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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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 44-20-58 | Return of Organization Exempt From Income Tax

Form **990**

Т

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.



Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and	the latest i	nformation.	Inspection			
Α	For the	e 2022 calend	ar year, or tax year beginning and	ending					
Instructions and the latest information. Inspection A For the 2022 calendar year, or tax year beginning and ending B check # Constraints C Name of organization D Employer identification number B check # Constraints C Name of organization D Employer identification number B check # Constraints C Name of organization D Employer identification number B check # Constraints C Name of organization P 29.0X 792.325 City or town, state or province, country, and ZIP or foreign postal code R come sense is \$		ion number							
			TEVE (US)						
	Name	72-1514282							
	Initial			Room/suite					
	termir					1,132,976.			
	Applic								
	pendi								
1	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527					
J	Websi	te: WWW .	REPRIEVE.ORG		H(c) Group exemption n	umber			
κ	Form of			L Year	of formation: 2001 M S	tate of legal domicile: LA			
P		-							
-	1	Briefly describ	be the organization's mission or most significant activities: \underline{TO}	ROVIDE	INVESTIGATIO	N AND			
DCE		LITIGAT	ION SUPPORT TO INDIGENT INDIVIDUAL	S BY	SECURING THEM	A FAIR			
rna	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	e than 25% of its net assets				
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			7			
		Number of inc	lependent voting members of the governing body (Part VI, line 1b)			7			
es 6	5					13			
viti	6	Total number	of volunteers (estimate if necessary)			7			
Acti	7a					0.			
_	<u>b</u>	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.			
e	8					1,132,976.			
ent	9				-	0.			
Sev	10					0.			
	11					0.			
				·····		67,397.			
						0.			
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)						
ens	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.			
ä					364 462	240 220			
	1 17								
						<u>95,569</u>			
		Revenue less	expenses. Subtract line 18 from line 12						
ts o		Total accests //	Dat V line 10)			753,150.			
Sse					150,956.	66,791.			
let ∕	21		; (Part X, line 26) fund balances. Subtract line 21 from line 20		590,790.	686,359.			
	art II	Signature			550,150•	000,339.			

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

Sign	Signature of officer	Date				
-	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,			P01269549	
Preparer	Firm's name WEGNER CPAS LLP			Firm's EIN 39-	0974031	
Use Only	Firm's address 230 PARK AVE FL 3					
	NEW YORK, NY 1016	9-0005		Phone no. (212) 551-1724	
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No	
232001 12-13	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instr	uctions.		Form 990 (2022)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	<u>990 (2022)</u> REPRIEVE (US) 72-1514282 Page	2
Par		
	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 CAMPAIGNERS WITH	
	AN UNFAILING COMMITMENT TO HUMAN RIGHTS AND JUSTICE. THROUGH LEGAL ACTION AND PUBLIC EDUCATION, REPRIEVE US FIGHTS FOR THOSE WHO HAVE	—
	SUFFERED EXTREME HUMAN RIGHTS ABUSES AT THE HANDS OF POWERFUL	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	10
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ю
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$436,629. including grants of \$39,764.) (Revenue \$0.	<u>,</u>)
	DEATH PENALTY - REPRIEVE US ASSISTS OVER 70 INDIVIDUALS FACING THE	
	DEATH PENALTY IN THE US AND AROUND THE WORLD. REPRIEVE US ALSO WORKS	
	STRATEGICALLY TO PREVENT THE USE OF DRUGS IN LETHAL INJECTIONS IN EXECUTING STATES IN THE US.	
	EXECUTING STATES IN THE US.	—
		—
		—
		_
4b	(Code:) (Expenses \$220,075. including grants of \$17,523.) (Revenue \$0.	<u>,</u>)
	SECRET PRISONS - REPRIEVE US CURRENTLY REPRESENTS A NUMBER OF PRISONERS	
	IN SECRET PRISONS AROUND THE WORLD. REPRIEVE US REPRESENTS GUANTANAMO	
	BAY DETAINEES AND CONTINUES TO PROVIDE SUPPORT FOR FORMER GUANTANAMO PRISONERS. RUS ALSO SUPPORTS INDIVIDUALS IN NORTHEAST SYRIA SEEKING	—
	REPATRIATION.	
		—
4c		•)
	EXTRAJUDICIAL EXECUTIONS - REPRIEVE US INVESTIGATES THE USE OF LETHAL	
	FORCE IN "COUNTERTERRORISM" OPERATIONS, SUPPORTS VICTIMS TO BRING LEGAL	
	CASES, AND CAMPAIGNS TO END THE UNITED STATES' ILL-CONCEIVED DRONE PROGRAM.	
	PROGRAM.	—
		—
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 842,917.	
	Form 990 (20	22)
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 Form 990 (2022)
 REPRIEVE (US)

