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EXTENSION MAILED

Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public  
Inspection

A For 2009 calendar year, or tax year beginning , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization REVIVE INC	<b>D</b> Employer identification number 26-1856136
		Number & street (or P O box, if mail is not delivered to street addr)	<b>E</b> Telephone number
		1125 JEFFERSON AVE	(402) 462-2066
		City or town, state or country, and ZIP + 4	<b>F</b> Group Exemption Number
		Hastings NE 68901	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**G** Accounting Method ☐ Cash ☒ Accrual  
Other (specify) ►

**I** Website: ► N/A**J** Tax-exempt status (check only one) -- ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

**H** Check ☐ if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$** 236,470

**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	36,124
	2	Program service revenue including government fees and contracts	2	138,251
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► See attachment #1)	8	61,034	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	236,470	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	138,251
	13	Professional fees and other payments to independent contractors	13	13,737
	14	Occupancy, rent, utilities, and maintenance	14	35,955
	15	Printing, publications, postage, and shipping	15	2,014
	16	Other expenses (describe ► See attachment #2)	16	90,709
	17	<b>Total expenses.</b> Add lines 10 through 16	17	270,904
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,575
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	61,603
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	77,178

**Part II** Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	7,211	7,211
23 Land and buildings	103,763	256,178
24 Other assets (describe ► See attachment #3)	144,857	149,260
25 <b>Total assets</b>	255,831	404,727
26 <b>Total liabilities</b> (describe ► See attachment #4)	194,228	327,549
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	61,603	77,178

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

Form 990-EZ (2009)

97-8

14

SCANNED JUL 26 2010

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)
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## Expenses

What is the organization's primary exempt purpose? See attachment #5

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, applicable for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner describe the services provided, the number of persons benefited, & other relevant information for each program title.

28 See attachment #6

(Grants \$ ) If this amount includes foreign grants, check here

28a

270,994

29

(Grants \$ ) If this amount includes foreign grants check here

29a

30

(Grants \$ ) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

270.904

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr. for P. IV.)
---------	--

(a) Name and address

(a)	(b) Title and average hours per week devoted to position
1	1. President, 10
2	2. Vice President, 10
3	3. Secretary, 10
4	4. Treasurer, 10
5	5. Director, 10
6	6. Director, 10
7	7. Director, 10
8	8. Director, 10
9	9. Director, 10
10	10. Director, 10
11	11. Director, 10
12	12. Director, 10
13	13. Director, 10
14	14. Director, 10
15	15. Director, 10
16	16. Director, 10
17	17. Director, 10
18	18. Director, 10
19	19. Director, 10
20	20. Director, 10
21	21. Director, 10
22	22. Director, 10
23	23. Director, 10
24	24. Director, 10
25	25. Director, 10
26	26. Director, 10
27	27. Director, 10
28	28. Director, 10
29	29. Director, 10
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31	31. Director, 10
32	32. Director, 10
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91	91. Director, 10
92	92. Director, 10
93	93. Director, 10
94	94. Director, 10
95	95. Director, 10
96	96. Director, 10
97	97. Director, 10
98	98. Director, 10
99	99. Director, 10
100	100. Director, 10

(c) Compensation  
(If not paid,  
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

See attachment #7

# 8

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others) but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule L		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts included on line 9 for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	See attachment #9	
Located at		
Telephone no.		
ZIP + 4		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes" was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		<input checked="" type="checkbox"/>
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		<input checked="" type="checkbox"/>

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div style="flex-grow: 1;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Signature of officer</span> <span>Date <u>1-5-28-10</u></span> </div>			
<b>Paid Preparer's Use Only</b>	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div style="flex-grow: 1;"> <u>JOSEPH BELL</u>  Type or print name and title </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span></span> <span><u>PRESIDENT</u></span> </div>		<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div style="flex-grow: 1;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date </div> </div> <div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div style="flex-grow: 1;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Preparer's identifying no. (See instructions) </div> </div>	
	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div style="flex-grow: 1;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Preparer's signature </div> </div>		<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div style="flex-grow: 1;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date </div> </div>	
	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div style="flex-grow: 1;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Firm's name (or yours if self-employed) </div> </div>		<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div style="flex-grow: 1;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> EIN </div> </div>	
	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div style="flex-grow: 1;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> address, and ZIP + 4 </div> </div>		<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div style="flex-grow: 1;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Phone no. </div> </div>	

May the IRS discuss this return with the preparer shown above? See instructions



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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				67,859	36,764	104,623
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				132	61,034	61,166
3 Gross receipts from activities that are not an unrelated trade or business under section 513				167,998	188,681	356,679
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				235,989	286,479	522,468
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						522,468

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6				235,989	286,479	522,468
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				235,989	286,479	522,468

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests -- 2009. If the organization did not check the box on line 14 and line 15 is more than 33 1/3 % and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b 33 1/3 % support tests -- 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 % and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

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

# SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization REVIVE INC	Employer Identification Number 26-1856136

Description of Other Revenue	Amount
RENTAL	51,036
Total	51,036



# SCHEDULE OF OTHER ASSETS

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization REVIVE INC	Employer Identification Number 26-1856136

