INSTRUCTIONS FOR FILING FEDERAL FORM 990 - 2023 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

SIGNATURE
The return should be signed and dated by an Officer of the Organization, for your records.
AMOUNT DUE
This filing indicates no balance due.
DUE DATE
This return must be filed by November 15, 2024 .
OTHER INSTRUCTIONS
Do not mail your return to the Internal Revenue Service. Your return will be electronically filed upon receipt of your e- file signature authorization.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

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 information.							Inspection
			lar year, or tax year beginning		ending		
		0.11	f organization			D Employer identific	ation number
D (Check if applicabl		r organization	15			
Γ-	Addre	SPER	AVITA INSTITUTE				
-	Name	Datable	usiness as			84-372777	12
F	lchang lnitial	Mumaka	and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number	
F	return Final	DO F	30X 34158	,		402-475-8	
Ь-	return. termin ated		own, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$	349,461.
Γ	Amen	ded OMAL	IA, NE 68134			H(a) Is this a group ret	
F	return Applic tion	F Name a	and address of principal officer:NEII	FORTKAMP		for subordinates?	Yes X No
_	pendi	ng PO BO	X 390884, OMAHA, NI	E 68139		H(b) Are all subordinates inc	luded? Yes No
T.	Tax-ex		X 501(c)(3) 501(c)(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or 527	If "No," attach a l	ist. See instructions
-	Websi		AVITA.COM	The second secon		H(c) Group exemption	
			X Corporation Trust Ass	sociation Other	L Year	of formation: 2019 M	State of legal domicile: NE
	art I	Summary					
4	1	Briefly descril	pe the organization's mission or most	significant activities: TRAI	NING A	AND MANAGEMEN	<u>1T</u>
nçe		ASSISTA	NCE TO NON-PROFIT 1	PREGNANCY CENTE	RS.		
Governance	2	Check this bo	if the organization discon	tinued its operations or dispo-	sed of mor	e than 25% of its net ass	sets.
ove			ting members of the governing body (9
			dependent voting members of the gov				9
Se	5	Total number	of individuals employed in calendar y	ear 2023 (Part V, line 2a)		5	7
Ϋ́Ε̈́			of volunteers (estimate if necessary)				20
Activities &			d business revenue from Part VIII, col				0.
4	b	Net unrelated	business taxable income from Form 9	990-T, Part I, line 11		7b	0.
Revenue						Prior Year	Current Year
			and grants (Part VIII, line 1h)			195,218.	156,118.
			ice revenue (Part VIII, line 2g)			137,075.	141,243.
eve			come (Part VIII, column (A), lines 3, 4,			0.	0. -26,513.
Œ			e (Part VIII, column (A), lines 5, 6d, 8c,			0.	
			- add lines 8 through 11 (must equal			332,293.	270,848.
			milar amounts paid (Part IX, column (A			0.	0.
			to or for members (Part IX, column (A			165,255.	208,725.
S	15		r compensation, employee benefits (F			165,255.	0.
Expenses	16a		undraising fees (Part IX, column (A), li			0.	0.
ğ	b		ing expenses (Part IX, column (D), line			106,436.	141,065.
Ш	17		es (Part IX, column (A), lines 11a-11d,			271,691.	349,790.
			es. Add lines 13-17 (must equal Part I)			60,602.	-78,942.
-,,	19	Revenue less	expenses. Subtract line 18 from line	12		eginning of Current Year	End of Year
Net Assets or Fund Balances					1	197,509.	165,517.
Sset	20					8,250.	55,200.
et A	21	Total liabilities				189,259.	110,317.
	22		fund balances. Subtract line 21 from	line 20		105,255.	110/01/1
	art II	Signatui	I declare that I have examined this return,	including accompanying schedule	s and staten	ments, and to the best of my	knowledge and belief, it is
Und	ier pena	aities of perjury,	Declaration of preparer (other than office	N is based on all information of w	hich orenare	r has any knowledge.	,
true	e, correc	ct, and complete	. Deciaration of preparer (other than office) to based out an information of w	mon propant		
۵.		Signature of o	fficer			Date	
Sig		_ ~	RTKAMP, PRESIDENT				
He	re	Type or print					
-	-	Print/Type pre		Preparer's signature		Date Check	PTIN
Pai	Ч		D S. KUHN		,	\$/19/24 If self-employe	P01207742
	u parer	Firm's name	MATTSON RICKETTS	LAW FIRM LLP			7-6083491
	parer Only	Firm's address	3 2077 N STREET STE				
USE	only	Firm 5 address	LINCOLN, NE 68510			Phone no. 40	2475-8433
N40	v tho !!	RS discuss th	is return with the preparer shown abo	ve? See instructions			X Yes No
ivid	y u 16 11	D	leduction Act Notice see the sense.		12-21-23		Form 990 (2023)

Form **8868**

(Rev. January 2024)

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms

listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 84-3727772 SPERAVITA INSTITUTE File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 34158 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions OMAHA, NE 68134 01 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Return Application Is For Application Is For Code Code 09 Form 4720 (other than individual) Form 990 or Form 990-EZ 01 10 Form 5227 03 Form 4720 (individual) 11 Form 6069 04 Form 990-PF Form 8870 12 05 Form 990-T (sec. 401(a) or 408(a) trust) 13 06 Form 5330 (individual) Form 990-T (trust other than above) Form 5330 (other than individual) 14 07 Form 990-T (corporation) 80 Form 1041-A After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of JENNIFER ROUSH PO BOX 34158 - OMAHA, NE 68134 Telephone No. 402-224-6277 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box _____ and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or , 20 _____ , and ending ___ tax year beginning Initial return ___ Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2024)

