

Form **990**Department of the Treasury
Internal Revenue Service**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

2024**Open to Public Inspection****A For the 2024 calendar year, or tax year beginning**, and ending**B** Check if applicable:

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

C Name of organization**Revive, Inc.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

835 S Burlington Ave

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Hastings**NE 68901****F** Name and address of principal officer:**Dan McMahon****2205 Osborne Dr E****Hastings****NE 68901****D** Employer identification number**26-1856136****E** Telephone number**402-462-2066****G** Gross receipts \$ **3,546,545****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **<https://reviveinc.org/>****H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2008****M** State of legal domicile: **NE****Part I Summary**

		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	236
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	142,591	3,238,068
	9 Program service revenue (Part VIII, line 2g)	202,063	215,851
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,042	350
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	991	92,276
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	346,687	3,546,545
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		251,576	520,296
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		22,017	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		367,197	505,499
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	618,773	1,025,795	
19 Revenue less expenses. Subtract line 18 from line 12	-272,086	2,520,750	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	198,937	3,730,633
	21 Total liabilities (Part X, line 26)	23,748	1,043,410
	22 Net assets or fund balances. Subtract line 21 from line 20	175,189	2,687,223

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **Kristine Kasperbauer** Executive Director

Type or print name and title

Paid Preparer Use Only

Preparer's name: **Jamie Clemans, CPA** Preparer's signature: _____ Date: **05/09/25** Check ☐ if self-employed PTIN: **P00953628**

Firm's name: **AMGL, PC** Firm's EIN: **47-0589915**

Firm's address: **PO Box 1407 Grand Island, NE 68802-1407** Phone no.: **308-381-1810**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2024)