RAYMOND J.WERNKE & COMPANY

Certified Public Accountant

5889 Fourson Drive, Cincinnati, Ohio 45233

Mailing Address: P.O. Box 58663, Cincinnati, Ohio 45258-0663

PHONE: 513-381-1414

E-Mail:RJWERNKECO@AOL.COM

FAX: 513-807-4531

November 27, 2024

SOTENI, Inc. 103 William Howard Taft Road Cincinnati, OH 45219

Dear Victoria,

I have prepared your 2023 Form 990 based on the information you provided. Please review the enclosed copy and contact me if any records need correcting before being e-filed.

There are no taxes or fees due with the return.

I wamt to remind you that you must enter a summary of the 990 information on the website located at CharitableRegistration.OhioAttorneyGeneral.gov by 2/15/2026.

If you have any questions about the return(s) or about SOTENI, Inc.'s tax situation during the year, please do not hesitate to call me at (513) 381-1414. I appreciate this opportunity to serve you.

Sincerely,

Mark R Wernke

Raymond J Wernke and Company

Mark R. Wernke CPA

Privacy Notice

As a tax preparer, I have always protected your right to privacy. Like all providers of personal financial services, I am now required by law to inform my clients of my policies regarding privacy of client information.

Types of Nonpublic Personal Information I Collect

I collect nonpublic personal information about you that is provided to me by you or obtained by me with your authorization.

Parties to Whom I Disclose Information

For current and former clients, I do not disclose any nonpublic personal information obtained in the course of my practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to my employees, and in limited situations, to unrelated third parties who need to know that information to assist me in providing services to you. In all such situations, I stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

I retain records relating to professional services that I provide so that I am better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, I maintain physical, electronic, and procedural safeguards that comply with my professional standards. Please call if you have any questions, because your privacy, my professional ethics, and the ability to provide you with quality financial services are very important to me.

Federal Tax Return

SOTENI, Inc.

2023

Raymond J Wernke and Company P.O. Box 58663 Cincinnati, OH 45258-0663 Phone: (513) 381-1414 Fax: (513) 807-4531 RJWernkeCo@aol.com

Electr	onic F	iling Info	rmation	(990/PF	/EZ/T/11	20-POL)
Signature Method						•
X Option (1) - Using Prac	titioner PIN.	Use Section (A) be	elow.		n prepared 7/2024	
Option (2) - Scanned 8	453-TE.				·	
PIN Information	Enter info	rmation below				
			(A) Pra	ctitioner PIN:		
		PIN (5 Digits)	TP entered	ERO entered		
Тахр	ayer PIN:	50077	X			
EF	RO PIN:	96905				
	<u></u>				•	
EFIN						
Enter your 6-digit EFIN number EFIN: 310286	er. You can e 	enter EFINs in the	Preparer Table.			
Submission ID						
The Submission ID for this	e-File will be	e computed autom	atically when an	EFIN is entered	above. It will only	be regenerated
if a 'Rejected by EFC' or 'F	-		gement is receiv	ed and the e-Fil	e is recreated.	
-	62024330ntp	ostwh				
Name Control						
Click here to see Kno	wledge Bas	e Document 1450	0, for more info	rmation on Nar	ne Controls	
Organization Info	rmation					
Please 6	enter all t	taxpayer den	nographic c	lata on the	Main Inform	ation form.
Does the IRS have the most of	current Resp	onsible Party inforr	nation on file?	Ye	es No	
Officer name				Officer Title		Date return signed
Victoria Wulsin				Board Chair		11/27/2024
Officer Email address				Officer Phor 513-729-999		Officer Foreign phone
ERO	(Enter da	ta in the Preparer	Manager)	1010-129-99	<u> </u>	
ERO's name	(Linter da	ta iii tiic i reparci	wanager)			Foreign phone number
Mark R Wernke						
Firm's name						
Raymond J Wernke and Con	npany					
Preparer	(Enter da	ta in the Preparer	Manager)			
Preparer's name				PTIN		Non-paid prep type
Mark R Wernke				P001	35468	Fancion altan
Firm's name Raymond J Wernke and Con	nnany					Foreign phone number