3b

4e

Form 990 (2023)

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)?		x	
	If "Yes," complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	^	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
	public office? If "Yes," complete Schedule C, Part I	3		
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_		<u>x</u>
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>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	-	X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,	11a		x
	Part VI	Tia		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	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			
а	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's suparate of consolidated limit for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		_X_
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
Ü	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		X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		_x_
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		- 23
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		000	_

| 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			a l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25.0	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		Х
00	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			-
28				
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
	"Yes," complete Schedule L, Part IV	28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes." complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ
	Y Y		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		Earm	agn.	20231

Form 990 (2023) SPERAVITA INSTITUTE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		ε :	1	_	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		1	[
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X				
За	Did file oldanization navo annotatod pagnitot grant metalini,			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	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	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	ccou	nts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a_		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b 5c		X			
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization 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 contribution	tions (or 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 se	rvices	provided to the payor?	7a_		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired						
	to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e 7f		X			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	applicating organization have exceed the second of the sec	•••••		8		_			
9	Sponsoring organizations maintaining donor advised funds.								
а				9a		_			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	î	t						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	1	1						
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	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	1041	1	12a		_			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	T ^c						
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	_13c		44.		X			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	iie U		14b		_			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.	a	-ma?	40		х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it inco	ли е с	16					
	If "Yes," complete Form 4720, Schedule O.	- 1±11±1 -							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action 4050 ar 4050	uvitieئ	75	47					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	••••••		17		-			
	If "Yes," complete Form 6069.				000	(0000)			

332005 12-21-23

Form **990** (2023)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	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	9		
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	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			٠,,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	77
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	١.		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		I.,	
		[40]	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	11a		-
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	v	
	on Schedule O how this was done	12c	X	_
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	^	
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?		v	
	The organization's CEO, Executive Director, or top management official		X	v
b	Other officers or key employees of the organization	15b		X
	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	160		x
	taxable entity during the year?	16a		
þ	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	16b		
	exempt status with respect to such arrangements?	1 100		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE	c)(3)e only	n avail	ahla
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c	nois om	, avaii	abie
	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)	and fina	ncial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and mid	iiciai	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	<u>JENNIFER ROUSH - 402-224-6277</u> PO BOX 34158, OMAHA, NE 68134			
	PO BOX 14170 UMADA, NO VOLJE			

332006 12-21-23

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box offi	not c	Posi Posi heck i	ition	than is bot ir/trus	one h an	ed any current officer, of (D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
1) NEIL FORTKAMP	0.50	х		x				0.	0.	0	
REASURER & DIRECTOR	0.25	^		Δ	-			0.			
2) AMANDA TEMOSHEK	0.25	x		x				0.	0.	0	
SECRETARY & DIRECTOR	0.25	^		^				0.			
3) JULAINE CHRISTENSEN	0.25	x						0.	0.	0	
OIRECTOR 4) CHRISTINE CLAUSEN	0.25										
DIRECTOR		X						0.	0.	0	
5) CAMERON ARCH	0.25								•	_	
DIRECTOR		X						0.	0.	0	
6) MIKE FLAIR	0.25								0	_	
DIRECTOR		X		_			_	0.	0.	0	
7) DAVID KLASNA	0.50	ł		,,				0.	0.	0	
RESIDENT & DIRECTOR	0.05	X	_	X			_	0.	0.	0	
8) KERRY KREMKE	0.25	x						0.	0.	0	
OIRECTOR 9) SHERRY EVERRETT	0.25	-									
DIRECTOR		X						0.	0.	0	
						_					
						1					

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Form 990 (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title		(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	ar	(F) stimat nount other	of.
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fi org an	pens rom th aniza d rela anizat	ne tion ted
								<i>a</i> :===		0.			0.
С	Subtotal Total from continuation sheets to Part V	II, Section A		.					0.	0.			0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	nose	liste	ed al	bov	e) wh	no re					0
-	compensation from the organization			-								Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual									3		X_
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edule	e <i>J f</i>	for such individual		4		X_
5 	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe I <i>plete Schedul</i>	nsat e <i>J f</i>	ion f for si	rom uch	any per	unr on	elat	ed organization or indiv	idual for services	5		x
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compens	ation 1	from	
	the organization. Report compensation for (A)		ear	endi	ng v	vith	or w	ithir	(B)		((C)	
	Name and business	address	N	INC	3		-11-	-	Description of s	services	ompe	nsatio	on
_			_	-			-						
								+					
								-					
	Total number of independent contractors (including but r	not li	mite	d to	tho	se li	stec	d above) who received r	nore than			
_	\$100,000 of compensation from the organ			_	-	_	0	-			Form	990	(2023)

ra	LVII	Check if Schedule O contains a respons	a ar note to any line	a in this Part VIII			
		Check if Schedule O contains a respons	e or note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Octions of the over
nts nts	1 a	Federated campaigns1a			111		
gra Ou	b						
S, W	С	Fundraising events1c	75,605.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations1d					
S,E	е	Government grants (contributions) 1e					
e S	f	All other contributions, gifts, grants, and					
he		similar amounts not included above 1f	80,513.				
ᅙ를	g	4. 6					
S S		Total. Add lines 1a-1f		156,118.			
۳.		Total. / Idd im oo fa 11	Business Code				
		FOCUS TRAINING INCOME	624100	140,943.	140,943.		
ig 		CONTRACTOR THEONER	624100	300.	300.		
ue er	b		024100	3001			
n S	С		a :				
Ra	d	i stantial and the second and the se					
Program Service Revenue	е						
۵ ا		All other program service revenue		141,243.		-	
	g	Total. Add lines 2a-2f		141,243.			
	3	Investment income (including dividends, inte					
		other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents6a					
	b	Less: rental expenses 6b			4		
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	. –	assets other than inventory 7a					
	h	Less: cost or other basis					
<u>o</u>		and sales expenses7b					
Revenue	_	Gain or (loss) 7c					
ě			'				
er H		Net gain or (loss)					
Oth	в а	including \$ 75,605.					
٥							
		contributions reported on line 1c). See Part IV line 18	a 52,100.				
		1 411171 1110 10					
	_	2000: 4		-26,513.			-26,513.
		Net income or (loss) from fundraising events	f	20,313.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 199					
	_	Less: direct expenses9	b				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10					
		Less: cost of goods sold10					
	С	Net income or (loss) from sales of inventory					
S			Business Code				
og a	11 a						
ans	b						
e še	С						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d					06 540
	12	Total revenue. See instructions		270,848.	141,243.	0.	-26,513.

