

** PUBLIC DISCLOSURE COPY ** 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2023
Open to Public
Inspection

ΑF	or the	2023 calendar year, or tax year beginning and	ending		
B c	heck if	C Name of organization		D Employer identifi	cation number
	Addres	REVIVE & RESTORE			
	□Name □change □Initial	<u> </u>		81-45763	
	return _Final _return/	Number and street (or P.O. box if mail is not delivered to street address) 1505 BRIDGEWAY	Room/suite 203	E Telephone numbe 415-289-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	21,316,705.
	Ameno			H(a) Is this a group re	
	Application	F Name and address of principal officer: KIAN FREDAN		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
_	Vebsit			H(c) Group exemption	n number
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2016	M State of legal domicile; CA
Pa	art I	Summary			
Governance		Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t E}$: ${ t I}$ ${ t THE}$ ${ t GENETIC}$ ${ t RESCUE}$ ${ t OF}$ ${ t ENDANGERED}$ ${ t AND}$ ${ t EXTI}$			TY THROUGH
Ja	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:	sets.
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
es &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	9
Activities		Total number of volunteers (estimate if necessary)			
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ē	1	Contributions and grants (Part VIII, line 1h)		9,711,059.	7,825,192.
Revenue	l	Program service revenue (Part VIII, line 2g)		0.	0.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>-48,666.</u>	
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		753. 9,663,146.	8,154,175.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,252,378.	6,744,285.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0,744,203.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,016,103.	* -
ses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Fotal fundraising expenses (Part IX, column (D), line 25) 175, 1	12.	<u> </u>	J.
$\ddot{\Xi}$	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		266,527.	754,621.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,535,008.	8,790,885.
	l	Revenue less expenses. Subtract line 18 from line 12		4,128,138.	-636,710.
D S			В	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		14,312,011.	15,553,754.
ASS	21	Total liabilities (Part X, line 26)		4,203,193.	5,835,798.
<u>e</u> E	22	Net assets or fund balances. Subtract line 21 from line 20		10,108,818.	9,717,956.
Pa	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is
true,	correc	i, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	r has any knowledge.	
		Cignature of officer		Doto	
Sig		Signature of officer		Date	
Her	е	RYAN PHELAN, EXECUTIVE DIRECTOR Type or print name and title			
				Date Check	PTIN
Da!d		Print/Type preparer's name Preparer's signature		l if	
Paid Dron		QI WEN LIANG QI WEN LIANG Firm's name MOSS ADAMS LLP		05/15/24 "self-employ	yed №01270238 1-0189318
	arer Only	Firm's name MOSS ADAMS LLP Firm's address 101 SECOND STREET SUITE 900		Firm's EIN 9	T 0103210
USE	Jilly	SAN FRANCISCO, CA 94105		Phone no 11	5-956-1500
Mar	the I	S discuss this return with the preparer shown above? See instructions		FIIOHE HO. 4 1	X Yes No
		S discuss this return with the preparer shown above? See instructions	0.04.00		21 Yes NO

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	REVIVE & RESTORE IS THE LEADING WILDLIFE CONSERVATION ORGANIZATION
	PROMOTING THE INCORPORATION OF BIOTECHNOLOGIES INTO STANDARD
	CONSERVATION PRACTICE. PROGRAMS ARE DESIGNED TO DEMONSTRATE HOW
	GENETIC RESCUE CAN HELP PROTECT ENDANGERED SPECIES FROM EXTINCTION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,063,047. including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$3,063,047. including grants of \$3,063,047.) (Revenue \$) LAUNCHED IN 2019, THE ADVANCED CORAL TOOLKIT SUPPORTS THE DEVELOPMENT
	AND FIELD TESTING OF NEW BIOTECHNOLOGIES THAT HAVE THE POTENTIAL TO
	GREATLY BENEFIT CORAL RESILIENCE AND RESTORATION EFFORTS. IN 2023, OUR
	ADVANCED CORAL TOOLKIT SCIENTISTS ANNOUNCED THE FIRST SUCCESSFUL
	TECHNIQUE FOR CRYOPRESERVING AND REVIVING ENTIRE CORAL FRAGMENTS. THIS
	PROOF-OF-CONCEPT PROJECT, FUNDED BY REVIVE & RESTORE, OPENS THE DOOR TO
	RAPID, LARGE-SCALE CORAL BIOBANKING THAT WILL SAFEGUARD REMAINING
	GENETIC DIVERSITY AND PREVENT FURTHER LOSS.
	CHALITE DIVERGITI IMD INDVENT FORTHER BODD.
4b	(Code:) (Expenses \$ 1,772,443. including grants of \$1,762,860.) (Revenue \$)
	OUR VISION WITH THE BIOTECHNOLOGY FOR BIRD CONSERVATION PROGRAM IS TO
	CREATE AND DEPLOY THE GENETIC RESCUE TOOLKIT FOR ENDANGERED AND EXTINCT
	BIRDS IN A WORLD INCREASINGLY SHAPED BY HUMAN-DRIVEN CHANGE. WE HAVE
	ASSEMBLED THE WORLD'S LEADING SCIENTISTS TO LEVERAGE BIOMEDICAL
	ADVANCES MADE WITH DOMESTIC CHICKENS AND INNOVATE ENTIRELY NEW SYSTEMS
	TO CREATE VERSATILE PATHWAYS FOR THE RECOVERY OF BIRDS. WE HAVE FUNDED
	12+ PROJECTS SUPPORTING THE DEVELOPMENT OF NEW BIOTECHNOLOGIES THAT
	WILL ENABLE THE RESTORATION OF GENETIC DIVERSITY, FACILITATE
	ADAPTATION, AND ACHIEVE DE-EXTINCTION.
4c	(Code:) (Expenses \$692,297. including grants of \$522,814.) (Revenue \$)
	SINCE 2013, REVIVE & RESTORE HAS BEEN WORKING TO DEVELOP SOLUTIONS TO
	THE THREATS CHALLENGING THE ENDANGERED BLACK-FOOTED FERRET: LOW GENETIC
	DIVERSITY AND SYLVATIC PLAGUE. IN 2023, WITH FUNDING FROM THE US FISH &
	WILDLIFE SERVICE AND MORRIS ANIMAL FOUNDATION, WE'VE LAUNCHED TWO
	CUTTING-EDGE PROJECTS TO ADDRESS BOTH THREATS.
	Other program convices (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 2,690,593. including grants of \$ 1,395,564.) (Revenue \$)
 4е	(Expenses \$ 2,690,593 • including grants of \$ 1,395,564 •) (Revenue \$) Total program service expenses 8,218,380 •
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Form 990 (2023) REVIVE & RESTORE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 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		X
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	, .	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		\vdash
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l	v	
	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 assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
		_		_