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	L
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		<u> </u>
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 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 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 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?			v
	If "Yes," complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	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,		х	
Ŀ	Part VI	<u>11a</u>	~	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u		11d		x
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	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	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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			1
	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	Х	
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	Х	
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? If "Yes,"			-
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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 REPRIEVE (US)

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
~=	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
~	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		х
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV 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	23		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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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	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
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 A	ccoun	ts (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 transact	ction?		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 th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
-			-	8		
9	Sponsoring organizations maintaining donor advised funds.			-		
				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:			0.0		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
D.	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>120</u>	1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
a	Note: See the instructions for additional information the organization must report on Schedule O.			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D.	organization is licensed to issue qualified health plans	13b				
~	Enter the amount of reserves on hand	13D				
		•	•	140		X
				14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		x
	excess parachute payment(s) during the year?			15		
40	If "Yes," see the instructions and file Form 4720, Schedule N.			40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			Г	000	(0000)
232005	12-13-22			Form	220	(2022)

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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" i	respor	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			_
		,	Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		2
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	Γ
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			┢
•	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 Revenue Code.)			
	(This Section B requests information about policies not required by the internal neverale code.)		Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	t
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			+
5		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	+
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
		12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	┢
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	л	┢
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х	
	on Schedule O how this was done	12c	37	┢
13	Did the organization have a written whistleblower policy?	13	X	┢
14	Did the organization have a written document retention and destruction policy?	14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Ι.
	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3)	s onlv)	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	rial	
	statements available to the public during the tax year.	a man		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ANNA YEARLEY - 929-376-8446			
	405 LEXINGTON AVE, FL 64, NEW YORK, NY 10174-6302			
		Len	000	100
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. 1 0			1 0) E '
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Form 990 (20	D22) REPRIEVE (US)	72-1514282	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	
E	Employees, and Independent Contractors		
(Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	e this table for all persons required to be listed. Report compensation for the calendar year er	nding 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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	itior		ne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week				nd a director/trustee)		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		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	L	1099-1120)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ERIC LEWIS	3.00				-		4			
PRESIDENT		x		x				0.	0.	0.
(2) ELIOT SPITZER	1.00									
VICE PRESIDENT		х		x				0.	Ο.	0.
(3) ELLIOTT MILSTEIN	1.00									
SECRETARY/TREASURER		Х		X				0.	Ο.	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.
					-	-				
		1								
										<u> </u>
		1								
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Form 990 (2022)

	990 (2022) REPRIEVE	(US)								72-151	428	2 ғ	Page 8
Par	t VII Section A. Officers, Directors, Trust		loye	ees,			ghes	t C		· /			
	(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss per	itior more rson i	than o s both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organization		ne tion ted
	Subtotal								0.	0	_		0.
	Total from continuation sheets to Part VII								0.	0			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no							o re	-	-	•		
	compensation from the organization											Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>				•	•		Ŭ	• •		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	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	ccrue compen	satio	on fr	om	any	unre	late	ed organization or individ	dual for services	5		x
Sec	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors	plete Schedule	e J fo	or su	ich <u>r</u>	oers	on .				၁	1	
1	Complete this table for your five highest cor the organization. Report compensation for t	-	-								sation	from	
	(A) Name and business				<u>.</u>				(B) Description of s		Com	(C) pensatio	on
	PRIEVE UK, PO BOX 78292 NGDOM E1W 9SS	, LONDO	N,	U	NI'	TE	D		MANAGEMENT S	ERVICES	1	33,1	00.
												-	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to	thos 1	se lis [.] L	ed	above) who received mo	ore than			(0000)