Part IX Statement of Functional Expenses

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mpiete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX	(C)	(D)
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			02 000	
	trustees, and key employees	83,000.		83,000.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	110 706	60 713	C 054	34,069.
7	Other salaries and wages	110,736.	69,713.	6,954.	34,009.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	100	100		
9	Other employee benefits	100.	100.	6,949.	2,607.
10	Payroll taxes	14,889.	5,333.	0,543.	2,007.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	F 700		5,722.	
С	Accounting	5,722.		5,144.	
d	Lobbying		***************************************		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9		7 200	7,200.		
	column (A), amount, list line 11g expenses on Sch 0.)	7,200.	7,200.	3,242.	23,773.
12	Advertising and promotion		5,587.	5,666.	23,113.
13	Office expenses	11,253.	777.	7,482.	
14	Information technology	8,259.	777.	7,1021	
15	Royalties	4,500.		4,500.	
16	Occupancy	17,462.	4,025.	13,437.	
17	Travel	17,402.	4,025.	13/13/1	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	35,489.	35,489.		
19	Conferences, conventions, and meetings	33,403.	55,4051		
20	Interest				
21	Payments to affiliates	9,800.		9,800.	
22	Depreciation, depletion, and amortization	3,413.		3,413.	
23	Other expenses. Itemize expenses not covered	5/1251			
24	above. (List miscellaneous 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 O.)				
_	TRAINING EXPS	6,915.	6,915.		
a	PAYROLL PROCESSING FEES	3,409.	959.	2,450.	
b	MISCELLANEOUS	628.		628.	
c d	TIT DOUBLE HADOOD	<u> </u>			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	349,790.	136,098.	153,243.	60,449.
26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			14.0		Form 990 (2023)

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 77,096. 175,279. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 5,450. 14,221. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 Inventories for sale or use 16,780. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 10c b Less: accumulated depreciation ______ 10b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 74,200. 14 Intangible assets 14 15 Other assets, See Part IV, line 11 15 165,517. 197,509 Total assets, Add lines 1 through 15 (must equal line 33) 16 16 37,300. 17 Accounts payable and accrued expenses ______ 17 18 Grants payable _____ 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties ______ 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 17,900. 8,250. of Schedule D 8,250. 55,200. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 0. 29 Capital stock or trust principal, or current funds 0. 0. 30 Paid-in or capital surplus, or land, building, or equipment fund 30 189,259. 110,317. 31 Retained earnings, endowment, accumulated income, or other funds 31 189,259 110,317. Total net assets or fund balances _____ 32 165,517. 197,509. Total liabilities and net assets/fund balances

Form **990** (2023)

_	t 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		0 <u>,8</u> 9,7					
2	2 Total expenses (must equal Part IX, column (A), line 25)								
	3 Revenue less expenses. Subtract line 2 from line 1								
4									
5	Net unrealized gains (losses) on investments	5							
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,				4 -				
	column (B))	10	11	0,3	<u> 17.</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 Schedul	counting from a prior year or checked "Other," explain on Schedule O.							
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 reviewe	d on a							
	separate basis, consolidated basis, or both:		10.0						
	Separate basis Consolidated basis Both consolidated and separate basis				37				
b	Were the organization's financial statements audited by an independent accountant?		2b	-	<u> </u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,							
	consolidated basis, or both:								
	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	ie audit,	2c						
review, or compilation of its financial statements and selection of an independent accountant?									
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		3a		x				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?									
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit	.						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(2023)				
			⊢orm	330(.20231				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SPERAVITA INSTITUTE