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
ACCOUNTS RECEIVABLE	69,649	76,105	
FURNITURE AND EQUIPMENT	9,286	11,900	
BUSINESS	65,722	61,055	
DEPOSIT	200	200	
Totals	144,857	149,260	

# SCHEDULE OF OTHER LIABILITIES

Attachment 4: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization REVIVE INC	Employer Identification Number 26-1856136

Description of Liability	Beginning of Year	End of Year
BANK OF DONIPHAN LOAN		140,000
SECURITY DEPOSITS	400	400
UNITY HOUSE	450	450
FIVE POINTS BANK LOAN	81,255	79,100
RON FELTON LOAN	65,718	57,340
OTHER LIABILITIES		5,000
UNRESTRICTED NET ASSETS	46,403	43,310
ROUNDING	2	1
Totals	194,228	327,541

# SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization REVIVE INC	Employer Identification Number 26-1856136

Description of Other Expenses	Amount
ADVERTISING	1,751
BAD DEBT	225
BANK AND CREDIT CARD FEES	578
REGISTRATION	464
UNITY 1 RENTAL EXPENSES	33,156
UNITY 2 RENTAL EXPENSES	1,960
UNITY 3 RENTAL EXPENSES	6,350
EQUIPMENT RENTAL	434
MORTGAGE INTEREST	10,245
INSURANCE	2,440
SUBSCRIPTIONS	2,700
OFFICE SUPPLIES	1,059
SUPPLIES	1,648
TELEPHONE	3,966
INTEREST	141
STAFF DEVELOPMENT	624
REAL ESTATE TAX	2,119
TRAVEL AND MEETINGS	5,832
UNITY 1 AND 2 DRUG TESTING	944
ROUNDING	-
PAYROLL TAX	14,185
Total	90,739

## PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization REVIVE INC	Employer Identification Number 26-1856136

### Primary Purpose

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF PROVIDING CHRISTIAN SUPPORT, EDUCATION AND ENCOURAGEMENT THROUGH COUNSELING, EDUCATION AND TRANSITIONAL HOUSING FOR THOSE IN NEED.

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization REVIVE INC	Employer Identification Number 26-1856136
Part III - Statement of Program Service Accomplishments	
Grants and allocations	Amount includes foreign grants   Program service expenses 270,904

### Exempt Purpose Achievements

65 - 80 CLIENTS WERE SERVED PER MONTH FOR DRUG / ALCOHOL TREATMENT AND / OF COUNSELING. 30 PEOPLE GRADUATED FROM THE INTENSIVE OUTPATIENT PROGRAM. THE AVERAGE NUMBER OF CLIENTS ATTENDING THE ALCOHOL / DRUG EDUCATION CLASS WAS 18 PER MONTH. MENTAL HEALTH CLIENTS AVERAGED 4 - 7 PER MONTH. THE UNITY HOUSES (TRANSITIONAL HOUSING) AVERAGED 18 CLIENTS PER MONTH.

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
---------------------------	---

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

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
JOSEPH BELL 125 N JEFFERSON AVE Hastings, NE 68901	PRESIDENT 0.00	0	0	0
LARRY MOHLMAN P O BOX 946 Hastings, NE 68902	SECRETARY/TRE 0.00	0	0	0
DAN RUTT 415 SAUNDERS Hastings, NE 68901 See Comp. Expl. #1	DIRECTOR 40.00	32,000	0	0

COMPENSATION EXPLANATION

Attachment 8: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public Inspection	For Calendar year 2009, or tax year period beginning	and ending
Name of Organization REVIVE INC		Employer Identification Number 26-1856136

Name	Explanation
Officer Comp. Expln. #1 DAN RUTT	SALARY

BOOKS ARE IN CARE OF

Attachment 9 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization REVIVE INC	Employer Identification Number 26-1856136	
Part V - Line 42a		

Individual Name \_\_\_\_\_  
or  
Business Name  
HORIZON RECOVERY

Street Address 835 S BURLINGTON SUITE 115

U S Address

Zip code 68901 City Hastings State NE

Foreign Address

City \_\_\_\_\_

Province or State \_\_\_\_\_

Country \_\_\_\_\_

Postal code \_\_\_\_\_

Phone Number (402) 462-2066

Fax Number \_\_\_\_\_



# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

**2009**Attachment  
Sequence No 67Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions

▶ Attach to your tax return

Name(s) shown on return

Business or activity to which this form relates

Identifying number

REVIVE INC

FOR FORM 990-EZ LINE 14

26-1856136

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000

6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10 less line 12 ▶	13	

Note. Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	4,928
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property See Statement						1,011
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	12-2009	136,121	27.5 yrs	MM	S/L	207
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	22	6,146
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

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

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

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

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

**Section B -- Information on Use of Vehicles**

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

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

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

**Note.** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				43	4,667
44 Total. Add amounts in column (f). See the instructions for where to report.				44	4,667

2009 ADDITIONAL DETAIL STATEMENTS

REVIVE INC  
26-1856136

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FORM 990-EZ PG 1 LINE 14 DETAIL STATEMENT

FORM 4562

10,813