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Part IV	Checklist of Required Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			Х
L	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	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?	24d		
	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		Х
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		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c	Δ	

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	990 (2023) REVIVE & RESTORE 81-4576	399	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		T	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a 5		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	77
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		.
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		Х
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	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	6-		x
.	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Gh.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	• • • • • • • • • • • • • • • • • • • •	70		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
С		7c		x
d	-	70		
d		7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	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			
	excess parachute payment(s) during the year?	15		Х

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 6 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records RYAN PHELAN - 415-289-1000

Form **990** (2023)

94965

1505 BRIDGEWAY #203, SAUSALITO, CA

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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	J. ga			C)		June	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	heck ss pei	more rson i	than o is both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RYAN PHELAN EXECUTIVE DIRECTOR	40.00	х		Х				208,644.	0.	18,240.
(2) BRIDGET BAUMGARTNER	40.00	Λ		^				200,044.	<u></u>	10,240.
DIR. OF RESEARCH & DEV. (THRU 12/23)	40.00	1				x		195,901.	0.	18,051.
(3) PETE MIRALIA	40.00									
DEPUTY DIRECTOR (THRU 12/23)						x		169,980.	0.	15,133.
(4) BEN NOVAK	32.00									
PROGRAM MANAGER, BIOTECH FOR BIRDS						Х		131,290.	0.	14,629.
(5) KIKA TUFF	40.00									
COMMUNICATION DIRECTOR						X		119,164.	0.	5,017.
(6) MATTHEW WINKLER	1.00	1						_	_	_
DIRECTOR		Х						0.	0.	0.
(7) BRAD STANBACK	1.00	.,							_	
(8) BETH SHAPIRO	1.00	Х				\vdash		0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(9) MEGAN PALMER	1.00	Λ						0.	<u></u>	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(10) TOM CHASE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) STEWART BRAND	1.00									
DIRECTOR		Х						0.	0.	0.
-										
										
						-				
		1								
	L	l						l .		l

Form 990 (2023)

(A) Name and title	(B) Average hours per week	box,	not cl	ss per	ition more son i	than c s both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imate ount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	D/	comp fro orga	ensa om the nizati relate	e ion ed
		•											
1b Subtotal		•						824,979.	(0.	71	.,0'	70.
c Total from continuation sheets to Part VI	I, Section A							0. 824,979.		0.			0. 70.
d Total (add lines 1b and 1c)								·		<u> </u>	, 1	, 0	70• 5
											-	Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					·	-		4	х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	dual for services		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt cc	ontra	actor	s th	nat received more than §	3100.000 of compe	nsatio	n fror	m	
the organization. Report compensation for	-	-						the organization's tax y	· · · · · · · · · · · · · · · · · · ·				
(A) Name and business	address	NC	NE	<u> </u>				(B) Description of s	services	Cor	(C)		n
							4						
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	l to t	thos	se list	ted	above) who received me	ore than				
\$100,000 of compensation from the organization	zation)				Fo	orm 9	90 (2	2023)

Form 990 (2023) REVIVE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 2	Federated campaigns 1a					
ant		o Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	,	Fundraising events 1c					
	,	d Related organizations 1d					
ig ig		e Government grants (contributions)	188,653.				
ons,			100,033.				
utio	T	All other contributions, gifts, grants, and	7,636,539.				
들 된		similar amounts not included above 1f	7,030,333.				
ont	9	Noncash contributions included in lines 1a-1f		7 005 100			
<u>0</u> <u>e</u>	r	Total. Add lines 1a-1f		7,825,192.			
			Business Code				
Se	2 8	i					
ë vi	k	·					
Se	C	·					
eve	c	d					
Program Service Revenue	6	.					
₫	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		330,146.			330,146.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,		(ii) Other				
		, <u> </u>					
	L	Less: cost or other basis					
ğ		and sales expenses 7b 13,162,530. Cain or (loss) 7c -1,163.					
ther Revenue	•	•		1 162			1 162
Ř		d Net gain or (loss)		-1,163.			-1,163.
the the	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses8b					
		Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	D Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	1				
	k	Less: cost of goods sold10b					
_		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	a					
ne Tue	ŀ						
ella Yei							
Sc	,	All other revenue					
Σ	_	• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		8,154,175.	0.	0.	328,983.