Employer identification number 84-3727772

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
		ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of chu	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in secti									
	一	A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	i).				
3	岩	A medical research organiza	ation operated in co	niunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
4			ation operated in co.	.,,							
		city, and state: An organization operated for	er the benefit of a co	llege or university owner	l or operat	ed by a go	overnmental unit describ	ed in			
5				lege of university owner	or opera.	.ou by a g	9.0				
		section 170(b)(1)(A)(iv). (C	omplete Part II.)	the contract of the second bases		70(L)(4)(A)	(·A				
6	Щ	A federal, state, or local gov	ernment or governn	nental unit described in s	section 17	(A)(1)(A)	(V).	public described in			
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). (Complete Part II.)									
8		A community trust describe	d in section 170(b)((1)(A)(vi). (Complete Parl	: 11.)						
9		An agricultural research org	anization 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	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or			
		university:									
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its sup	oort from o	contributio	ns, membership fees, ar	nd gross receipts from			
		activities related to its exem	not functions, subject	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Cor									
		An organization organized a	and operated exclusi	ively to test for public sa	fetv. See s	section 50)9(a)(4).				
11	버	An organization organized a	and operated exclusi	ively for the benefit of to	perform t	he function	ons of, or to carry out the	purposes of one or			
12	L	more publicly supported organized	and operated excids	nd in coation 500(a)(1) 0	r section (509(a)(2)	See section 509(a)(3).	Check the box on			
		lines 12a through 12d that	ganizations describe	fournesting organization	n and com	nlete lines	s 12e 12f and 12g.				
	_	lines 12a through 12d that o	describes the type o	or supporting organization	by ite eur	norted are	ranization(s) typically by	aivina			
ź	ı L	Type I. A supporting orga	inization operated, s	upervised, or controlled	by its sup	ported org	otors or trustees of the s	unnorting			
		the supported organization			a majority (or the aire	CIOIS OF HUSIGES OF THE S	apporting			
		organization. You must c	omplete Part IV, Se	ections A and B.							
k	, [Type II. A supporting orga	anization supervised	I or controlled in connec	tion with it	s support	ed organization(s), by ha	iving			
		control or management of	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
	: [Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions	s). You must complete f	Part IV, Se	ections A,	D, and E.				
	. [Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organi	zation(s)			
•	• —	that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instruct	ons) You must con	nolete Part IV. Sections	A and D,	and Part	V.				
		Check this box if the orga	nization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III				
•	• ட	functionally integrated, or	Type III ponfunctio	nally integrated support	ing organi:	zation.	• • • • • • • • • • • • • • • • • • • •				
				itally intogration outper-							
	Ente	er the number of supported o vide the following information	about the supports	ad organization(s)			***************************************	.			
_	Pro	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other			
	,	organization	(4) =	(described on lines 1-10	Yes	ing document?	support (see instructions)	support (see instructions)			
_				above (see instructions))	163	140					
_											
_											
_											
_	-					1					

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

oupport contract of Samuel	
(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	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
Ŭ	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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		·	·			
_	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4				0		
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)	· · · · · · · · · · · · · · · · · · ·		12	
12	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,			501(c)(3)	
13	organization, check this box and stor	here					
Sec	tion C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2023 (I			column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2023. If the c	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this	s box and
	stop here. The organization qualifies	as a publicly supp	oorted organization	n			
b	33 1/3% support test - 2022. If the	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, chec	k this box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			L
17a	10% -facts-and-circumstances tes	t - 2023. If the org	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 1	0% or more,
	and if the organization meets the fact	s-and-circumstan	ces test, check thi	s box and stop he	ere. Explain in Part	: VI how the org	anization
	meets the facts-and-circumstances to	est. The organizati	ion qualifies as a p	ublicly supported	organization		
h	10% -facts-and-circumstances tes	t - 2022. If the or	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 1	5 is 10% or
,	more, and if the organization meets the	ne facts-and-circu	- mstances test, ch	eck this box and s	stop here. Explain	in Part VI how th	he
	organization meets the facts-and-circ	umstances test. T	he organization qu	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruc	tions
						Schedule	e A (Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed be	elow, please comp	lete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")	18,875.	99,610.	167,000.	195,218.	156,118.	636,821.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		31,833.		137,075.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	18,875.	131,443.	263,479.	332,293.	297,361.	1043451.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1043451.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,875.	131,443.	263,479.	332,293.	297,361.	1043451.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					005 261	1042451
13	Total support. (Add lines 9, 10c, 11, and 12.)	18,875.	131,443.		332,293.		
	First 5 years. If the Form 990 is for the check this box and stop here			fourth, or fifth tax	year as a section s	501(c)(3) organizat	ion,
Se	ction C. Computation of Publi	ic Support Per	rcentage				100 00
	Public support percentage for 2023 (li			column (f))			100.00 %
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.00 %
10	Investment income percentage from 2	2022 Schedule A, I	Part III, line 17			18	%
198	33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar	organization did n	ot check the box organization quali	on line 14, and line fies as a publicly s	e 15 is more than 3 supported organiza	ation	
	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

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

- 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.
- 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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3c		
4a		
4b		
4c	,	-
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
··	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
L	A family member of a person described on line 11a above?	11b		
b	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
С		11c		
500	detail in Part VI. tion B. Type I Supporting Organizations			
360	non B. Type i cupporting organizations		Yes	No
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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations		Yes	No
	The state of the directors		163	110
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	1		
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations		V	Na
	Γ		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		_
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
1	The organization satisfied the Activities Test. Complete line 2 below.			
a	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	structio:	ns).	
C	Activities Test. Answer lines 2a and 2b below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	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			
		2a		
	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
b	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			
		2b		
_	these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		- 37	
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	OT ITS SUPPORTED OF GALLERING IN THE S. DESCRIBE IT FAIL VI THE FOIL PRAYED BY THE OF GALLERING IN THE FEET.			

332025 12-21-23

Schedule A (Form 990) 2023

Part \	FERAVITA INSTITUTE Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
	ecoveries of prior-year distributions	2		
	her gross income (see instructions)	3		
	ld lines 1 through 3.	4		
	preciation and depletion	5		-
	ortion of operating expenses paid or incurred for production or			
	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	her expenses (see instructions)	7		
	ljusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
	structions for short tax year or assets held for part of year):			
	rerage monthly value of securities	1a		
	rerage monthly cash balances	1b		
	ir market value of other non-exempt-use assets	1c		
	otal (add lines 1a, 1b, and 1c)	1d		
	scount claimed for blockage or other factors			
	plain in detail in Part VI):			
	equisition indebtedness applicable to non-exempt-use assets	2		
	ubtract line 2 from line 1d.	3		
4 Ca	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).	4		
	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
	inimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
1 Ac	ljusted net income for prior year (from Section A, line 8, column A)	1		
	ster 0.85 of line 1.	2		
	nimum asset amount for prior year (from Section B, line 8, column A)	3		
	ter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	janization (see
,	instructions).			

