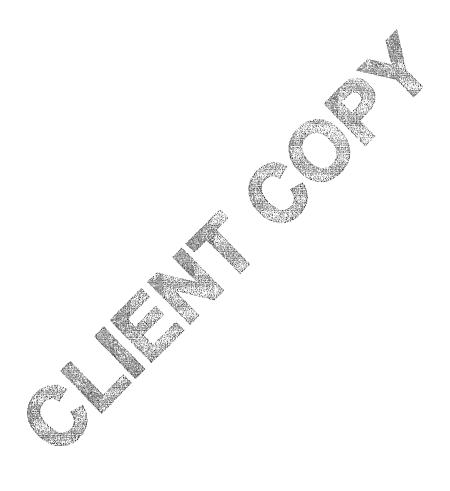
ATTACHMENT 1: FORM 990 PAGE 1, LINE F	
OPEN TO PUBLIC INSPECTION For calendar year 2023, or tay period beginning	and anding
INSPECTION For calendar year 2023, or tax period beginning Name of Organization	, and ending . Employer Identification Number
REVIVE INC	26-1856136
990, Page 1, Line F	H 0 100010
Principal officer nameor Business Name:	DAN MCMAHON
Street Address	2727 W 2ND ST STE 225
U.S. Address:	
Zip code 68901 City HASTINGS	State <u>NE</u>
or Foreign Address	
City	
Province or State	
Country	
Postal code	

2023 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III OPEN TO PUBLIC INSPECTION For calendar year 2023, or tax period beginning , and ending Name of Organization Employer Identification Number REVIVE INC 26-1856136 Part III - Statement of Program Service Accomplishments 202,063 Code: 336,041 Expenses: including Grants of: Revenue:

WE HOUSED 23 WOMEN AND 14 MEN IN OUR UNITY HOUSES. WE HAD 63 CLIENTS IN IOP WE HAD 15 CLIENTS IN OP. THERE WERE 58 EVALUATIONS AND 35 CLIENTS IN AFTERCARE

Exempt Purpose Achievements



2023 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3: OPEN TO PUBLIC	FORM 990 PAGE 6, PART VI,	SECTION C, LINE 20	
INSPECTION	For calendar year 2023, or tax period beginning	, and ending	
Name of Organization			ver Identification Number
REVIVE INC		26-1	856136
Part VI - Line 20			
Individual Nama			
Or			
Business Name:			
HORIZON RECOV	ERY		
	The state of the s		
Street Address		835 S BURLINGTON AV	E SUITE 115
U.S. Address:			
Zip code <u>689</u>	01 City HASTINGS	State <u>NE</u>	
or			
Foreign Address			
Citv			
		<u> </u>	
Postal code			
Phone Number .			(402) 462-2066
Fax Number			
			·

2023 FORM 990 PAGE 10, All OTHER EXPENSES

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

OPEN TO PUBLIC

INSPECTION For calendar year 2023 or tax period beginning

, and ending

Name of Organization
REVIVE INC
Employer Identification Number
26-1856136

REVIVE INC		,	26-18561	30
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
TELEPHONE BAD DEBT BANK COMUNITY OUTREACH	2,058 31,156 3,326 430	31,156	2,058 3,326 430	
COMUNITI OUTREACH	430		430	
Total:	36,970	31,156	5,814	

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information. OMB No. 1545-0172

Attachment Sequence No. 179

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Business or activity to which this form relates

Identifying number

REVIVE INC 26-1856136 FOR FORM 990 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 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 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 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 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 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 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 8,565 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more Section B -- Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr. (d) Recovery (g) Depreciation (a) Classification of property (f) Method year placed in (business/investment use deduction Convention period service 🚟 ેonly -- see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs. MM S/L Residential rental 27.5 yrs. property 27.5 yrs MM S/L MM S/L 39 yrs. Nonresidential real property MM Section C --- Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System S/L 20a Class life b 12-year S/L 12 yrs. c 30-year S/L 30 yrs. MM d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 8,565 and on the appropriate lines of your return. Partnerships and S corporations --- see instructions