332009 12-21-23

Form **990** (2023)

Form 990 (2023) REVIVE & RESTORE Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	7.5.		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	F 202 4F2	F 202 4F2		
	and domestic governments. See Part IV, line 21	5,383,452.	5,383,452.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	4 060 000	4 252 222		
	individuals. See Part IV, lines 15 and 16	1,360,833.	1,360,833.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	24.2 52.5	440 == 6	- 4 006	24 252
	trustees, and key employees	219,625.	142,756.	54,906.	21,963.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		-10.00	111 22	
7	Other salaries and wages	993,984.	719,960.	161,095.	112,929.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	78,370.	57,210.	10,972.	10,188.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	54,461.	54,376.	85.	
С	Accounting	97,988.		97,988.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	29,256.		29,256.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	9,937.	170.	3,794.	5,973.
12	Advertising and promotion	19,509.		10,229.	9,280.
13	Office expenses	9,539.	6,447.	2,172.	920.
14	Information technology	56,548.	45,680.	7,860.	3,008.
15	Royalties				
16	Occupancy	43,128.	31,483.	6,038.	5,607.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,432.	5,998.	7,190.	5,244.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	F 222			
23	Insurance	5,808.		5,808.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	101 600	101 600		
а	HOSTED WORKSHOP: STEM C	181,693.	181,693.		
b	SCIENCE CONSULTANTS	120,639.	120,639.		
C	SCIENCE RESEARCH EXPENS	91,539.	91,539.		
d	SCIENCE ADVOCACY	16,144.	16,144.		
	All other expenses	0 700 005	0 210 200	207 202	175 110
25	Total functional expenses. Add lines 1 through 24e	8,790,885.	8,218,380.	397,393.	175,112.
26	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)				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2022)

Form 990 (2023)

Part X | Balance Sheet

	Check if Schedule O contains a response or ne	ato to any line in this Bart V			
	ericeit il ceriodale e ceritalile a resperies el ri	ote to arry line in this Fart A			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		2,707,586.	1	1,193,147
2			2	859,700	
3		5,757,854.	3	3,371,922	
			4		
5					
	trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
	controlled entity or family member of any of th	ese persons		5	
6	Loans and other receivables from other disqua				
	under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		5,250.	9	0
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation	10b		10c	
11			2,731,046.	11	10,124,985
12			12		
13				13	
			4 000		
15	Other assets. See Part IV, line 11		4,000.		4,000
16				_	15,553,754
					44,608
			4,150,246.		5,791,190
				21	
22					
00					
	. ,				
				24	
25		•			
				25	
26			A 203 193		5,835,798
20			4,203,133	20	3,033,130
		ieck fiele 11			
27			2.071.817.	27	2,418,844
					7,299,112
20			0,001,0021	20	, , _ , , ,
		555, Check Here			
29		9		29	
			10,108.818.		9,717,956
33	Total liabilities and net assets/fund balances		14,312,011.	33	15,553,754
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15	 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of th Loans and other receivables from other disqua under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must eq Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, sub controlled entity or family member of any of th Secured mortgages and notes payable to unreat Unsecured notes and loans payable to unreat Unsecured notes and loans payable to unreat Other liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or and complete lines 29 through 33. Retained earnings, endowment, accumulated 	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 b Less: accumulated depreciation 11 Investments · publicly traded securities 12 Investments · publicly traded securities 13 Investments · program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 31 Retained earnings, endowment, accumulated income, or other funds	1 Cash - non-interest-bearing 2,707,586. 2 Savings and temporary cash investments 3,106,275. 3 Pledges and grants receivable, net 5,757,854. 4 Accounts receivable, net 5,757,854. 5 Flore and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 5,250. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1 Investments - publicly traded securities 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 1 Intangible assets 1 through 15 fmust equal line 33) 14,312,011. 17 Accounts payable and accrued expenses 52,947. 18 Grants payable 1 Secrow or custodial account liability. Complete Part IV of Schedule D 2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 52,947. 20 Secured mortages and notes payable to unrelated third parties 1 Unsecured notes and loans payable to unrelated third parties 1 Unsecured notes and loans payable to unrelated third parties 1 Unsecured notes and loans payable to unrelated third parties 1 Unsecured notes and loans payable to unrelated third parties 1 Unsecured notes and loans payable to unrelated third parties 1 Unsecured notes and loans payable to unrelated third parties 1 Unsecured notes and loans payable to unrelated third parties 1 Unsecured notes and loans payable to unrelated third parties 1 Unsecured notes and loans payable to unrelated third parties 1 Unsecured notes and loans payable to unrelated third parties 1 Unsecured notes and loans payable 1 Unsecured note	Cash - non-interest-bearing