	edule A (Form 990) 2023 SPERAVITA INS rt V Type III Non-Functionally Integrated 509	TTTUTE VaV3) Supporting Orga	nizations (contin		-3/Z///Z Page/
-		(a)(b) Supporting Orge	inzatione (somm		Current Year
	ion D - Distributions	mnt nurnoses		1	
1	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exem	nt nurnoses of supported			
2		pt purposes or supported		2	
_	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3	
3	Amounts paid to acquire exempt-use assets	es or supported organization		4	
4	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
5_	Other distributions (describe in Part VI). See instructions.	ornad dotails in Faire Fig.		6	
6	Total annual distributions. Add lines 1 through 6.			7	
7	Distributions to attentive supported organizations to which t	he organization is responsive			
8	(provide details in Part VI). See instructions.	, 10 01ga <u></u>		8	
_	Distributable amount for 2023 from Section C, line 6			9	
9	Line 8 amount divided by line 9 amount			10	
<u>10</u>	Life 8 amount divided by line 3 amount	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
_	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
_	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
Ť	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
•	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
-5	Remaining underdistributions for years prior to 2023, if				
J	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
Ü	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
_	Excess from 2020				
_	Excess from 2021				
	Excess from 2022				
_	Excess from 2023				
<u>e</u>	LAUGG HOM EGEO				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

	S	PERAVITA INSTITUTE	84-3727772		
Organiz	zation type (check o				
Filers o	f:	Section:			
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	90-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Note: C	only a section 501(c	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.		
Genera	l Rule				
X	For an organization property) from any	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributo	g \$5,000 or more (in money or r's total contributions.		
Special	Rules				
	sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 4, line 1. Complete Parts I and II.	and that received from any one		
	contributor, during literary, or educate	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from go the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I o) instead of the contributor name and address), II, and III.	cientific,		
	year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled refere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., t received <i>nonexclusively</i>		
answer	"No" on Part IV, line	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (e.e., or its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Plan requirements of Schedule B (Form 990).	Form 990), but it must F, Part I, line 2, to certify		

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

Name of organization

Employer identification number

SPERAVITA INSTITUTE

84-3727772

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEADFAST BIBLE FELLOWSHIP CHURCH 2440 S 141ST CIRCLE OMAHA, NE 68144	\$18,120.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TRIBE CHURCH 3125 OAK VIEW DR OMAHA, NE 68144	\$5,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KING OF KINGS CHURCH 11615 I STREET OMAHA, NE 68137	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THRASHER FOUNDATION REPAIR 11844 VALLEY RIDGE DR PAPILLION, NE 68046	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	DENNIS WEISENBURGER 21445 ARBOR ST ELKHORN, NE 68022	\$30,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CHARLES MOSES 12621 N TATUM BLVD #557 PHOENIX, AZ 85032	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

SPERAVITA INSTITUTE

84-3727772

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BOB REITEMA PO BOX 314 SIOUX CENTER, IA 51250	\$5,998.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GEORGE AND ANNA LITTLE 112 S 92ND ST OMAHA, NE 68114	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
INO.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

SPERAVITA INSTITUTE

84-3727772

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$	0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	

Employer identification number

PERAVIT	TA INSTITUTE		84-3727772			
Part III Exe fro	clusively religious, charitable, etc., contribution many one contributor. Complete columns (a) to appleting Part III, enter the total of exclusively religious, che e duplicate copies of Part III if additional s	nrough (e) and the following line end paritable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)			
a) No.	e duplicate copies of Fart III II additional s					
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
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		(e) Transfer of gi	TI.			
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SPERAVITA INSTITUTE Employer identification number 84-3727772

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(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)		0
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
·	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
			7
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 1700	n)(4)(B)(I)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.	f Art Historical Transuras or (Ther Similar Assets
Par	t III Organizations Maintaining Collections o	OOO Doct IV line 9	Aller Gilling Addets.
	Complete if the organization answered "Yes" on Form	1990, Part IV, life 6.	and halance sheet works
1a	If the organization elected, as permitted under FASB ASC 95	ob, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in i	me
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these te-	halance sheet works of
b	If the organization elected, as permitted under FASB ASC 95	88, to report in its revenue statement and	therance of public service
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fun	interaction of public convicts,
	provide the following amounts relating to these items.		\$
	(i) Revenue included on Form 990, Part VIII, line 1		 \$
	(ii) Assets included in Form 990, Part X	an other similar assets for financia	al gain, provide
2	If the organization received or held works of art, historical tre	asures, or other similar assets for linanci	ai gairi, provido
	the following amounts required to be reported under FASB A	ADO 300 relating to these items.	\$
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2023