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Form	n 990	0 (2	2022) REPRIEVE (US)			72-1514	282 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a respons	e or note to any lir	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
S S	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
, G			Fundraising events 1c		1			
ar A			Related organizations 1d]			
s, G		е	Government grants (contributions) 1e	75,317.				
tion S		f	All other contributions, gifts, grants, and					
ibut the			similar amounts not included above 1f 1	<u>,057,659.</u>	-			
ud O		g	Noncash contributions included in lines 1a-1f					
<u>n</u> S		h	Total. Add lines 1a-1f		1,132,976.			
				Business Code				
ice	2	a						
ue v		b						
am Ser		C						
Program Service Revenue		d e		-				
Pro			All other program service revenue	-				
		' a	Total. Add lines 2a-2f					
	3	<u> </u>	Investment income (including dividends, inte					
			other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties	·····				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b		-			
		С	Rental income or (loss) 6c					
	7	а	Gross amount from sales of (i) Securities	s (ii) Other	-			
			assets other than inventory 7a		-			
ø		D	Less: cost or other basis					
venue		~	and sales expenses 7b Gain or (loss) 7c					
0			Net gain or (loss)					
Other R	8		Gross income from fundraising events (not					
Ğ	Ŭ		including \$ of					
-			contributions reported on line 1c). See					
			Part IV, line 18	Ba				
		b	Less: direct expenses	Bb				
		с	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			<i>'</i>	a	-			
				b				
	40		Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns	00				
		h	and allowances1 Less: cost of goods sold1	0a 0b				
			Net income or (loss) from sales of inventory					
		U	not moone or hossy normalies of inventory	Business Code				
snc	11	а						
Duec		b						
ella		с						
Miscellaneous Revenue		d	All other revenue					
-			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,132,976.	0.	0.	0.
232009	9 12-	-13-	-22					Form 990 (2022

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REPRIEVE (US) Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A)		(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	67,397.	67,397.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	498,860.	489,925.	8,935.	
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	76,531.	75,160.	1,371.	
0	Payroll taxes	45,399.	44,586.	813.	
1	Fees for services (nonemployees):				
	Management	133,100.	39,930.	26,620.	66,550
	Legal	94,526.	79,798.	14,728.	,
	Accounting	35,298.		35,298.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
י מ	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A), amount, list line 11g expenses on Sch O.)				
~					
2	Advertising and promotion	17,063.	10,487.	6,558.	18
3	Office expenses	4,981.	3,220.	579.	1,182
4	Information technology	±,)01•	5,220.	575.	1,102
5	Royalties				
6	Occupancy	18,128.	18,064.	64.	
7	Travel	10,120.	10,004.	04.	
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	15,260.	1 605	13,575.	
9	Conferences, conventions, and meetings	15,200.	1,685.	13,3/3.	
0					
1	Payments to affiliates	2.0.4	274		
2	Depreciation, depletion, and amortization	374.	374.	10 100	
3	Insurance	24,829.	6,630.	18,199.	
1	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	5,661.	5,661.		
b		-,	-,		
c					
d					
	All other expenses				
е 5	Total functional expenses. Add lines 1 through 24e	1,037,407.	842,917.	126,740.	67,750
	Joint costs. Complete this line only if the organization	1,007,1070	544,717		01,130
6	1 5 0				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	eoncanonal campaion and unforaising souchation				

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REPRIEVE (US) Part X Balance Sheet

Form 990 (2022)