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	8,15		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,79		
3	Revenue less expenses. Subtract line 2 from line 1	3	-63		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,10		
5	Net unrealized gains (losses) on investments	5	24	5,8	48.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,71	7,9	56.
Pa	rt 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 Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization REVIVE & RESTORE

Employer identification number 81 – 4576399

_			VI & KIDIO					1 43/03/		
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.			
The	organ	ization is not a private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiz					•	the hospital's name.		
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a no	vernmental unit describe	ad in		
3				nege of university owned	or operat	ca by a gc	verrimental anti-desemble	5 4 III		
_		section 170(b)(1)(A)(iv). (C		and the second s		70/1-1/41/41	6.3			
6		A federal, state, or local gov	ū				• •			
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general i	oublic described in		
		section 170(b)(1)(A)(vi). (C	•							
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or		
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Con					, ,	,		
11		An organization organized a	•	ively to test for public sat	fety See	section 50	09(a)(4).			
12	\Box	An organization organized a	•	•	•			nurnoses of one or		
12	ш	more publicly supported or	•	•	•		•			
			-					DIRECK THE DOX OH		
		lines 12a through 12d that				•	, ,	at the c		
а	l <u>L</u>		· · · · · · · · · · · · · · · · · · ·		•	-				
		the supported organization			majority o	of the direc	tors or trustees of the su	upporting		
	_	organization. You must c	complete Part IV, Se	ections A and B.						
b)		anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by have	ring		
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.			
c		Type III non-functionally	vintegrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)		
		that is not functionally int	tegrated. The organiz	zation generally must sat	isfv a distr	ibution red	uirement and an attentiv	/eness		
		requirement (see instructi	-		•					
e		Check this box if the orga	•	-						
٠	, L	functionally integrated, or					Type i, Type ii, Type iii			
	Ent	• •	* *	nally integrated supporting	ig organiz	ation.				
f		er the number of supported o		d arganization(a)						
<u> </u>		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other		
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)		
				above (see instructions))	Yes	No	I			
Tota	al									
								i		

332021 12-21-23

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction 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.")	1979734.	4976546.	5855313.	9711059.	7825192.	30347844.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1979734.	4976546.	5855313.	9711059.	7825192.	30347844.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
							3170364.
6	Public support. Subtract line 5 from line 4.						27177480.
	etion B. Total Support						27177400.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1979734.	4976546.	5855313.	9711059.		30347844.
	Gross income from interest,	13737340	4570540.	3033313.	3711033.	70231326	30347044.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	4.	21,001.	4,644.	36 405	330 146	392,290.
_	and income from similar sources	4.	21,001.	4,044.	30,493.	330,140.	392,290.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						-
10	Other income. Do not include gain						
	or loss from the sale of capital				753		753
	assets (Explain in Part VI.)				753.		753.
	Total support. Add lines 7 through 10						30740887.
	Gross receipts from related activities,	,	,			12	
13	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			
<u></u>	organization, check this box and stop						
	ction C. Computation of Publi						00 11
	Public support percentage for 2023 (I					14	88.41 %
	Public support percentage from 2022					15	83.58 %
16a	33 1/3% support test - 2023. If the o	-					77
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3c		
	_		
	4a		
	Al-		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ol-		
	9b		
	90		
	9с		
	10a		
	150		
	10b		
_	A /Farm	~ 000	2002

Schedule A (Form 990) 2023

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 REVIVE & RESTORE			81-4576399 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organ	izations, in excess of income from activity			2	
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	8	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7		annual distributions. Add lines 1 through 6.			7	
8	Distrik	outions to attentive supported organizations to which th	e organization is responsive			
		de details in Part VI). See instructions.			8	
9	7	outable amount for 2023 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
		,	(i)	(ii)		(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023
1	Distrib	outable amount for 2023 from Section C, line 6				
2	Unde	distributions, if any, for years prior to 2023 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2023				
а	From	2018				
b	From	2019				
С	From	2020				
d	From	2021				
е	From	2022				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2023 distributable amount				
i	Carry	over from 2018 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrik	outions for 2023 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2023 distributable amount				
С	Rema	inder. Subtract lines 4a and 4b from line 4.				
5	Rema	ining underdistributions for years prior to 2023, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	ero, explain in Part VI. See instructions.				
6	Rema	ining underdistributions for 2023. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
		/I. See instructions.				
7		ss distributions carryover to 2024. Add lines 3				
	and 4	-				
8		down of line 7:				
		s from 2019				
		s from 2020				
		s from 2021				
		s from 2022				
		s from 2023				

Schedule A (Form 990) 2023

line Sec (Se	1; Pa ction C e instr	rt IV, Secti), lines 5, 6 uctions.)	ion D, lir S, and 8;	nes 2 and 3 ; and Part '	3; Part I V, Secti	IV, Section E, lines 1c, 2 ion E, lines 2, 5, and 6.	a, 2b, 3a Also com	a, and 3b; Pa	art V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.
SCHEDULE	Α,	PART	II,	LINE	10,	EXPLANATION	FOR	OTHER	INCOME:
TAX REFUI	MD.								
2022 AMO	JNT	: \$	753	•					