_	Using the organization's acquisition, accessi	on, and other record	s. chec	k any of the	following that make	sign	ificant u	use of its			
3	collection items (check all that apply).	on, and other receive	-,		J						
	Public exhibition	d		Loan or exc	hange program						
a		e			g - - · - g						
b	Scholarly research	· ·									
C	Preservation for future generations Provide a description of the organization's co	alloctions and explain	n how t	hev further t	he organization's e	xemp	t purpo	se in Parl	XIII.		
4	During the year, did the organization solicit or	r receive depations (of art h	istorical trea	sures or other simi	lar as	sets				
5	to be sold to raise funds rather than to be m	r receive donations of	he oraș	nization's co	ollection?				Yes		No
Dat		gements Complet	e if the	organization	answered "Yes" o	n For	m 990.	Part IV, li	ne 9, or		
rai	reported an amount on Form 990, Pa		.0 11 1110	0194							
4-			diary fo	r contributio	ns or other assets r	not in	cluded				
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?									Yes		□No
	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowina	table:							
D	if Yes, explain the arrangement in Fact XIII	and complete and te							Amour	ıt	
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
f	Did the organization include an amount on F	orm 990 Part X line	21 for	escrow or ci	istodial account lia	bility			Yes		No
2a	If "Yes," explain the arrangement in Part XIII.	Chack here if the ex	nlanati	on has been	provided in Part X	H			_]
Par		the organization ans	wered	"Yes" on Fo	rm 990, Part IV, line	10.	199				
, ui	Elidottillotti and complete	(a) Current year		Prior year	(c) Two years back	(d)	Three y	ears back	(e) Fou	r years	back
4	Designing of year balance	(-)									
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses					1					
g	End of year balance Provide the estimated percentage of the cur	ront year and balanc	o (lina 1	la column (s	a)) held as:						
2			%	rg, column (c	<i>x</i>), 1.01 a a 0.						
	Board designated or quasi-endowment	%	- ′°								
	Permanent endowment										
С	Term endowment The percentages on lines 2a, 2b, and 2c sho	f -									
_	Are there endowment funds not in the posse	encion of the organiz	ation th	at are held a	nd administered fo	r the					
за		ssalon of the organize	20011 011	at all filler						Yes	No
	organization by:								3a(i)		
	(i) Unrelated organizations?										
	(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
b	Describe in Part XIII the intended uses of the								3b		
Po:	t VI Land, Buildings, and Equipn		WITIGHT	iditao.							
rai	Complete if the organization answere	d "Yes" on Form 990). Part l	V, line 11a. 9	See Form 990, Part	X, lin	ie 10.				
							umulate	ed	(d) Boo	k valı	ne
	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation								(-,		
-	1 4										
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other Add lines 1a through 1e. (Column (d) must e		X. line	10c. column	(B))						0.
	i annimpe isimmuni 10 tommun kullillist t	recent contracts and	- 11 11/10		1 AC A A A A A. A. A						

Schedule D (Form 990) 2023

Part VIII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	Schedule D (Form 990) 2023 SPERAVITA IN	STITUTE	84-3727772 Pag
(a) Bescription of security of category including name of security (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (g) Closely hed equity interests (g) Closely hed e	Part VII Investments - Other Securities	- F 000 Port IV line	11h Soc Form 990 Part X line 12
(g) Closely held equity interests (g) Description of investment interests (g) Description (g) Book value (g) Closely Closely interests (g) Closely			(a) Method of valuation: Cost or end-of-year market value
22 Closely held equity interests		(b) Book value	(C) Method of Valdation. Godt of one of year matter
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Total. (Col. (t) must equal Form 990, Part X, line 12, col. (8)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 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) (9) (1) (1) (1) (2) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Port VIII Investments - Program Related		
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part XX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1) Federal income taxes (c) TRAINING DEPOSITS (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) TRAINING DEPOSITS (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) TRAINING DEPOSITS (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) TRAINING DEPOSITS (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) TRAINING DEPOSITS (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) TRAINING DEPOSITS (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) TRAINING DEPOSITS (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) TRAINING DEPOSITS (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) TRAINING DEPOSITS (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) TRAINING DEPOSITS (3) (4) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (7) Federal income taxes (8) Federal income taxes (9) Federal income taxes (9) Federal income taxes (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) Federal income taxes (5) Federa			(c) Method of valuation: Cost or end-of-year market value
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(3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, line 25, col. (B)) 17, 90			17,90
(4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, line 25, col. (B)) 17, 90	1165		
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(9) Total (Column (b) must equal Form 990, Part X, line 25, col. (B)) 17, 90			
Total (Column (b) must equal Form 990, Part X, line 25, col. (B))	> 		
2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total (Column In) must equal Form 990, Part X, line 25, col.	. (B))	
2. Clability for directions tax positions and a second provided in Part VIII	2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements that reports the

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

Schedule D (Form 990) 2023

Pai	t XI Reconciliation of Revenue per Audited Financial		per Return	
	Complete if the organization answered "Yes" on Form 990, Part I			
1	Total revenue, gains, and other support per audited financial statements	·	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	F 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	P - T		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4c	
C	Add lines 4a and 4b	- 101	5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financia	Statements With Expense	es per Return	
Pa	Complete if the organization answered "Yes" on Form 990, Part I	V line 12a		
_			1	
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses Other (Describe in Part XIII.)			
d	Add lines 2a through 2d		2e	
e	Subtract line 2e from line 1			
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4h		4c	
С	Add lines 4a and 4b			
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii. TXIII Supplemental Information	ne 18.)	5	
c 5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, lines 1)	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	Ι,
c 5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a an	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	Ι,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a an	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	l,
c 5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a an	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	Ι,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a an	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	Ι,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a an	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	Ι,
c 5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a an	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	1,
c 5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a an	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	1,
c 5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a an	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	1,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a an	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	I,
c 5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a an	ne 18.) and 4; Part IV, lines 1b and 2b; Par	5	I,

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization						84-3727	ntification number
Part I Fundraising Activities	TA INSTITUTE Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV,	line 1		
required to complete this par	t						
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed the compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)		(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (or retaine fundrais	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from re	egistration
		_					

