WEGNER CPAS LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

> REPRIEVE US PO BOX 792325 NEW ORLEANS, LA 70179-2325

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Department of the Treasury Internal Revenue Service

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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



Α	For th	e 2021 calendar year, or tax year beginning and	d ending		
B	Check if applicat	C Name of organization		D Employer identifie	cation number
	Addr				
	Nam chan	e		72-15142	82
	Initia		Room/suite	E Telephone number	
	Final retur	PO BOX 792325		929-376-	
	term ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,101,556.
	Amer retur	NEW ORLEANS, LA 70179-2325		H(a) Is this a group re	eturn
	Appl tion	^{ca-} F Name and address of principal officer: ERIC LEWIS		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		xempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 📃 527	If "No," attach a	list. See instructions
		ite: WWW.REPRIEVE.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2001 N	I State of legal domicile: LA
Pa	art I	Summary			
ð	1	Briefly describe the organization's mission or most significant activities: TO I	PROVIDE	INVESTIGAT	ION AND
Governance		LITIGATION SUPPORT TO INDIGENT INDIVIDUA			
er né	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo		1 1	
Ň	3				7
		Number of independent voting members of the governing body (Part VI, line 1b)			7
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			12
i viti	6	Total number of volunteers (estimate if necessary)			7
Activities &	7 a	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
e	8	Contributions and grants (Part VIII, line 1h)		732,099.	1,101,556.
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		732,099. 0.	1,101,556.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		400,901.	585,682.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		400,901.	<u> </u>
Expenses	168	Professional fundraising fees (Part IX, column (A), line 11e)	77	0.	0.
а Х Ц				387,495.	364,462.
_	1 11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		788,396.	950,144.
	19	Revenue less expenses. Subtract line 18 from line 12		-56,297.	151,412.
7.5	19	116VE1106 1035 EXPENSES. SUBILAULINE 10 ITUITIINE 12		ginning of Current Year	End of Year
its o	20	Total assets (Part X, line 16)		619,981.	741,746.
Net Assets or	20			180,603.	150,956.
Vet /	21	Net assets or fund balances. Subtract line 21 from line 20		439,378.	590,790.
P	art II				550,150.
		alties of perjury, I declare that I have examined this return, including accompanying schedul	es and stateme	ents, and to the best of mv	knowledge and belief. it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date							
Here	ERIC LEWIS, PRESIDENT									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	YIGIT UCTUM, CPA	YIGIT UCTUM, CPA	07/05/22 self-employed P01269							
Preparer	Firm's name 🕒 WEGNER CPAS LLP		Firm's EIN ▶ 39-09740	31						
Use Only	Firm's address 🖕 230 PARK AVE FL 🔅	3								
NEW YORK, NY 10169-0005 Phone no. (212) 551										
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2021) REPRIEVE US 72-1	514282	Page 2
	rt III Statement of Program Service Accomplishments		G
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO OPERATE A COLLECTIVE OF LAWYERS, INVESTIGATORS AND CAMPAIG		TH
	AN UNFAILING COMMITMENT TO HUMAN RIGHTS AND JUSTICE. THROUGH		
	ACTION AND PUBLIC EDUCATION, REPRIEVE US FIGHTS FOR THOSE WHO		
	SUFFERED EXTREME HUMAN RIGHTS ABUSES AT THE HANDS OF POWERFUL	1	
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	🛄 Yes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Voc	XNo
3	If "Yes," describe these changes on Schedule O.		21 NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hy expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	•	nd
	revenue, if any, for each program service reported.	ai experiees, ai	
4a	(Code:) (Expenses \$503,757. including grants of \$0.) (Revenue \$		0.)
	DEATH PENALTY - REPRIEVE US ASSISTS OVER 70 INDIVIDUALS FACIN	IG THE	/
	DEATH PENALTY IN THE US AND AROUND THE WORLD. REPRIEVE US ALS	O WORKS	
	STRATEGICALLY TO PREVENT THE USE OF DRUGS IN LETHAL INJECTION	IS IN	
	EXECUTING STATES IN THE US.		
	220 727 0		0
4b	(Code:) (Expenses \$ 229,727. including grants of \$ 0.) (Revenue \$ SECRET PRISONS - REPRIEVE US CURRENTLY REPRESENTS A NUMBER OF	DDTCON	$\frac{0}{1000}$
	IN SECRET PRISONS AROUND THE WORLD. REPRIEVE US REPRESENTS GU		
	BAY DETAINEES AND CONTINUES TO PROVIDE SUPPORT FOR FORMER GUA		<u> </u>
	PRISONERS. RUS ALSO SUPPORTS INDIVIDUALS IN NORTHEAST SYRIA S		
	REPATRIATION.		
4c	(Code:) (Expenses \$ 40 , 364 . including grants of \$ 0 .) (Revenue \$		0.)
	EXTRAJUDICIAL EXECUTIONS - REPRIEVE US INVESTIGATES THE USE C		
	FORCE IN "COUNTERTERRORISM" OPERATIONS, SUPPORTS VICTIMS TO E		GAL
	CASES, AND CAMPAIGNS TO END THE UNITED STATES' ILL-CONCEIVED	DRONE	
	PROGRAM.		
44	Other program services (Describe on Schedule O.)		
÷υ	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses > 773,848.)	
10		Form 9	90 (2021)
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	3		