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

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

FUIIII 4502 (2023

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

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

	Section A	Depreciation	and Oth	er Inforn	nation	(Cauti	on: S	ee th	e ins	truction	s for lin	nits for	passen	ger auto	omob	iles.)	
24		idence to support the					Ye	s	No		If "Yes,					Yes	s No
T ()	(a) Type of property ist vehicles first)	Date placed	(c) Busn./ investment use percentage	(d) Cost other b	or	(busi	(e) sis for n./inve use or	estme	·. ent	(f) Recove perioc		(g) ethod/ ovention		(h) preciat leductio		Ele section	(i) ected on 179 ost
25	Special deprecia	ation allowance for qu	alified listed	property pl	aced in				tax	year						200	MESTERN.
	and used more	than 50% in a qualifie	d business u	use. See ins	structions	s						2	5				
26	Property used m	ore than 50% in a qu	alified busin	ess use:												****	
			%														
			%														
			%														
27	Property used 50	0% or less in a qualifi	ed business	use:													
			%								S/L-	-				10000000000000000000000000000000000000	a finite contract
			%	******							S/L-	-				数数数	施制的
			%								S/L-	-				1000	
28	Add amounts in	column (h), lines 25 t	hrough 27. I	Enter here a	and on li	ne 21,	page	1				28	3			290.00m	Mark Staff V
29	Add amounts in	column (i), line 26. E	nter here and	d on line 7,	page 1										29		
			Secti	on B	Inforn	natio	ı on	Us	e ol	Vehi	cles						
Со	mplete this sectio	n for vehicles used by	y a sole prop	rietor, partr	ner, or o	ther "m	ore th	nan 5	% ov	vner," c	r relate	d perso	n. If yo	u provi	ded v	ehicles	to
you	ır employees, first	answer the question	s in Section	C to see if	you mee	t an ex	ceptic	on to	com	pleting	this sec	tion for	those	vehicles	3.		
30	Total business/ir	nvestment miles drive	n	(a)		(b)	A P		(c) 💜		(d)		(e)		(1	i)
		(don't include commi	_	Vehicle	1	Vehic	e 2		Vehic	cle 3	Vel	hicle 4	\ \	ehicle	5	Vehi	icle 6
31	Total commuting	miles driven during t	the year			7											
32	Total other perso	nal (noncommuting)				<u>.</u>											
	miles driven			A													
33	Total miles drive	n during the year. Ad	d [4	A											
	lines 30 through	32		A		1)											
34	Was the vehicle	available for persona			lo Y	es	No	Ye	s	No	Yes	No	Ye	s N	lo	Yes	No
	during off-duty h	nours?					Ш										
35		used primarily by a mor related person?	W2502720] []]		
36		e available for persor	AND SOURCE STORY - 1845		$\neg \vdash$	7	П	ТΓ	7		П	$+\Pi$	T		7 †		
		on C Questic			Who	Prov	ide '	Veh	icle	s for	Use k	v Th	eir En	volar	ees		
Ans		ons to determine if yo														than 5	%
		rsons. See Instruction	P. 200.00	•	•	Ū					-						
		a written policy state		ohibits all p	ersonal i	use of	vehicl	es. ir	clud	ing con	muting	, by yo	ur			Yes	No
		. 43	W.	·-						-					[П
38	Do you maintain	a written policy state	ment that pro	ohibits pers	onal use	of vel	nicles,	exce	ept co	ommutii	ng, by y	our en	nployee	s?	ľ		
	#15075	ons for vehicles used														\sqcup	Ш
39	がある。 ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	se of vehicles by em													-		
	Warson.	nore than five vehicle													ſ	П	
	vehicles, and reta	ain the information re	ceived?													Ш	ı U
41	Do you meet the	requirements concer	ning qualifie	d automobi	ile demo	nstratio	n use	e? Se	e ins	struction	18				[
	Note: If your ar	nswer to 37, 38, 39, 4	0, or 41 is "\	es," don't d	complete	Section	n B f	or the	e cov	ered ve	hicles.				6.00		统 党2
Pa	rt VI Amor	tization				·											
		a)	(b	,		(c)				(d))		(e)			(f)	
		on of costs	Date amo	rtization	Amor	tizable	amou	nt	١,	Code s			rtization iod or		tizatio	on for th	is vear
			beg	ns	AITIQI		ui i 100		」`				entage				you
42	Amortization of	costs that begins du	ring your 20	23 tax year	(see ins	truction	ns):										
43	Amortization of co	osts that began befor	e your 2023	tax year									43				384
44	Total. Add amou	nts in column (f). See	the instruct	ions for wh	ere to re	port .							44				384

Form **8879-TF**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No.	1545-0047
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26-1856136

Department of the Treasury Internal Revenue Service

REVIVE INC

Name of filer

For calendar year 2023, or fiscal year beginning , 2023, and ending

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name and title of officer or person subject to tax

DAN MCMAHON PRESIDENT

Part I	Type of	Return	and	Return	Informati	on

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

	mension mile selecti. De met complete mile	_			
1a	Form 990 check here	X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b		346,687
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)		
За	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)		
4a	Form 990-PF check here	L	b Tax based on investment income (Form 990-PF, Part V, line 5)4b		
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)		
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)6b		
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check here	Ĺ	b FMV of assets at end of tax year (Form 5227, Item D)8b		
9a	Form 5330 check here	L	b Tax due (Form 5330, Part II, line 19)		
1 <u>0a</u>	Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b	1	
			· · · · · · · · · · · · · · · · · · ·		

Declaration and Signature Authorization of Officer or Person Subject to Tax

ERO firm name

Under penalties of perjury, I declare that 🔲 I am an officer of the above entity of lam a person subject to tax with respect to (name of and that I have examined a copy of the 2023 electronic , (EIN) return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X		authoriza	П	AND	R BL	
М	- 1	authorize	п	AND	N D L	$\cup \cup \mathbb{N}$

to enter my PIN 68901 as my signature

Enter five numbers, but

do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(es) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

18968

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So