		Check if Schedule O contains a response or note			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			583,461.	1	659,069.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			16,090.	3	71,183.
	4	Accounts receivable, net			13,130.	4	0.
	5	Loans and other receivables from any current or					
	_	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				_	
	_	under section 4958(f)(1)), and persons described	-			6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			10,474.	9	22,743.
		Land, buildings, and equipment: cost or other			- ,	-	, -
		basis. Complete Part VI of Schedule D	10a	10,732.			
	Ь	Less: accumulated depreciation	10b	10,732. 10,577.	529.	10c	155.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	118,062.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equa			741,746.	16	753,150.
	17	Accounts payable and accrued expenses	33,324.	17	25,116.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
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		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			117,632.	25	41,675.
	26	Total liabilities. Add lines 17 through 25			150,956.	26	66,791.
		Organizations that follow FASB ASC 958, che	ck here	X			
ses		and complete lines 27, 28, 32, and 33.					
and	27				566,623.	27	538,630.
Bal	28	Net assets with donor restrictions		Г	24,167.	28	147,729.
pd		Organizations that do not follow FASB ASC 95					
Ē		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds			29		
set	30	Paid in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			590,790.	32	686,359.
-	33	Total liabilities and net assets/fund balances			741,746.	33	753,150.
							Form 990 (2022

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

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Form	1990 (2022) REPRIEVE (US)	<u>72-1</u>	514282	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,132				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,037		<u>07.</u> 69.		
3	3 Revenue less expenses. Subtract line 2 from line 1						
4							
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	686	5,3	<u>59.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	b Were the organization's financial statements audited by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
				~~~			

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name	of the organization							identification number		
Dort		IEVE (US)	(All					2-1514282		
Part						ee instruction	S.			
The org	ganization is not a private found									
1	A church, convention of ch				on 170(b)(1	l)(A)(i).				
2 _	A school described in <b>sect</b>	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	i).				
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for		llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 🖸	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or		
	university:									
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
	See section 509(a)(2). (Co	mplete Part III.)								
11 🗋	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).				
12	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). (	Check the box on		
	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а	<b>Type I.</b> A supporting orga			• • • •	-					
	the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting		
	organization. You must o	-								
b	<b>Type II.</b> A supporting org									
	control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported		
	organization(s). You mus	•								
С	Type III functionally inte						ly integrate	d with,		
	its supported organizatio									
d	Type III non-functionally						•	( )		
	that is not functionally int						an attentiv	/eness		
	requirement (see instruct		•							
е	Check this box if the orga					Type I, Type	п, туре п			
<b>4</b> F	functionally integrated, or Enter the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0						
	Provide the following information	-	d organization(c)							
<u> </u>	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Total										

Cobodulo A	(Larma	000	0000
Schedule A		990	1 2022

REPRIEVE (US)

72-1514282 Page 2

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.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	481,140.	769,161.	732,099.	1101556.	1132976.	4216932.
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	481,140.	769,161.	732,099.	1101556.	1132976.	4216932.
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)						1953233.
	Public support. Subtract line 5 from line 4.						2263699.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	481,140.	769,161.	732,099.	1101556.	1132976.	4216932.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
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						4216932.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2022 (I		•			14	53.68 %
	Public support percentage from 2021					15	52.61 %
<b>16</b> a	<b>33 1/3% support test - 2022.</b> 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 boy	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	<b>33 1/3% support test - 2021.</b> If the o	organization did no	t check a box on I	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	supported organization	ation			
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not c				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets the	he facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·
						Schodulo A	(Form 990) 2022

Schedule A (Form 990) 2022

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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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	L	ļ				
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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
c	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
_							
Sec	ction C. Computation of Publi					<del>, , , , , , , , , , , , , , , , , , , </del>	
15	Public support percentage for 2022 (	ine 8, column (f), d	livided by line 13,	column (f))		15	%
<u>16</u>	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves					<u> </u>	
17	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2022.</b> If the	-					ine 17 is not
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2021.</b> If the						
_	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
23202	23 12-09-22		16			Sched	ule A (Form 990) 2022
			T 0	,			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

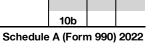
# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

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Schedule A	(Form 990) 2022	REPRIEVE (	ľ
Part IV	Supporting Org	anizations (continued	()

Yes No

Yes No

1

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2

3

# 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control in the second contex and contex and control in the second contex and contr

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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 <b>Part VI</b> 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.	1		
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,			
	supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations				

1	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

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Sec	and b. All type in Supporting Organizations
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?
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).
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. 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 Te	st during the year	(see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entity	(see instruction <u>s).</u>
---	--	---------------------------------------------------	-------------------------	-------------------------------------	-----------------------------

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- **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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- 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.*

Schedule A (Form 990) 2022

Yes No

232025 12-09-22

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Sche	edule A (Form 990) 2022 REPRIEVE (US)	72-1514282 Page 6		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 ( <i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
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		
C	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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 Г instructions).