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

2023

Employer identification number

REVIVE & RESTORE 81-4576399 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

REVIVE & RESTORE

81-4576399

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		\$5,300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 390,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zii + 4	\$ 315,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>188,653.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

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Name of organization Employer identification number

REVIVE & RESTORE

81-4576399

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
323/153 12-26	00		Schedule B (Form 990) (2023)

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Employer identification number

Name of organization

REVIVE & RESTORE 81-4576399 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

REVIVE & RESTORE

Employer identification number 81-4576399

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
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 v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

Schedule D (Form 990) 2023

Par	t III Organizations Maintaining Col	lections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Sim	ilar Assets	(contin	ued)	gc –
`	Using the organization's acquisition, accession,								(OOTTERN)	uou ,	
•	collection items (check all that apply).		o, oo				.gec				
а	Public exhibition	d		I can or evo	change progra	am					
b	Scholarly research	е			mange progra						
C	Preservation for future generations		·	Otilei							
_	Provide a description of the organization's colle	ations and avalair	a how th	ov further th	o organizatio	an'a avar	mnt nu	racco in Bort	VIII		
4		•		•	•			•	AIII.		
5	During the year, did the organization solicit or re								7 Vaa		l Na
Par	to be sold to raise funds rather than to be maint					Vaall an			_ Yes		No
. ui	reported an amount on Form 990, Part X		te ii tile	organization	i aliswered	res on	FOIIII	990, Part IV, II	rie 9, or		
12	Is the organization an agent, trustee, custodian		diany for	contribution	ne or other as	eate not	includ	ad			
ıa			-						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and								_ 1es		NO
b	ii res, explain the arrangement in Part XIII and	a complete the loi	ilowing t	able.					Amount		
	Designing helenes						H	1-	Amount		
C	Beginning balance							lc			
a	Additions during the year							ld			
e	Distributions during the year							le L			
f	Ending balance							1f	7,,		1
	Did the organization include an amount on Form						ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. Ch										
Fai								roo yooro book	(a) Four	vooro	
		a) Current year	(B) F	Prior year	(c) Two yea	15 Dack	(a) 111	ree years back	(e) Four	years	Jack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curren	t year end balance	e (line 1o	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should	equal 100%.									
За	Are there endowment funds not in the possessi	on of the organiza	ation tha	t are held ar	nd administer	red for th	ne		-		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the or		wment f	unds.							
Par	t VI Land, Buildings, and Equipmer	nt									
	Complete if the organization answered "	Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	, Part X,	line 10).			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumi	ulated	(d) Book	c value)
		basis (investn	nent)	basis	(other)	de	precia	tion			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										
	. Add lines 1a through 1e. (Column (d) must eau	al Form 990. Part	X line 1	0c. column	(B))						0.

Schedule D (Form 990) 2023

	& RESTORE	8	1-4576399 Page
Part VII Investments - Other Securiti			
Complete if the organization answered			
(a) Description of security or category (including name of s		(c) Method of valuation: Cost or e	end-of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col.			
Part VIII Investments - Program Rela			
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col.	(B))		
Part IX Other Assets			
Complete if the organization answered	d "Yes" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line	e 15, col. (B))		
Part X Other Liabilities			
Complete if the organization answered	d "Yes" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 2	25.
(a) Description of liabilit	У		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

(7) (8) (9)

	dule D (Form 990) 2023 REVIVE & RESTORE				<u>4576399</u>	Page
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With	Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	8,373	<u>, 235</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	245,848.	_		
b	Donated services and use of facilities	2b	2,468.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	248	<u>,316</u>
3	Subtract line 2e from line 1			3	8,124	<u>,919</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,256.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		<u>, 256</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,154	<u>,175</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	8,764	<u>,097</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	2,468.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	2	<u>,468</u>
3	Subtract line 2e from line 1			3	8,761	<u>,629</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,256.			
b	Other (Describe in Part XIII.)	4b				
_	Add lines 42 and 4b			40	2.9	256

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.

PART X, LINE 2:

THE ORGANIZATION IS CONSIDERED A PUBLIC CHARITY AND IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS ALSO EXEMPT FROM STATE INCOME TAX. THE ORGANIZATION IS EXEMPT FROM STATE TAX UNDER STATE OF CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D. ONLY UNRELATED BUSINESS INCOME IS SUBJECT TO FEDERAL AND STATE INCOME TAX. MANAGEMENT BELIEVES THAT ALL OF THE ORGANIZATION'S INCOME IS RELATED TO ITS EXEMPT PURPOSE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS OR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2023 AND 2022.