	990 (2021) REPRIEVE US 72-151	4282	Р	age 3
Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	
	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		X
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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			
	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		x
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		x
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? <i>If</i> "Yes,"	<u>.</u>		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21		x
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Form **990** (2021)

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Form	990	(2021)

 Form 990 (2021)
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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		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	OFh		x
26	Schedule L, Part I	25b		
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%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash 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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	gan	 (2021)
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Form	990 (2021) REPRIEVE US 72-1514	282	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
h	filed for the calendar year ending with or within the year covered by this return 2a 12 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instructions.	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
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?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
لم	to file Form 8282?	7c		<u> </u>
		7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of quanted intellectual property, did the organization life i official a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
Ь	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to		nd for a "No"	respor	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O				
See.	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		
Sec	tion A. Governing Body and Management				Τ.
	Esta the model of the two states of the second in the deal the second of the two second		7	Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			
	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.		7		
-	Enter the number of voting members included on line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			X	
•	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				┢
3		•		х	
	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 9				
4	Did the organization become aware during the year of a significant diversion of the organization's ass				1
5 6					
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap				ť
7a		•	70		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st		<u>7a</u>		+
b		-	76		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		·····		f
			8a	x	E
	The governing body? Each committee with authority to act on behalf of the governing body?			X	+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				+
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	wenue Code)			
		venue coue.)		Yes	Τ
10a	Did the organization have local chapters, branches, or affiliates?		10a		T
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	• • •	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No." go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	Γ
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ")				
	on Schedule O how this was done	,	12c	Х	
13	Did the organization have a written whistleblower policy?		10	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		
	Other officers or key employees of the organization				
	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 arranger	nent with a			
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 5	01(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest po	licy, and finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records	▶		
	ANNA YEARLEY - 929-376-8446				
	405 LEXINGTON AVE, FL 64, NEW YORK, NY 10174-6302				
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	7				_
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Form 990 (2	1021) REPRIEVE US	72-1514282	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
·······	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization's	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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos	ition) than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1420)		organizations
	line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ERIC LEWIS	3.00		-	-						
PRESIDENT		х		x				0.	0.	0.
(2) ELIOT SPITZER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) ELLIOTT MILSTEIN	1.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(4) ESTHER FEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) KIM SKAGGS	1.00									_
DIRECTOR		Х						0.	0.	0.
(6) ANDREW CELLI	1.00									
DIRECTOR		Х						0.	0.	0.
(7) AKILA RADHAKRISHNAN	1.00									
DIRECTOR		Х						0.	0.	0.
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	1 990 (2021) REPRIEVE	US								72-1	5142	282	Pa	age 8
Pa	t VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	t C		s (continued)				
	(A) Name and title	(B) Average hours per week	rage Positio (do not check mor box, unless person			ition more rson i	ion ore than one on is both an		(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizati d relate anizatio	e on ed
				_		×	<u>е</u> Т	4						
									0		0.			0
с	Subtotal Total from continuation sheets to Part VII, Total (add lines 1b and 1c)	, Section A							0.		0.			0.0.0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable)			0
3	Did the organization list any former officer,	-		-	•			Ŭ			[3	Yes	No X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the sur and related organizations greater than \$150,	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp	ccrue compen	Isati	on fr	rom	any	unre	late	ed organization or individ	dual for services		5		x
	tion B. Independent Contractors							- +1		100 000 of come		: .		
1	Complete this table for your five highest con the organization. Report compensation for the	•	•						the organization's tax y	•	bensat			
וסס	(A) Name and business a PRIEVE UK, PO BOX 72054		NT	TT	NTT	<u>mæ</u> .			(B) Description of s	ervices	С	(C ompei	;) nsatior	า
	NGDOM EC3P 3BZ	, HONDO	<u> </u>						MANAGEMENT S	ERVICES		12	5,11	16.
2	Total number of independent contractors (in	cluding but no	ot lin	nitec	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	•				1			•			F a	990 //	1001