Schedule A (Form 990) 2022

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	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 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) Underdistribution Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
				So	hedule A (Form 990) 2022

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

4 Amounts paid to acquire exempt-use assets

Schedule A (Form 990) 2022

Section D - Distributions

2

3

6

7

8

**Current Year** 

1

2

3 4

5 6

7

Schedule A	(Form 990) 2022	REPRIEVE	(US)	72-1514282 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> Provide , 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part 1	the explanations required by Part II, line 10; Part II, line 17a c 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part ion E, lines 2, 5, and 6. Also complete this part for any addition	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
232028 12-09-2	2			Schedule A (Form 990) 2022
			21	

#### 223451 11-15-22

# (Form 990)

Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization

Organization type (check one):

# ** PUBLIC DISCLOSURE COPY **

# 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

# 2022

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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.

J 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 for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set o

**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) (2022)

Name of or	ganization	Employer identification number			
REPRIE	EVE (US)	72-1514282			
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution		
1		\$250,0	00. (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution		
2		\$137,0	00. (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution		
3		\$115,2	Person       X         Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution		
4		\$ <u>75,3</u>	17.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution		
5		\$135,0	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution		
<u> </u>		\$80,0	00. Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)		

# Schedule B (Form 990) (2022)

REPRII	EVE (US)		72-1514282
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
7		\$25,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

Schedule B (Form 990) (2022)

Employer identification number

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	B (Form 990) (2022)		Page 3
Name of o	rganization		Employer identification number
REPRI	EVE (US)		72-1514282
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	1.
(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.	
		\$	
223453 11-15	5-22		Schedule B (Form 990) (2022)

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Page 3

Schedule I	B (Form 990) (2022)		Page <b>4</b>				
Name of o	organization		Employer identification number				
REPRI	EVE (US)		72-1514282				
Part III			tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional s	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	-						
		·					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
·	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee				
		[					
(a) No.			/				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		[					
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	ad $7IP \pm 4$	Relationship of transferor to transferee				
223454 11-15	5-22	•	Schedule B (Form 990) (2022)				

223454 11-15-22

SCHEDULE [	)
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Department of the Treasury

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.



Internal Revenue Service

Nam	e of the organization REPRIEVE (US)		Employer identification number
Pa		Funds or Other Similar Funds o	
	organization answered "Yes" on Form 990, Part IV, line		
	3	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(-)	(-)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants norm (during year)		
<del>-</del> 5	Did the organization inform all donors and donor advisors in w	riting that the assets hold in deper advisor	1 funde
5	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
U	for charitable purposes and not for the benefit of the donor or		
			ľ – –
Pa			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreati		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last
2	day of the tax year.		Held at the End of the Tax Year
а			
b			
c	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af		
		<b>,</b> , ,	2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it l	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)	
-			
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	its that describes the
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures. or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		d balance sheet works
	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		- · ·
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 REPRIEV							72-15	14282	2 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	ı 🛄	Loan or exc	hange progra	m					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	r similar	assets		_		-
D	to be sold to raise funds rather than to be ma								Yes		No
Pai	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										
<b>1</b> a	Is the organization an agent, trustee, custodi		•					_	٦		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:					A.m.o.u.n		
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions 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 year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance			, ,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. ,		
	Contributions										
c	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	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administere	ed for th	ne		,		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm				<b>–</b> 000	<b>B</b>					
	Complete if the organization answere			-							
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation	ed	(d) Boo	k value	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment			1	0,732.		10,5	77.		15	55.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colur	n <u>n (B), line 1</u>	0c.)					15	55.

Schedule D (Form 990) 2022

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to 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) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 REPRIEVE (US)			72-3	1514282	Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,148,	064.
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	15,088.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		088.
3	Subtract line 2e from line 1			3	1,132,	976.
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 <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,132,	976.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	1,052,	495.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	<b>2</b> a	15,088.			
b	Prior year adjustments	. 2b				
С	Other losses	. 2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		088.
3	Subtract line 2e from line 1			3	1,037,	407.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	1,037,	407.
Pa	t 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.