Schedule D (Form 990) 2023

8,790,885

Schedule D (Form 990) 2023	REVIVE & RESTORE	81-4576399	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	rmation _(continued)		

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

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

Inspection

Employer identification number REVIVE & RESTORE 81-4576399 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE PACIFIC 0 0 GRANTMAKING 277,417. EUROPE (INCLUDING ICELAND AND GREENLAND) 0 0 GRANTMAKING 1,010,998. NORTH AMERICA (CANADA AND MEXICO) 0 0 GRANTMAKING 37,750. GRANTMAKING SUB-SAHARAN AFRICA 0 0 34,668. 0 0 1,360,833. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a 1,360,833. and 3b)

LHA 332071 11-29-23

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

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	SCIENTIFIC RESEARCH	71,287.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	SCIENTIFIC RESEARCH	199,569.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	SCIENTIFIC RESEARCH	6,560.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		<u> </u>	SCIENTIFIC RESEARCH	311,504.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	SCIENTIFIC RESEARCH	32,076.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
			SCIENTIFIC RESEARCH	112,117.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		· · ·	SCIENTIFIC RESEARCH	359,150.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	SCIENTIFIC RESEARCH	189,000.	WIRE TRANSFER	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Part II	Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,						
			BURKINA FASO,	SCIENTIFIC RESEARCH	34,668.	WIRE TRANSFER	0.		
			NORTH AMERICA -						
			CANADA AND	TRANSFER OF GRANT					
			MEXICO, BUT NOT	FROM UNIVERSITY OF					
				LETHBRIDGE	37,750.	WIRE TRANSFER	0.		
			EUROPE (INCLUDING		,				
			ICELAND &	RELOCATION EXPENSES					
			GREENLAND) -	FOR SCIENTIFIC		ELECTRONIC			
				RESEARCHER	7,152.	PAYMENT	0.		
			, ,		,				
									

Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Scriedule F (Form 990) 2023 KEVIVE & KESIOKE	Page 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
PART I, LINE 2:	
GRANT AGREEMENTS REQUIRE AWARDEES TO PROVIDE QUARTERLY PROGRESS REPORTS	
DURING THEIR GRANT PERIOD TO ENSURE PROJECT MILESTONES AND DELIVERABLES	
ARE ON TRACK FOR SCHEDULED QUARTERLY GRANT PAYMENTS.	
DADE T TIME 2.	
PART I, LINE 3:	
ACCRUAL METHOD	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public Attach to Form 990. Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization REVIVE &]	RESTORE						Employer identification number 81-4576399
Part I General Information on Grants a							
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?				for the grants or assis		on X Yes No
Part II Grants and Other Assistance to I	_				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA 201 S. CLINTON STREET IOWA CITY, IA 52242	06-2761671	501(C)(3)	39,457.	0.			GRANT FOR SCIENTIFIC RESEARCH: BLACK-FOOTED FERRET PROJECT
UNIVERSITY OF CALIFORNIA, SAN DIEGO (SCRIPPS) - 9500 GILMAN DRIVE, #0954 - LA JOLLA, CA	95-6006144		291,954.	0.			GRANT FOR SCIENTIFIC RESEARCH: CORAL ANTIBODIES PROJECT
SMITHSONIAN INSTITUTION P.O. BOX 37012 WASHINGTON, DC 20013-7012	53-0206027		935,650.	0.			GRANT FOR SCIENTIFIC RESEARCH: CORAL ISOCHORIC FREEZING PROJECT
UNIVERSITY OF NORTH CAROLINA, WILMINGTON - 601 S. COLLEGE ROAD - WILMINGTON, NC 28403-5934	56-1258660	501(C)(3)	481,362.	0.			GRANT FOR SCIENTIFIC RESEARCH: CORAL ISOCHORIC FREEZING PROJECT
TEXAS A&M ENGINEERING EXPERIMENT STATION - 400 HARVEY MITCHELL PARKWAY S, SUITE 300 - COLLEGE STATION, TX 77845-4375	74-1974733	501(C)(3)	420,750.	0.			GRANT FOR SCIENTIFIC RESEARCH: CORAL ISOCHORIC FREEZING PROJECT
SAN ANTONIO ZOO 3903 N. ST. MARY'S STREET SAN ANTONIO, TX 78212-3199	74-1323695	501(C)(3)	72,522.	0.			GRANT FOR SCIENTIFIC RESEARCH: WILD GENOMES AMPHIBIAN PROJECT WITH GONDWANA RELIC
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations	•		e line 1 table				16.