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Form	1 990	0 (2	2021) REPRIEVE US					72-1514	282 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a response	se or n	ote to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a						
ran			Membership dues 1b			1			
S, G		с							
ar A			Related organizations 1d						
s, G mils			Government grants (contributions) 1e	23	5,578.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and similar amounts not included above 1f	86	5,978.				
trib Otl		g				1			
Con		÷.	Total. Add lines 1a-1f			1,101,556.			
0.					isiness Code	, , , ,			
Ð	2	а							
vic		b							
Ser		с							
Program Service Revenue		d							
ogra Be		е							
Pro		f	All other program service revenue						
		g			►				
	3		Investment income (including dividends, inte						
			other similar amounts)						
	4		Income from investment of tax-exempt bond						
	5		Royalties		►				
			(i) Real		i) Personal				
	6	а	Gross rents 6a			1			
		b				1			
		с	Rental income or (loss) 6c			1			
		d	Net rental income or (loss)		🕨				
	7	а	Gross amount from sales of (i) Securities		(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ne			and sales expenses 7b						
venue		с	Gain or (loss)						
			Net gain or (loss)		🕨				
Other Re	8	а	Gross income from fundraising events (not including \$ of						
0			contributions reported on line 1c). See						
			, , ,	8a					
		h		8b		1			
			Net income or (loss) from fundraising events		►				
	9		Gross income from gaming activities. See		····· F				
	-			9a					
		b		9b					
					►				
			Gross sales of inventory, less returns						
			and allowances 1	10a					
		b		l0b		1			
			Net income or (loss) from sales of inventory	<u></u>					
					isiness Code				
sno	11	а							
evenue:		b							
sells eve		с							
Miscellaneous Revenue		d	All other revenue	[
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions		►	1,101,556.	0.	0.	0.
13200	9 12-	-09-							Form 990 (2021)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a response	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
U	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees				
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	468,334.	459,992.	8,342.	
8	Pension plan accruals and contributions (include	200,001.			
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	79,331.	77,918.	1,413.	
10	Payroll taxes	38,017.	37,340.	677.	
11	Fees for services (nonemployees):	0070170	0770100		
a	Management	147,436.	38,035.	46,213.	63,188.
b	Legal	124,285.	124,285.		,
č	Accounting	34,371.		34,371.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	8,957.	6,734.	796.	1,427.
14	Information technology	8,287.	4,542.	1,783.	<u> </u>
15	Royalties				· · · ·
16	Occupancy				
17	Travel	16,673.	16,633.	40.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	456.	456.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	373.	373.		
23	Insurance	17,307.	1,223.	16,084.	
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.)				
а	CLIENT EXPENSES	6,317.	6,317.		
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	950,144.	773,848.	109,719.	66,577.
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 Figure if following SOP 98-2 (ASC 958-720)				

REPRIEVE US Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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Form 990 (2021)

					(A) Beginning of year		(B) End of year
	1	Cash pop interest bearing			597,885.	1	583,461.
	2	Cash - non-interest-bearing Savings and temporary cash investments		2	505,4010		
	3		3,550.	2	16,090.		
	4	Pledges and grants receivable, net	1,263.	4	13,130.		
	5	Accounts receivable, net Loans and other receivables from any current or		1,203.	-	15,150.	
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif				5	
		under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	8					8	
Ass	9	Inventories for sale or use Prepaid expenses and deferred charges			16,381.	9	10,474.
		Land, buildings, and equipment: cost or other	I		10,501.	9	10,111
	IUa	basis. Complete Part VI of Schedule D	102	10 732.			
	h	Less: accumulated depreciation		<u> 10,732.</u> 10,203.	902.	10c	529.
	11	Investments - publicly traded securities			502.	11	525.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1		13			
	14			13			
	15	Intangible assets	0.	15	118,062.		
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equa	619,981.	16	741,746.		
	17	Accounts payable and accrued expenses			64,838.	17	33,324.
	18				01/0001	18	55,5210
	19	Grants payable Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	20	Escrow or custodial account liability. Complete F		20			
	22	Loans and other payables to any current or form				21	
ties		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrelation				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay				~ 1	
	20	parties, and other liabilities not included on lines					
		of Schedule D			115,765.	25	117,632.
	26	Total liabilities. Add lines 17 through 25			180,603.	26	150,956.
		Organizations that follow FASB ASC 958, che	ck here				
es		and complete lines 27, 28, 32, and 33.		,			
anc	27				382,850.	27	566,623.
Bala	28	Net assets with donor restrictions			56,528.	28	24,167.
Гр		Organizations that do not follow FASB ASC 9					
Εu		and complete lines 29 through 33.	,	,			
P	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			439,378.	32	590,790.
2	33				619,981.	33	741,746.
					•		Form 990 (2021)