232054 09-01-22

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Schedule D (Form 990) 2022

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites –	OMB No. 1545-0047
(Form 990)	Complete if the	organization a	nswered "Yes" on Form 990, Part IV	, line 14b, 15, o	or 16.	2022
Department of the Treasury	_		Attach to Form 990.			Open to Public
Internal Revenue Service	Go to _W	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.		nspection
Name of the organization					Employer ide	entification number
REPRIEVE (US)					72-1514	1282
		ctivities Out	side the United States. Compl	ete if the organ	ization answere	ed "Yes" on
Form 990, Part 1 <b>1 For grantmakers.</b> Doe		maintain record	ds to substantiate the amount of its gra	ants and other	assistance	
=	-		the selection criteria used to award the			X Yes No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
	The following Part	L line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	describe	gram service, e specific type (s) in the regior	expenditures for and investments in the region
EUROPE (INCLUDING		1		ASSISTANCE		116 404
ICELAND & GREENLAND)	1	1	PROGRAM SERVICES	MANAGEMENT	SERVICES	116,424.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	1	1	MANAGEMENT AND GENERAL			44,175.
EUROPE (INCLUDING	1	1				
ICELAND & GREENLAND)	1	1	FUNDRAISING			66,550.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	1	1	GRANTS TO RECIPIENT			61,247.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENT			6,150.
SOB-SANAKAN AFRICA	0	0	GRANIS TO RECIFIENT			0,130.
3 a Subtotal	4	4				294,546.
<b>b</b> Total from continuation		_				
sheets to Part I	0	0				0.
c Totals (add lines 3a						

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

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Schedule F (Form 990) 2022

232071 10-17-22

and 3b)

	Statement o	of Activitie	s Outside	the	United	States
--	-------------	--------------	-----------	-----	--------	--------

•	OMB No. 154
•	202
	Open to Pub

294,546.

REPRIEVE (US)

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND &	TO ADVANCE THE STRATEGIC, OPERATIONAL, FINANCIAL AND	61 247.	BANK TRANSFER	0.		
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	ecognized as charities by the f or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter	<b>&gt;</b>	Schod	1 0 ule F (Form 990) 2022

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule	F	(Form	990) 2022	

REPRIEVE (US)

# 72-1514282

Page 3

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 need	ed.					_
(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	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SUB-SAHARAN						
LIVING EXPENSES	AFRICA	1	6,150.	АСН	0.		

Schedule F (Form 990) 2022

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? If "Yes," 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</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 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 II, COLUMN (D):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: TO ADVANCE THE STRATEGIC, OPERATIONAL, FINANCIAL

AND FUNDRAISING FUNCTIONS OF REPRIEVE US DURING THE TERM, BY MAKING

AVAILABLE TO REPRIEVE US THE ESSENTIAL SERVICES OF CERTAIN KEY PERSONNEL

EMPLOYED BY REPRIEVE UK.

FORM 990 SCHEDULE F

THE ORGANIZATION ACCOUNTS FOR EXPENDITURES IN THE LISTED REGIONS USING

THE ACCRUAL METHOD OF ACCOUNTING.

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SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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REPRIEVE (US)

# 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) 2022

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REPRIEVE (US)			7	2-1514282
CONFLICTS. ANY PERSON WITH A	CONFLICT IS F	ROHIBITED FR	OM PART	ICIPATING IN
THE GOVERNING BODY'S DELIBERA	TIONS AND DEC]	SIONS IN THE	TRANSA	CTION.
	I THE 10.			
FORM 990, PART VI, SECTION C,				
THE ORGANIZATION MAKES ITS GO	VERNING DOCUME	NTS, CONFLIC	T OF IN	TEREST
POLICY, AND FINANCIAL STATEME	NTS AVAILABLE	TO THE PUBLI	C UPON	REQUEST.
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Schedule O (Form 990) 2022

Name of the organization

Employer identification number