332081 09-13-23

Schedule G (Form 990) 2023

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

_	_	le G (Form 990) 2023 SPERAVI	TA INSTITUTE						3727772 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and grant gra	ne organization answered	I"Yes ⊾⊑7 li	" on Form 990, Par nes 1 and 6b. List	rt IV, I eveni	ine 18, or repo s with aross re	rtea r eceipt	s greater than \$5,000.
		of fundraising event contributions and gi	(a) Event #1)-L2., II	(b) Event #2	6) Other events		
			HOPE FOR		(0) = 0.000	``	NONE		(d) Total events
			LIFE BALL				-10-1-		(add col. (a) through
			(event type)		(event type)		(total number)		col. (c))
e			(event type)		(0.0,11,1)		<u>` </u>		
Revenue			127,705.						127,705.
Bè	1	Gross receipts	121,703:						
	_	Less: Contributions	75,605.						75,605.
	2	Less: Contributions	7570051						
	,	Gross income (line 1 minus line 2)	52,100.						52,100.
-	3	Gross moorne (mre 1 mmee mee =)							
	4	Cash prizes						_	
	5	Noncash prizes						_	
es								- 1	10.000
ens	6	Rent/facility costs	10,000.	ļ				-	10,000.
Direct Expenses									26 702
ect	7	Food and beverages	26,702.			_		-	26,702.
ä			25 222						26,000.
	8	Entertainment	4 - 011					-	15,911.
	9	Other direct expenses							78,613.
	10	Direct expense summary. Add lines 4 throug							-26,513.
D.	11	Net income summary. Subtract line 10 from III Gaming. Complete if the organization	answered "Ves" on Form	n 990	Part IV line 19. or	repo	ted more than		20,020.
Pa	ırt 1	\$15,000 on Form 990-EZ, line 6a.	answered 103 on 10m	., 000,	, (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	,			
-		\$13,000 0H 1 0HH 330 EE, III 6 34.		(b) Pull tabs/instant) Other coming		(d) Total gaming (add
ĭĽe			(a) Bingo		o/progressive bingo	"	;) Other gaming	9	col. (a) through col. (c))
Revenue									
ď	1	Gross revenue							
	·								
ιO	2	Cash prizes							
ıse									
Expenses	3	Noncash prizes				-		_	
ct E									
Direc	4	Rent/facility costs		-		-		-	
_	5	Other direct expenses	1		Yes %	┢	Yes	%	
			Yes%	H			No No	- ′°	
	6	Volunteer labor	No No	لسا	No		NO		
	_	Direct expense summary. Add lines 2 throug	th 5 in column (d)					- 1	
	7	Direct expense summary. Add lines 2 tilloug	ji) 5 ii) Coldinii) (a)					····· [
		Net gaming income summary. Subtract line	7 from line 1, column (d)						
	8	Net garning income summary. Odbirdet into	THOM INTO THE COLUMN TO						
۵	Fn	ter the state(s) in which the organization cond	lucts gaming activities:						
9	ls t	the organization licensed to conduct gaming a	activities in each of these	state	s?				Yes No
		No," explain:							
10a	We	ere any of the organization's gaming licenses i	revoked, suspended, or t	ermin	ated during the tax	year	?		Yes No
		Yes," explain:							
	_								
	_								
3320	82 0	9-13-23					8	Sched	dule G (Form 990) 2023

	edule G (Form 990) 2025 SFLICAVITA INDITIO	3/2///2	$\overline{}$
11	Does the organization conduct gaming activities with nonmembers?	Yes	L No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13a	%
H	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
k	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	; If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17			
á	als the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	☐ No
	retain the state gaming license?	L Tes	NO
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
<u> </u>	organization's own exempt activities during the tax year \$ Intrivity Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III. lines 9.	9b, 10b,
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V); and F 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , .
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information of the increase in		
-			
_			
_			
_			
-			
_			

Schedule G	(Form 990) SPERAVITA INSTITUTE	84-3727772 Page 4
Part IV	(Form 990) SPERAVITA INSTITUTE Supplemental Information (continued)	
T 43. 1. 1. 1	<u></u>	
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SCHEDULE 0 (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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization SPERAVITA INSTITUTE	Employer identification number 84-3727772
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT CURRENTLY HAVE SEPARATE COMMIT	TEES ON THEIR
GOVERNING BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WILL BE REVIEWED BY THE BOARD BEFORE FILING	•
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE BOARD	AND SITUATIONS ARE
DISCUSSED ON HOW TO HANDLE POTENTIAL CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED A	NNUALLY BY THE
BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	

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

Schedule O (Form 990) 2023

4562 Form

Depreciation and Amortization (Including Information on Listed Property)