REPRIEVE US

Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

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

Form 990		72-15	14282	Pag	_{ge} 12
Part X	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 Tota	al revenue (must equal Part VIII, column (A), line 12)	1	1,101		
2 Tota	al expenses (must equal Part IX, column (A), line 25)	2	950		
3 Rev	enue less expenses. Subtract line 2 from line 1	3	151		
4 Net	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	439	, 37	78.
5 Net	unrealized gains (losses) on investments	5			
6 Dor	ated services and use of facilities	6			
	estment expenses	7			
	r period adjustments	8			
9 Oth	er 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,				
colu	imn (B))	10	590	,79	<u> 90.</u>
Part X	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1 Acc	ounting method used to prepare the Form 990: 🗌 Cash 🛛 🔀 Accrual 🗌 Other			Yes	No
	e organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
			. 2a	_	X
	 Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed arate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 	l on a			
b We	e the organization's financial statements audited by an independent accountant?		. 2 b	X	
lf "۱	res," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	solidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	'es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
revi	ew, or compilation of its financial statements and selection of an independent accountant?		2 c	X	
	e organization changed either its oversight process or selection process during the tax year, explain on Sch				
	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	and OMB Circular A-133?		. 3a		X
b lf "ነ	'es," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or a	udits, explain why on Schedule O and describe any steps taken to undergo such audits)) 000	

Form **990** (2021)

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SCHEDULE A	١
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(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public Inspection

	Department of the Treasury Internal Revenue Service			► Go to www.irs.gov		Open to Public Inspection					
Nan	ne of t	the organization	on						Employer	identification numbe	
			REPR	IEVE US					7	2-1514282	
Pa	rt I	Reason f			(All organizations must o	omplete th	nis part.) S	ee instructior			
The	organ	ization is not a	private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, cor	vention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1)(A)(i).			
2		A school desc	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)					
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state	ə:								
5		An organizatio	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, stat	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organizatio	on that norma	Illy receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from tl	ne general	oublic described in	
		section 170()(1)(A)(vi). (C	omplete Part II.)							
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:									
10		An organizatio	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, an	d gross receipts from	
		activities relat	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	ganization a	Ifter June 30, 1975.	
				mplete Part III.)							
11		-	-	-	ively to test for public sa	•					
12		-	-	-	vely for the benefit of, to				-		
					d in section 509(a)(1) o					Check the box on	
		7			f supporting organizatior						
а				-	upervised, or controlled	• • • •	-				
					gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the si	ipporting	
				complete Part IV, Se							
b				-	l or controlled in connect			•		-	
			-	at complete Part IV,	anization vested in the sa	ame perso	ns that co	Introl of India	ge the supp	Joned	
с					g organization operated	in connect	tion with	and functiona	lly integrate	d with	
U			-). You must complete I				ily integrate	a with,	
d		-			orting organization oper				rted organi:	zation(s)	
ŭ	L		-		ation generally must sat				°,		
					nplete Part IV, Sections						
е		-			written determination fro				II. Type III		
-			•		nally integrated supporti			.)pe., .)pe	., ., e		
f	Ente	er the number o	-	••	, , , , , , , , , , , , , , , , , , , ,						
g			• •	n about the supporte							
		(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other	
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions	
Tota	<u>1</u>										

Schedule A (Form 990) 2021

REPRIEVE US

 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	248,194.	481,140.	769,161.	732,099.	1101556.	3332150.
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	248,194.	481,140.	769,161.	732,099.	1101556.	3332150.
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,						
	column (f)						1579071.
6	Public support. Subtract line 5 from line 4.						1753079.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	248,194.	481,140.	769,161.	732,099.	1101556.	3332150.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3332150.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	240.
	First 5 years. If the Form 990 is for the	-				01(c)(3)	
	organization, check this box and stop	-		· · · · ·			
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	52.61 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	<u>41.98 %</u>
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	C C	
b	10% -facts-and-circumstances test	•	•	,	•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circi						
18	Private foundation. If the organization		-		• •		
			, ·	. , ,	•		(Ferm 000) 0001

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A	(Form 990) 202
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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.)