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

Schedule I (Form 990) 2023

OMB No. 1545-0047

81-4576399

REVIVE & RESTORE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							GRANT FOR SCIENTIFIC
UNIVERSITY OF WISCONSIN MILWAUKEE							RESEARCH: WILD GENOMES
P.O. BOX 500							KELP PROJECT WITH KELP
MILWAUKEE, WI 53201	39-1805963	501(C)(3)	84,720.	0.			GAMETOS
							GRANT FOR SCIENTIFIC
MASSACHUSETTS INSTITUTE OF							RESEARCH: BLACK-FOOTED
TECHNOLOGY - 77 MASSACHUSETTS							FERRET PROJECT FOR VIP
AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	183,357.	0.			FERRETS
							GRANT FOR SCIENTIFIC
UNIVERSITY OF CALIFORNIA SANTA							RESEARCH: WILD GENOMES
CRUZ - 1156 HIGH STREET - SANTA							KELP ECOSYSTEM PROJECT
CRUZ, CA 95064	94-1539563	501(C)(3)	180,601.	0.			WITH SEA OTTERS
NYU GROSSMAN SCHOOL OF MEDICINE							GRANT FOR SCIENTIFIC
ONE PARK AVENUE, 6TH FLOOR							RESEARCH: BLACK-FOOTED
NEW YORK, NY 10016	13-5562309	501(C)(3)	300,000.	0.			FERRET PROJECT
							GRANT FOR SCIENTIFIC
MICHIGAN STATE UNIVERSITY							RESEARCH: WILD GENOMES
426 AUDITORIUM ROAD, ROOM 2							AMPHIBIAN PROJECT WITH
EAST LANSING, MI 48824	38-6005984	501(C)(3)	93,458.	0.			HARLEQUIN FROG
							GRANT FOR SCIENTIFIC
THE ROCKEFELLER UNIVERSITY							RESEARCH: YEAR 2 & 3 OF
1230 YORK AVENUE, BOX 259							GERMLINE STEM CELLS &
NEW YORK, NY 10065-6399	13-1624158	501(C)(3)	1,255,918.	0.			PASSENGER PIGEON RESEARCH
							GRANT FOR SCIENTIFIC
PEPPERDINE UNIVERSITY							RESEARCH: WILD GENOME
24255 PACIFIC COAST HWY, TAC 336							AMPHIBIAN PROJECT WITH
MALIBU, CA 90263-4819	95-1644037	501(C)(3)	35,748.	0.			PATAGONIA FROGS
			,				
RUTGERS UNIVERSITY							
33 KNIGHTSBRIDGE ROAD, 2ND FLOOR							GRANT FOR SCIENTIFIC
PISCATAWAY, NJ 08854	22-6000108	501(C)(3)	119,353.	0.			RESEARCH: CORAL STRESS
,			, ,				GRANT FOR SCIENTIFIC
CARNEGIE INSTITUTION FOR SCIENCE							RESEARCH: ADVANCED CORAL
5241 BROAD BRANCH ROAD							TOOLKIT PROJECT WITH
WASHINGTON, DC 20015	53-0196523	501(C)(3)	454,371.	0.			CORAL SCREENING PLATFORM
· - · · - ·		1			l	ı	

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE PEOPLE ONE REEF 4041 SOQUEL DRIVE, SUITE 302 SOQUEL, CA 95073	85-0658879	501(C)(3)	70,650.	0.			BOOKED CONDITIONAL PORTIONS OF SCHEDULED GRANT PAYMENTS
CANTATA BIO, LLC 100 ENTERPRISE WAY, SUITE A102 SCOTTS VALLEY, CA 95066	81-3178963		181,783.	0.			GRANT FOR SCIENTIFIC RESEARCH
VERTEBRATE GENOME LABORATORY 1230 YORK AVENUE, BOX 366 NEW YORK, NY 10065	13-1624158		29,200.	0.			GRANT FOR SCIENTIFIC RESEARCH
VIAGEN PETS & EQUINE 715 DISCOVERY BLVD, SUITE 410 CEDAR PARK, TX 78613	83-1327010		151,133.	0.			GRANT FOR SCIENTIFIC

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

Employer identification number

81-4576399

REVIVE & RESTORE

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	э		
	Travel for companions Payments for business use of personal residence	e l		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, che	f)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation commit	tee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?			Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of V	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RYAN PHELAN	(i)	208,644.	0.	0.	8,785.	9,455.	226,884.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIDGET BAUMGARTNER	(i)	195,901.	0.	0.	7,600.	10,451.	213,952.	0.
DIR. OF RESEARCH & DEV. (THRU 12/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETE MIRALIA	(i)	169,980.	0.	0.	7,096.	8,037.	185,113.	0.
DEPUTY DIRECTOR (THRU 12/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

REVIVE & RESTORE

Employer identification number 81-4576399

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2023, WE HOSTED A GLOBAL WORKSHOP TO ACCELERATE STEM CELL

TECHNOLOGIES FOR WILDLIFE CONSERVATION. OVER THREE DAYS, 45

MULTIDISCIPLINARY LEADERS FROM SCIENCE, INDUSTRY, ZOOS, AND

CONSERVATION MET TO REIMAGINE THE FUTURE OF STEM CELL TECHNOLOGIES FOR

WILDLIFE. TOWARDS THE END OF 2023, WE LAUNCHED THE STEM CELL

TECHNOLOGIES FOR WILDLIFE CONSERVATION PROGRAM TO LEVERAGE ETHICAL STEM

CELL TECHNOLOGY FOR THE CONSERVATION OF WILDLIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: 2023, WE LAUNCHED A GROUNDBREAKING INITIATIVE, INFORMED BIOBANKING, TO BIOBANK U.S. ENDANGERED SPECIES IN PARTNERSHIP WITH THE U.S. FISH & WILDLIFE SERVICE. AS A PROOF OF CONCEPT, WE SET A BOLD OBJECTIVE TO SEQUENCE AND BIOBANK CELL LINES FOR 25 U.S. ENDANGERED MAMMALS. TWO NEW COHORTS OF WILD GENOMES AWARDEES WERE ANNOUNCED IN PARTNERSHIP WITH THE MORRIS ANIMAL FOUNDATION, BRINGING THE PORTFOLIO UP TO 32 PROJECTS APPLYING GENOME SEQUENCING TO CONSERVATION. 2023 AWARDEES HAD TWO FOCAL AREAS: AMPHIBIANS AND KELP FOREST ECOSYSTEMS. TO STIMULATE MUCH-NEEDED ADVANCES IN STEM CELL TECHNOLOGIES, REVIVE & RESTORE CONVENED 45 GLOBAL LEADERS IN STEM CELL SCIENCE TO IDENTIFY OPPORTUNITIES FOR BRINGING STEM CELL TECHNOLOGIES TO WILDLIFE CONSERVATION. THROUGHOUT THE 3-DAY EXPERTS WERE PAIRED IN COLLABORATIVE EXERCISES TO REIMAGINE THE FUTURE OF WILDLIFE CONSERVATION. EXPENSES \$ 2,690,593. INCLUDING GRANTS OF \$ 1,395,564. REVENUE S