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Α	For the	2023 ca	lendar year, or tax year beginning	4/1/2023	, and er	nding	3/3	1/2024			
В	Check if a	applicable:	C Name of organization SOTENI, Inc.			D	Employer	identificat	ion number	•	
	Address o	change	Doing business as SOTENI, Inc.								
一		-	Number and street (or P.O. box if mail is no	ot delivered to street address)	Room/suite	20-	0041518	3			
Ш	Name cha	ange	103 William Howard Taft Road			E Telephone number					
	Initial retu	ırn	City or town	State	ZIP code	E 4 '	720 00	22			
$\overline{\Box}$	-		Cincinnati	ОН	45219	510	3-729-99	32			
Щ	Final return	/terminated	Foreign country name Foreign	n province/state/county	Foreign postal	code					
	Amended	return				G	Gross rec	eipts \$		32	26,944
Ħ			F Name and address of principal officer:						, –	1., [<u></u>
Ш	Applicatio	n pending	' '			H(a) Is this a				; <u> </u>	X No
			Victoria Wulsin 103 William Howard	Taft Road, Cincinnati, C	OH 45219	H(b) Are all	subordinate	s included	?	Yes	No
1	Tax-exer	npt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	If "No,"	attach a lis	st. See instr	uctions		
	Website	. \\/\//	w.Soteni.org			H(c) Group	evemption	number			
					1				_		
K	Form of o	organization	n: X Corporation Trust Assoc	iation Other	L Yea	r of formation	2003	M State	e of legal dor	micile:	OH
P	art I	Sui	mmary								
	1	Briefly d	lescribe the organization's mission or	most significant activitie	s: To re	duce the I	ncidence	of HIV/	AIDS in		
9		•	enya and Eswatini and improve the li	9							
ā						/}					
Activities & Governance		Ch 4	his have the same instituted in	scontinued its operations	dian al	45	OF0/	-£:44			
<u></u>	2	Check th						1 1	asseis.		40
<u>ن</u>	3		of voting members of the governing					3			10
S	4		of independent voting members of the					4			10
Ę	5		ımber of individuals employed in cale		line 2a) . . .			5			1
媡	6		ımber of volunteers (estimate if neces					6			
ĕ	7a	Total un	related business revenue from Part \	VIII, column (C), line 12.				7a			0
	b	Net unre	elated business taxable income from	Form 990-T, Part I, line	11			7b			
						Pri	or Year		Curren	t Year	
Φ	8	Contribu	utions and grants (Part VIII, line 1h) .		[121	1,454		30	00,647
2	9		n service revenue (Part VIII, line 2g) .					0			0
Revenue	10		ent income (Part VIII, column (A), line					98			-453
ď	11		evenue (Part VIII, column (A), lines 5,				29	9,077		-	26,750
	12		venue—add lines 8 through 11 (must eq					0,629	326,944		
	13		and similar amounts paid (Part IX, co					1,897			14,169
	14						19				
			s paid to or for members (Part IX, colu				٠.	0	0 400		
ses	15		, other compensation, employee benefit					7,311			38,403
Expenses	16a		ional fundraising fees (Part IX, colum	,	t t		4(),516			0
X	b		ndraising expenses (Part IX, column		14,822						
ш	17		xpenses (Part IX, column (A), lines 1					0			50,488
	18	Total ex	penses. Add lines 13–17 (must equa	ıl Part IX, column (A), line	e 25) . .		269	9,724		3	13,060
	19	Revenu	e less expenses. Subtract line 18 fro	m line 12			-119	9,095			13,884
Net Assets or	3					Beginning	of Current	Year	End of	f Year	
sets	20	Total as	sets (Part X, line 16)				188	3,236		20	01,291
AS	21	Total lia	bilities (Part X, line 26)		[54	1,367		ţ	53,538
ž	22	Net asse	ets or fund balances. Subtract line 21	I from line 20	[133	3,869		14	17,753
P	art II		nature Block		,						
			y, I declare that I have examined this return, inc	luding accompanying schedules	and statements.	and to the be	st of mv kr	nowledge			
			ect, and complete. Declaration of preparer (other				-	-			
٠.											
Sig	_	Sign	ature of officer				Date				
He	re	_	toria Wulsin		Board	d Chair	2410				
					Doard	u Oriali					
			e or print name and title t/Type preparer's name	Preparer's signature		Date	1		PTIN		
D-	id		v i ype piepaiei s iiailie	Mark D 11 Jana	60 COA	Date	C	heck	if		
Pa		Mar	rk R Wernke	Mark R. Wern Mark R Wernke	TXY	11/27/		elf-employe		35468	3
	eparer		5				•	31-0946			
US	e Only	'					n's EIN				
		l l	n's address P.O. Box 58663, Cincinn				one no.	(513) 38		-	
Ma	y the IR	RS discus	ss this return with the preparer shown	above? See instructions	8				X Ye	es	No