Sec	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	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 Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	ation,
	check this box and stop here	<u></u>					>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2021 (li	ine 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	121 (line 10c, colu	ımn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from 2	2020 Schedule A,	, Part III, line 17 $_{.}$			18	%
19a	33 1/3% support tests - 2021. If the	organization did	not check the box	on line 14, and line	e 15 is more than a	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2020. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organizatio	n ►
20	Private foundation. If the organizatio	n did not check a	u box on line 14, 19	a, or 19b, check t	his box and see in	structions	
13202	23 01-04-22					Schedul	e A (Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes No

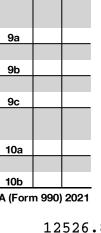
Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

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Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	REPRIEVE	U
Part IV	Supporting O	rganizations (continue	ed)

1

2

1

Yes No

Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,

directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

US

supervised or controlled the supporting organization

	ig organization.
Section C. Type II Supporting Org	janizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> (<i>eeeeaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaieaiea<i>ieaieaieaieaieaieaieaiea<i>iaaiaaiaaiaaaaaaaa<i>aaaaa</i></i></i></i></i></i></i></i></i></i></i></i></i></i>

- The organization satisfied the Activities Test. Complete line 2 below. а
- h 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 instructions).
C	The organization supported a governmental entity.	Describe in Fait VI now you supported a governmental entity (see instruction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

No Yes 2a 2b 3a 3b

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 REPRIEVE US			72-1514282 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain i</i> i	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	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):			
a	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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

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d Excess from 2020 e Excess from 2021

E US Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes 1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
_ 9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
	From 2020				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u> i</u>	Carryover from 2016 not applied (see instructions)				
<u> j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
C	Excess from 2019				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Part VI	line 1; Part IV, Section A, lines	1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a,	96, 96, 11a, 11b, and 11c; Part IV, on E, lines 1c, 2a, 2b, 3a, and 3b; Pa	72–1514282 Page a Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V, et for every diditional information
	(See Instructions.)			art for any additional information.
132028 01-04-2				

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

vame or the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

REPRIEVE	US
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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 $\dots \longrightarrow$

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).

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

Schedule B (Form 990) (2021)

Name of o	rganization	En	nployer identification number
REPRI	EVE US		72-1514282
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		\$250,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$125,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$110,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$38,546	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$61,646	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$40,051	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

12526.81

Schedule B (Form 990) (2021)

	n gainzation		
	EVE US	72-1514282	
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
7		\$30,34	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
8_		\$53,92	22. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
9		\$181,65	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) IS Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

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Page **2**

Employer identification number

Name of organization

Name of o	rganization	Employer identification number	
REPRI	EVE US		72-1514282
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	

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Schedule B (Form 990) (2021)

REPRIEVE US 72-1514282 Part III Exclusive/religious, charteline, etc., combustions to eignituations described in assertion (PT, 80, or 100) that total more than \$1,000 for the year complexity (PT, 100) that the difference of gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c)	Name of or	ganization			Employer identification number			
Part III Exclusively religious, sharitable, etc., contributions to organizations described in section 501(cy/), (b), or (10) that total more than \$1,000 for the year containing for III, that the date describery region, contrained at a section 501(cy/), (b), or (10) that total more than \$1,000 for the year containing for III, that the date describery region, contrained etc., contractioned at \$1,000 or these ture year, (bit think intr) > \$	REPRIE	EVE US			72-1514282			
complete part in the the test of exclusiony regions, charable det, contractions of \$1000 or fields trace (see the year, (free thinks may) ▶ \$		Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) through (e) and the following line e	ntry. For organizations	(10) that total more than \$1,000 for the year			
(a) No. Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) Transferee's name, address, and ZIP + 4 (b) Transferee's name, address, and ZIP + 4 (c) Use of gift (d) Description of how gift is held (c) Transfer of gift (d) Description of how gift is held (c) Description of how gift is held (c) Use of gift (d) Description of how gift is held (c) Use of gift (d) Description of how gift is held (c) Use of gift (d) Description of how gift is held (c) Transfer of gift (d) Description of how gift is held (c) Transfer of gift (d) Description of how gift is held (c) Transfer of gift (d) Description of how gift is held (c) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (f) No. (f) No. (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (h) Transfer of gift (d) Description of how gift is held (h) Transfer of gift (d) Description of how gift is held (h) Transfer of gift (d) Description for how gif		completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 c	r less for the year. (Enter this i	nfo. once.) > \$			
from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (f) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. Part 1 (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (g) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. From Part 1 <t< th=""><th>(a) No.</th><th></th><th></th><th></th><th></th></t<>	(a) No.							
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	F		e) Transfer of q	ift				
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	F	Transferee's name, address, a	nd ZIP + 4	Relationship o	f transferor to transferee			

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Department of the Treasury

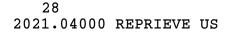
Internal Revenue Service

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.