FORM 990, PART VI, SECTION A, LINE 2:

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization Employer identification number REVIVE & RESTORE 81-4576399

THE EXECUTIVE DIRECTOR AND A DIRECTOR ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR AND BOARD REVIEW THE FORM 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL TRUSTEES, DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO SIGN A

CONFLICT OF INTEREST POLICY. IT IS THE POLICY OF THE BOARD THAT THE

EXISTENCE OF ANY INTERESTS THAT GIVE RISE TO CONFLICT BE DISCLOSED ON A

TIMELY BASIS AND ALWAYS BEFORE ANY TRANSACTION IS CONSUMMATED. IT SHALL BE

THE CONTINUING RESPONSIBILITY OF THE BOARD, OFFICERS, AND MANAGEMENT

EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS

AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH

DISCLOSURES. BOARD MEMBER DISCLOSURES SHOULD BE MADE TO A BOARD OFFICER AND

STAFF DISCLOSURES SHOULD BE MADE TO THE CHIEF EXECUTIVE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON BOARD REVIEW AND

COMPARISON DATA WITH OTHER NORTHERN CALIFORNIA NONPROFIT ORGANIZATIONS.

BOARD MEMBERS DO NOT RECEIVE FINANCIAL COMPENSATION FOR BEING ON THE BOARD.

COMPENSATION FOR KEY EMPLOYEES IS RECOMMENDED BY THE EXECUTIVE DIRECTOR AND

REVIEWED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST.

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

	ic filing (e-file). You can electronically file Form 8868 to			•					
	low except for Form 8870, Information Return for Transfe								
request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form									
	sit www.irs.gov/e-file-providers/e-file-for-charities-and-non-								
Caution:	If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	ا Form 8879-TE for	payment			
instructi									
All corpo	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts				
must us	e Form 7004 to request an extension of time to file incom-	e tax returi	ns.						
Part I - I	dentification								
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	identification numb	er (TIN)			
Print									
File by the	REVIVE & RESTORE 81-4576399								
due date fo		Number, street, and room or suite no. If a P.O. box, see instructions.							
filing your return. See	1505 BRIDGEWAY, 203								
instructions	City, town or post office, state, and ZIP code. For a fo	reign addr	ress, see instructions.						
	SAUSALITO, CA 94965								
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each return)			. 01			
Applicat	tion Is For	Return	Application Is For			Return			
		Code				Code			
Form 99	0 or Form 990-EZ	01	Form 4720 (other than individual)		09				
Form 47	20 (individual)	03	Form 5227		10				
Form 99	0-PF	04	Form 6069		11				
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870		12				
Form 99	0-T (trust other than above)	06	Form 5330 (individual)		13				
	0-T (corporation)	07	Form 5330 (other than individual)	14					
Form 10	• •	08							
time to f If this	ou enter your Return Code, complete either Part II or Par ile Form 5330. application is for an extension of time to file Form 5330, y an Name			Thy for all	extension of				
Pl	an Number		<u> </u>						
Pl	an Year Ending (MM/DD/YYYY)								
Part II - A	Automatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)			-			
The b	ooks are in the care of RYAN PHELAN								
	1505 BRIDGEWAY #2	203 -	SAUSALITO, CA 9496	5					
Telep	hone No. 415-289-1000		Fax No.						
If the	organization does not have an office or place of business	in the Uni	ted States, check this box						
	is for a Group Return, enter the organization's four-digit (heck this			
box	. If it is for part of the group, check this box	_	ch a list with the names and TINs of						
1	equest an automatic 6-month extension of time until $$ $$ $$ $$ $$ $$ $$ $$ $$	OVEMBE	ER 15 , 20 24 , to file	the exen	npt organization retu	ırn for			
	e organization named above. The extension is for the orga				. •				
X	X calendar year 20 23 or								
	tax year beginning , 20 , and ending , 20								
	, , , ,								
2 If t	he tax year entered in line 1 is for less than 12 months, cl	heck reasc	on: Initial return	Final retur	n				
	Change in accounting period								
3 a If t	this application is for Forms 990-PF, 990-T, 4720, or 6069	. enter the	tentative tax. less						
	y nonrefundable credits. See instructions.	, 23, 4,10		За	\$	0.			
	this application is for Forms 990-PF, 990-T, 4720, or 6069	. enter any							
estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0.			
	lance due. Subtract line 3b from line 3a. Include your pa			"	7				
using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.			

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

Form 8868 (Rev. 1-2024)