Form 9	90 (2023)	SOTENI, Inc.				20-0041518	Page 2
	rt III	Statement of Program Check if Schedule O c			in this Part III...		
1	To redu	escribe the organization's more the Incidence of HIV/AIDS ected by HIV/AIDS.	S in Rural Kenya and		the lives of		
2	the prior	organization undertake any s Form 990 or 990-EZ? describe these new service				Yes	X No
3	services	organization cease conductions? describe these changes on		nt changes in how it con		· · · Yes	X No
4	Describe expense	e the organization's program s. Section 501(c)(3) and 50 expenses, and revenue, if a	service accomplishn 1(c)(4) organizations	are required to report the			
4a	Kenya a of such a project o with HIV	enya: Soteni Inc. provides and the staff and local leader activity building, the Soteni strants and contributions from	resources to build the s of the three Soteni taff on the ground in a a variety of funders	villages of hope. As a n Kenya either managed during this period. for p	aff of Soteni najor indicator or obtained eople living		
					<u> </u>		
4b	medical) (Expenses Inc. also strengthened sup services including a laborate services and HIV testing, to	port for the dispensa ory, child wellness se	rvices, deliveries of nev	ich provides essential wborns, family	enue \$	
		services and this testing, it	an underse ved are		vesterii Filoviiilee.		
4c	which er) (Expenses ater Project - SOTENI, Inc. on nables in home purification of by one of our partners, the F D- 2021 fiscal year.	ontinued the Soteni- of drinking water for a	Children's safe drinking bout 2,100 people living	g with HIV/AIDS.	enue \$ 4	3,266)
4d	-	ogram services (Describe o	•		/Povenus ®	27.044.\	
4e	(Expens	es \$ 27,011 ogram service expenses	including grants of \$ 256,6		(Revenue \$	27,011)	

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Χ	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
_	complete Schedule D, Part III	8		Χ
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	١		.,
اہ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
_	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170		
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
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		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,,		v
20-	If "Yes," complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a 20b		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Par	t IV Checklist of Required Schedules (continued)	1010		aye -
	Chocking of Regulate Consumers		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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Χ	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Χ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l		
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Χ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25h		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		 ^
20	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	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J2		$\stackrel{\wedge}{\vdash}$
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			Ė
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		V	
Der	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Shook if Conocado O Containo a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
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	Х	

20-0041518 Page **5**

	() 55.2.11, 116.			9
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
_		5b		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			^
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			\ <u>\</u>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	Х	
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 services provided to the payor?	7a		Х
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 was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а		ısa		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.0		\ <u>/</u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
_b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Ves " complete Form 6060			
	n vas comoleia entri pund			

Form 990 (2023) SOTENI. Inc. 20-0041518 Page 6 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. Section A. Governing Body and Management Nο Enter the number of voting members of the governing body at the end of the tax year . . . 10 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. Enter the number of voting members included on line 1a, above, who are independent 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?. 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No **10a** Did the organization have local chapters, branches, or affiliates? 10a Χ **b** If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Χ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ 13 13 14 Χ 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement 16a Χ 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

	A Own website	Another's website	A Opon request	Other (explain on Schedule O)	
19	Describe on Schedule	O whether (and if so, how) the	organization made its gove	erning documents, conflict of interest policy	,
	and financial statement	to available to the public during	the tax year		

and financial 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

,	•	•	•	•	0	
	SOTENI,	Inc				513-729-9932

Form 990 (2023)	SOTENI, Inc.	20-0041518	Page 7
-----------------	--------------	------------	--------