Nam	e of the organization REPRIEVE US			Employer identification number
Pa		nds or Other	Similar Funds or	
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advis	ed funds	(b) Funds and other accounts
-	Total number at end of year	(4) 2 61161 44116		
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 writing	-		
	are the organization's property, subject to the organization's exclu	-		
6	Did the organization inform all grantees, donors, and donor adviso			
	for charitable purposes and not for the benefit of the donor or don	,	, , ,	°
Pa	impermissible private benefit?		 	
				t IV, line 7.
1	Purpose(s) of conservation easements held by the organization (ch			
	Preservation of land for public use (for example, recreation of	or education)		nistorically important land area
	Protection of natural habitat	L	Preservation of a c	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contri	oution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2 a
b				
С	Number of conservation easements on a certified historic structure			<u>2</u> c
d	Number of conservation easements included in (c) acquired after 7			
	listed in the National Register			
3	Number of conservation easements modified, transferred, released	d, extinguished, or	terminated by the org	ganization during the tax
	year ►			
4	Number of states where property subject to conservation easemer	nt is located		
5	Does the organization have a written policy regarding the periodic	monitoring, inspec	ction, handling of	
	violations, and enforcement of the conservation easements it hold	s?		YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ling of violations, a	and enforcing conserv	ation easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and e	nforcing conservation	easements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above sati	sfy the requiremer	nts of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation ear	sements in its reve	enue and expense stat	tement and
	balance sheet, and include, if applicable, the text of the footnote to	o the organization	s financial statements	s that describes the
-	organization's accounting for conservation easements.			<u>.</u>
Pa	t III Organizations Maintaining Collections of Art		easures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not	t to report in its re	venue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for public ex	hibition, education	n, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its financial s	statements that de	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenu	le statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public exhil	bition, education,	or research in furthera	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasure	s, or other similar	assets for financial ga	in, provide
	the following amounts required to be reported under FASB ASC 98	58 relating to thes	e items:	
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			
I HA	For Paperwork Reduction Act Notice, see the Instructions for F			Schedule D (Form 990) 2021

132051 10-28-21



Sche	dule D (Form 990) 2021 REPRIEV							72-15			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Othe	r Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	following that	make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ĽЦ	oan or exc	hange progra	m					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co			-	-			se in Part	XIII.		
5	During the year, did the organization solicit o				-				-		7
Der	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
па	Is the organization an agent, trustee, custodi		•								1
	on Form 990, Part X?							∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	ible:					Amoun	+	
-	Designing belongs						10		Amoun		
	Beginning balance										
	Additions during the year										
	Ending balance										
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • •]
Par											-
	•	(a) Current year		rior year	(c) Two years		(d) Three y	/ears back	(e) Fou	' years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g,	, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administere	ed for th	ne organiza	ation	1		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment fu	inas.							
1 41	Complete if the organization answere		Part IV	line 11a S	Eee Form 990	Part X	line 10				
	Description of property	(a) Cost or o			or other			ad I	(d) Boo	k volue	
	Description of property	basis (investn		. ,	(other)	• •	preciation		(u) 600	K value	5
19	Land			24010							
	LandBuildings										
	Leasehold improvements										
	Equipment			1	0,732.		10,2	03.		52	29.
	Other				,		:,=				
-	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	0c)					52	29.
		guari onni 000, i alti	, colum					0.1	D (F	- 000	0001