990

2023

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

(dentifying number

SPERAVITA INSTITUTE			FORM	990 P	AGE 10	V hoforo v	84-3727772
Part Election To Expense Certain Propert							1 1 CO OOO
1 Maximum amount (see instructions)			***************************************			1	1,160,000.
2 Total cost of section 179 property place	d in service (see i	instructions)				2	2 000 000
3 Threshold cost of section 179 property	pefore reduction	in limitation				3	2,890,000.
4 Reduction in limitation. Subtract line 3 fr	om line 2. If zero	or less, enter -0-					
5 Dollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter					5	
6 (a) Description of pro	perty	(b) C	ost (business us	e only)	(c) Elected c	taost	
7 Listed property. Enter the amount from	ine 29						
8 Total elected cost of section 179 proper	ty. Add amounts	in column (c), lines	s 6 and 7 \dots		,	8	
9 Tentative deduction. Enter the smaller	of line 5 or line 8					9	
10 Carryover of disallowed deduction from	line 13 of your 20)22 Form 4562				10	
11 Business income limitation. Enter the sn	naller of business	income (not less t	han zero) or	line 5		11	
12 Section 179 expense deduction. Add lin	es 9 and 10, but	don't enter more t	han line 11			12	
13 Carryover of disallowed deduction to 20	24. Add lines 9 a	nd 10, less line 12		13			
Note: Don't use Part II or Part III below for li	sted property. In:	stead, use Part V.					
Part II Special Depreciation Allowar	ice and Other Do	epreciation (Don't	include list	ed propert	ty.)		
14 Special depreciation allowance for quali	fied property (oth	er than listed prop	erty) placed	in service	during		
the tax year		.,				14	
15 Property subject to section 168(f)(1) elec	ction					15	
						16	
Part III MACRS Depreciation (Don't i	nclude listed pro	perty. See instruct	ions.)				
		Section					
17 MACRS deductions for assets placed in	service in tax ye	ars beginning befo	re 2023		<u></u>	17	
18 If you are electing to group any assets placed in servi							
Section B - Assets	Placed in Service	e During 2023 Tax	Year Using	g the Gen	eral Deprecia	tion Syste	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprec (business/investmet only - see instructi	iation nt use (d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property							
c 7-year property							
d 10-year property						L	
e 15-year property							
f 20-year property							
g 25-year property				25 yrs.		S/L	
g 20-year property	/		- 2	27.5 yrs.	MM	S/L	
h Residential rental property	1			27.5 yrs.	MM	S/L	
	,			39 yrs.	MM	S/L	
 Nonresidential real property 	,	1			MM	S/L	
Section C - Assets P	aced in Service	During 2023 Tax	Year Using	the Alteri	native Deprec	iation Sys	stem
						S/L	
20a Class life	-			12 yrs.		S/L	
b 12-year	,			30 yrs.	ММ	S/L	
c 30-year	',			40 yrs.	MM	S/L	
d 40-year Part IV Summary (See instructions.)							
	28					21	
21 Listed property. Enter amount from line	4 through 17 %-	oc 10 and 20 in co					
22 Total. Add amounts from line 12, lines 1 Enter here and on the appropriate lines	of vour roturn Dr	orthorshine and S.	corporations	- see inst	r	22	0.
Enter here and on the appropriate lines	or your return. Pa	artiferent year ent	or the	500 11130			
23 For assets shown above and placed in		Journality Bar, Britt	.,	23			

Foi	rm 4562 (2023)	SPE	RAVITA	INST	ITUT	E						84-	<u> 3727</u>	772_	age 2
	art V Listed Proper	recreation c	r amusement)								olote onl	v 24a		
	Note: For any 24b, columns	a) through (c	c) of Section A.	all of Si	ection B	, and s	Section C	парр	icable.						
			on and Other I			ution:	See the ir		tions for li	nits for p	assenge	er autom	obiles.)		
248	a Do you have evidence to s	support the bu	siness/investme	nt use cla	aimed?	<u>Ļ</u> .	Yes	No	24b If "Y			ce writte	en? L	J Yes ∟	<u>No</u>
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	ot	(d) Cost or her basis	100	(e) lasis for depre ousiness/inve- use only	stment	(f) Recovery period	Metl	a) hod/ ention	Depre	n) ciation ction	Elec sectio	n 179
25	Special depreciation alloused more than 50% in	owance for q	ualified listed p	roperty	placed	in sen	vice during	the t	ax year an	d	25				
-	Property used more than	n 60% in a d	uslified busine	ec Hee.											
26	Property used more that		yamed busine												
_			9/												
_		1 1	9/	_		-									
_	- 1500/ - I	'													
27	Property used 50% or le		med business (S/L -					
_			9/	1						S/L·					
_			9/	_		-				S/L					
_	Add amounts in column	(L) lines 05			and on	lino 2	1 nage 1				28				
28	Add amounts in column Add amounts in column	(n), lines 25	through 27. E	an line	7 5000	1 III 16 Z 1	. i, pago		•••••				29		
to y	mplete this section for ve your employees, first ans	wer the ques	stions in Section	n C to	see if you	u meei	t an excep	tion to	o completi	ng this s	ection fo	or those	vehicles	s.	
				(;	a)	(b)			(c)	(c			e) 	(f	
30	Total business/investment	miles driven d	uring the	Vehi	cle 1	Ve	Vehicle 2 V		ehicle 3	Vehicle 4		Vehicle 5		Vehicle 6	
	year (don't include commu							-							
	Total commuting miles							-	_						
32	Total other personal (no														
	driven					-		-							
33	Total miles driven during														
	Add lines 30 through 32				г		1			1/	NI-	Vaa	Na	Vac	No
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No No	Yes	No No	Yes	No	Yes	No	Yes	No_
	during off-duty hours?					-		-							
35	Was the vehicle used p		more												
	than 5% owner or relate					-	-								
36	Is another vehicle availa	able for perso	onal												
_	use?									The size F					
	swer these questions to	determine if		or Empl ception	loyers W	Vho Pr pleting	g Section I	nicles B for v	rehicles us	ed by er	nployee	s who a	en't		
mo	ore than 5% owners or re	atea person	S.	abibita :	ll perse	nal usa	o of vohicle	ae inc	duding co	nmutina	by you	r		Yes	No
	Do you maintain a writte employees?														
38	Do you maintain a writte employees? See the ins	en policy stat structions for	tement that province the contract that the contract the contract that the contract	hibits p by corp	oersonal oorate of	use o fficers,	f vehicles, , directors	exce _l or 19	ot commut 6 or more	ing, by y owners	our				

27	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
31	·		
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
-	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		-
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization (a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortiza period or per		(f) Amortization for this year
42 Amortization of costs that begins during y	our 2023 tax year:					
SOFTWARE DEVELOPMENT	060123	84,000.		60M		9,800.
43 Amortization of costs that began before your 2023 tax year					43	
44 Total. Add amounts in column (f). See the instructions for where to report					44	9,800.