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	ss pe	ition more rson irect	than book Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) Caroline Phelps	30.00										
Executive Director (former)	0.00				Х	Χ	Χ	35,574	0		
(2) Lynn Deasy	0.90	1									
Secretary	0.00	X		Χ							
(3) Raymond Osbun	1.00										
Trustee	0.00	Х									
(4) Lawson Wulsin	3.50										
Trustee	0.00	Х									
(5) Victoria Wulsin	20.00			.,							
Board Chair	0.00			Х							
(6) Janis Robb	6.25	1									
Trustee	0.00	Х									
(7) Michael Corbly	1.20	.,		.,							
Treasurer (current)	0.00			Х							
(8) DR Henna Krishnan	1.53	1									
Trustee	0.00	Х									
(9) Lizzie Ngwenya-Scoburgh	0.00										
Trustee	0.00	Х									
(10) Laura Lewis	0.00										
Trustee	0.00	Х									
(11) Tim Shea	1.50	V		V			v				
Treasurer (former)	0.00	Х		Χ			Х				
(12) Eric Garanne	1.40	_									
Trustee (42) DR Regio Reshawed	0.00	Х									
(13) DR Pooja Rachewad	64.00 0.00	ł			_						
Executive Director (current)	0.00				Х						
(14)		1									

20-0041518

Pa	art VII Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	iH t	ghes	t Co	ompensated Em	iployees ((continu	ıed)		
	(A) Name and title	(B) Average	(do r	not ch	Pos neck	C) ition more	than dis both	ne	(D) Reportable	(E) Reporta				ount.
	Name and the	hours per week (list any hours for related organizations below dotted line)		er an		irecto	Highest compensated employee	ee)	compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compens from rela organization 1099-MI 1099-NI	ation ated ns (W-2/ ISC/	com fi orgar	of other organization of other organization of other o	on and
(15)										1				
(16)														
(17)														
(18)														
(19)														
(20)														
(21)				1										
(22)			*											
(23)														
(24)														
(25)		• C												
1b	Subtotal		<u> </u>						35,574		0			0
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)		 				 		0 35,574		0			0
2	Total number of individuals (including but not line reportable compensation from the organization	mited to those lis	sted a	abov	e) v	vho	recei	ved	more than \$100),000 of				0
3	Did the organization list any former officer, dire		v om	nlov	00	or h	iaho	st o	amponeated				Yes	No
3	employee on line 1a? If "Yes," complete Sched											3	Х	
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater	•	•						•	h				
5	individual											4	Х	
	for services rendered to the organization? If "Ye	•			-			_				5		Χ
Sec 1	tion B. Independent Contractors Complete this table for your five highest compe	nsated independ	dent o	cont	ract	ors	that r	ece	eived more than	\$100.000	of			
	compensation from the organization. Report co								with or within the					
	(A) Name and business add	ress							(B) Description of ser	vices	С	(C) ompen		
														0
														0
														0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ed to	tho	se I	iste	d abo	ve)	who received					

Part VIII Statement of Revenue

		Check if Schedule O contains a response or i	note to any line in	this Part VIII			🔲
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
3ra ou		Fundraising events	0				
s, (Am	C						
sift. ar/	d	Related organizations	0				
s, C nilė	е	Government grants (contributions) 1e	0				
Sir	f	All other contributions, gifts, grants, and					
uti		similar amounts not included above 1f	300,647				
rib Oth	g	Noncash contributions included in					
ont nd (lines 1a–1f	\$ 19,500				
a Č	h	Total. Add lines 1a–1f		300,647			
			Business Code	333,311			
e)	2a	†	-	0			
ر مزر	b			0			
ser iue				0			
n S /er	C			_			
ıram Serv Revenue	d			0			
Program Service Revenue	е			0			
Pr	f	All other program service revenue		0			
	g	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends, interest					
		other similar amounts)		-453			
	4	Income from investment of tax-exempt bond produced	ceeds	0			
	5	Royalties		0			
		Royalties	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	c	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(ii) Other	0			
	/ u	sales of assets	(10) (10)				
		other than inventory 7a	0				
ø.			0				
nu	b	Less: cost or other basis					
Revenue		and sales expenses	0				
Re	С	Gain or (loss)	0				
er	d			0			
Oth	8a	Gross income from fundraising					
0		events (not including \$0					
		of contributions reported on line 1c).					
		See Part IV, line 18	26,750				
	b	Less: direct expenses 8b	0				
	С	Net income or (loss) from fundraising events		26,750			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 9a	0				
	b	Less: direct expenses 9b	0				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less		J			
	IVa	returns and allowances	0				
			0				
	b	Less: cost of goods sold	ű				
	С	Net income or (loss) from sales of inventory		0			
ns	١	,	Business Code				
eo	11a			0			
an	b			0			
Miscellaneous Revenue	С			0			
isc R	d	All other revenue		0			
Σ	е	Total. Add lines 11a–11d	<u></u>	0			
	12	Total revenue. See instructions		326,944	0	0	0