Schedule D (Form 990) 2021

132052 10-28-21

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	of security or category (including name of security)	(b) Book value	 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end- 	of year market value
		(b) BOOK Value		OFyear market value
1) Financial de				
	d equity interests			
3) Other				
(A) (D)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) m Part VIII In	ust equal Form 990, Part X, col. (B) line 12.) vestments - Program Related. omplete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 000 Part X line 12	
	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
	a besonption of investment	(b) DOOR Value		or your market value
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX O	ther Assets.		11d. See Form 990, Part X, line 15.	
Part IX Of	ther Assets. omplete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Of Co (1) EMPL	ther Assets. omplete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	
Part IX O Cc (1) EMPL (2)	ther Assets. omplete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line 15.	
Part IX Or Cc (1) EMPL (2) (3)	ther Assets. omplete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line 15.	
Part IX O Cc (1) EMPL (2) (3) (4)	ther Assets. omplete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line 15.	
Part IX O Cc (1) EMPL (2) (3) (4) (5)	ther Assets. omplete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line 15.	
Part IX O Cc (1) EMPL (2) (3) (4) (5) (6)	ther Assets. omplete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line 15.	
Part IX O Cc (1) EMPL (2) (3) (4) (5) (6) (7)	ther Assets. omplete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line 15.	(b) Book value 118,062
Part IX Of Co (1) EMPL (2) (3) (4) (5) (6)	ther Assets. omplete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line 15.	
Part IX Of (1) EMPL (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Column	ther Assets. pmplete if the organization answered "Yes" (a) OYEE RETENTION CREDIT (b) must equal Form 990, Part X, col. (B) line ther Liabilities.	Description RECEIVABLE		118,062
Part IX Of (1) EMPL (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Column	ther Assets. pmplete if the organization answered "Yes" (a) OYEE RETENTION CREDIT (b) must equal Form 990, Part X, col. (B) line ther Liabilities. pmplete if the organization answered "Yes"	Description RECEIVABLE		118,062
Part IX Of (1) EMPL (2) (3) (4) (5) (5) (6) (7) (8) (9) Cotal. (Column Part X Of Cotal. (Column Cotal.	ther Assets. pmplete if the organization answered "Yes" (a) OYEE RETENTION CREDIT (b) must equal Form 990, Part X, col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability	Description RECEIVABLE		118,062
Part IX Or Co (1) EMPL (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X Or Co 1. (1) Federal	ther Assets. pmplete if the organization answered "Yes" (a) OYEE RETENTION CREDIT (b) must equal Form 990, Part X, col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability income taxes	Description RECEIVABLE 9 15.) on Form 990, Part IV, line		118,062 118,062 118,062 (b) Book value
Part IX O Cc (1) EMPL (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Cc 1. (1) Federal (2) PAYM	ther Assets. pmplete if the organization answered "Yes" (a) OYEE RETENTION CREDIT (b) must equal Form 990, Part X, col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability lincome taxes IENT PROTECTION PROGRAM	Description RECEIVABLE 9 15.) on Form 990, Part IV, line		118,062 118,062 118,062 (b) Book value 75,317
Part IX O CC (1) EMPL (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Column Part X O CC 1. (1) Federal (2) PAYM (3) REFU	ther Assets. pmplete if the organization answered "Yes" (a) OYEE RETENTION CREDIT (b) must equal Form 990, Part X, col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability income taxes	Description RECEIVABLE 9 15.) on Form 990, Part IV, line		118,062 118,062 118,062 (b) Book value 75,317
Part IX O Co (1) EMPL (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Co (1) Federal (2) PAYM (3) REFU (4)	ther Assets. pmplete if the organization answered "Yes" (a) OYEE RETENTION CREDIT (b) must equal Form 990, Part X, col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability lincome taxes IENT PROTECTION PROGRAM	Description RECEIVABLE 9 15.) on Form 990, Part IV, line		118,062 118,062 118,062 (b) Book value 75,317
Part IX O Cc (1) EMPL (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O Cc (1) Federal (2) PAYM (3) REFU (4) (5)	ther Assets. pmplete if the organization answered "Yes" (a) OYEE RETENTION CREDIT (b) must equal Form 990, Part X, col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability lincome taxes IENT PROTECTION PROGRAM	Description RECEIVABLE 9 15.) on Form 990, Part IV, line		118,062 118,062 118,062 (b) Book value 75,317
Part IX O Cc (1) EMPL (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column Part X O Cc (1) Federal (2) PAYM (3) REFU (4) (5) (6)	ther Assets. pmplete if the organization answered "Yes" (a) OYEE RETENTION CREDIT (b) must equal Form 990, Part X, col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability lincome taxes IENT PROTECTION PROGRAM	Description RECEIVABLE 9 15.) on Form 990, Part IV, line		118,062 118,062 118,062 (b) Book value 75,317
Part IX O Co Co Co Co Co Co Co Co Co Co	ther Assets. pmplete if the organization answered "Yes" (a) OYEE RETENTION CREDIT (b) must equal Form 990, Part X, col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability lincome taxes IENT PROTECTION PROGRAM	Description RECEIVABLE 9 15.) on Form 990, Part IV, line		118,062 118,062 118,062 (b) Book value 75,317
Part IX Or Contemporate Contemporate Contem	ther Assets. pmplete if the organization answered "Yes" (a) OYEE RETENTION CREDIT (b) must equal Form 990, Part X, col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability lincome taxes IENT PROTECTION PROGRAM	Description RECEIVABLE 9 15.) on Form 990, Part IV, line		118,062 118,062 118,062 (b) Book value

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 REPRIEVE US		72-2	1514282 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Reven	ue per Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	la.		
1	Total revenue, gains, and other support per audited financial statements		1	1,101,556.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,101,556.
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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,101,556.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		nses per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total expenses and losses per audited financial statements		1	950,144.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2 a		
b	Prior year adjustments	2 b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е				0.
3	Subtract line 2e from line 1			950,144.
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			
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			950,144.
Pa	rt 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.

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Schedule D (Form 990) 2021

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Statement of Activities Outside th	e United State

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15,

Attach to Form 990.

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

72-1514282 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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? Yes No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region expenditures employees, offices (by type) (such as, fundraising, prois a program service, agents, and 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 EUROPE (INCLUDING ASSISTANCE WITH ICELAND & GREENLAND) 1 1 PROGRAM SERVICES MANAGEMENT SERVICES 39,776. EUROPE (INCLUDING ICELAND & GREENLAND) MANAGEMENT AND GENERAL 25,023. 1 1 EUROPE (INCLUDING ICELAND & GREENLAND) FUNDRAISING 62,558. 1 1 3 3 127,357. 3 a Subtotal **b** Total from continuation 0 0 Ο. sheets to Part I Totals (add lines 3a С 127,357. 3 and 3b)

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Schedule F (Form 990) 2021

es	OMB No. 1545-0047
c3 or 16.	2021
	Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE	F
(Form 990)	

REPRIEVE US

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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, FM appraisal, other)
2				ecognized as charities by the t				1	<u> </u>
				or counsel has provided a sect			►		
3	Enter total number of	other organizations o	or entities						

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 Part II recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2021

REPRIEVE US

Page 2

(book, FMV,

Schedule F (Form 990) 2021

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.

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)

Schedule F (Form 990) 2021

72-1514282

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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 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? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	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? <i>If</i> "Yes," <i>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 Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

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Schedule F (Form 990) 2021 REPRIEVE US
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 3:

REPRIEVE US HAS A SERVICES AGREEMENT WITH REPRIEVE UK. KEY REPRIEVE UK

PERSONNEL PROVIDE SERVICES TO REPRIEVE US AND REPRIEVE UK WAS REIMBURSED

FOR THEIR TIME. THIS INCLUDES OPERATIONAL, ORGANIZATIONAL, FUNDRAISING,

AND CASEWORK SUPPORT.

Schedule F (Form 990) 2021

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SCHEDULE O (Form 990)

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury

Name of the organization

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. Employer identification number

OMB No. 1545-0047

REPRIEVE US

72-1514282

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRIAL OR OTHER DUE PROCESS WITH A FOCUS ON CASES INVOLVING THE DEATH

PENALTY, EXTRA-JUDICIAL KILLINGS, AND INDEFINITE DETENTION WITHOUT

TRIAL AROUND THE WORLD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GOVERNMENTS.

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

ERIC LEWIS AND ELIOT SPITZER HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 3:

IN 2018, REPRIEVE US ENTERED INTO A SERVICES AGREEMENT WITH REPRIEVE UK.

KEY REPRIEVE UK PERSONNEL PROVIDE SERVICES TO REPRIEVE US AND REPRIEVE UK

WAS REIMBURSED FOR THEIR TIME. THIS INCLUDES OPERATIONAL, ORGANIZATIONAL,

FUNDRAISING, AND CASEWORK SUPPORT.

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

THE PREPARED FORM 990 IS CIRCULATED TO THE MEMBERS OF THE GOVERNING BODY

FOR REVIEW BEFORE THE RETURN IS FILED WITH THE IRS.

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

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT

PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY

MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING

BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 11-11-21

Name of the organization REPRIEVE US		Employer identification number 72-1514282
CONFLICTS. ANY PERSON WITH A C	CONFLICT IS PROHIBITED FROM	PARTICIPATING IN
THE GOVERNING BODY'S DELIBERATI	IONS AND DECISIONS IN THE TH	RANSACTION.
FORM 990, PART VI, SECTION C, I	LINE 19:	
THE ORGANIZATION MAKES ITS GOVE	ERNING DOCUMENTS, CONFLICT (OF INTEREST
POLICY, AND FINANCIAL STATEMENT	IS AVAILABLE TO THE PUBLIC U	JPON REQUEST.
132212 11-11-21	38	Schedule O (Form 990) 2021
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Schedule O (Form 990) 2021