Form 9	990 (2023) SOTENI, Inc.			20-004	11518 Page 10
	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other o	rganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	214,169	214,169		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	32,734	26,187	3,273	3,274
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	2,940	2,058	588	294
10	Payroll taxes	2,729	1,911	546	272
11	Fees for services (nonemployees):				
а	Management	22,014	9,750	6,000	6,264
b	Legal	0			
С	Accounting	5,051		5,051	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	969		969	
14	Information technology	152	122	15	15
15	Royalties	0			
16	Occupancy	7,162		7,162	
17	Travel	232	232		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0		. =	
20	Interest	1,500		1,500	
21		0	-	0.15	
22	Depreciation, depletion, and amortization	216	0	216	0
23	Insurance	1,282		1,282	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				

547

1,101

2,084

4,160

14,018

313,060

1,101

1,088

256,618

(A), amount, list line 24e expenses on Schedule O.)

a Postage b Telephone

c Printing & Copying

d Consulting

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Total functional expenses. Add lines 1 through 24e

e All other expenses

25

26

4,160

10,858

41,620

547

2,084

2,072

14,822

Page **11**

20-0041518

Part X	Balance	Sheet
--------	---------	-------

2 Savings and temporary cash investments 707 2 433			Check if Schedule O contains a response or note to any line in this Part X .			
2 Savings and temporary cash investments 707 2 43-3						• •
Pledges and grants receivable, net		1	Cash—non-interest-bearing	182,300	1	191,447
A Accounts receivable, net		2	Savings and temporary cash investments	707	2	434
A Accounts receivable, net		3	Pledges and grants receivable, net	0	3	0
Secured mortgages and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.		4		1,000	4	0
controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10 Less: accumulated depreciation. 10 Less: accumulated depreciation. 11 Investments—publicy traded securities. 12 Investments—program-related. See Part IV, line 11. 13 Investments—program-related. See Part IV, line 11. 14 Intangible assets. O 144. 15 Other assets. See Part IV, line 11. 16 Other assets. See Part IV, line 11. 17 Accounts payable and accrued expenses. 18 Grants payable and accrued expenses. 21 Total assets. Add lines 1 through 15 (must equal line 33). 188.236. 18 Grants payable and accrued expenses. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Unsecured notes and loans payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Net assets with donor restrictions. 28 Partial stops of trust principal, or current funds. 29 Capital stops of trust principal, or current funds. 20 Capalizations that do not follow FASB ASC 958, check here and complete lines 23 through 33. 29 Capital stops of trust principal, or current funds. 20 Capital stops of trust principal, or current funds. 21 Total liabilities. 22 Loans and other p		5				
10			trustee, key employee, creator or founder, substantial contributor, or 35%		4	
Universe tion 4958(f)(1)), and persons described in section 4958(c)(3)(B)			controlled entity or family member of any of these persons	.0	5	
7 Notes and loans receivable, net 0 7 0 0 0 0 0 0 0 0		6	Loans and other receivables from other disqualified persons (as defined			
9 Prepaid expenses and deferred charges 10 10 10 10 10 10 10 1				0	6	
9 Prepaid expenses and deferred charges 10 10 10 10 10 10 10 1	ets	7	Notes and loans receivable, net	0	7	0
9 Prepaid expenses and deferred charges 10 10 10 10 10 10 10 1	SS	8	Inventories for sale or use	0'	8	
Section Complete Part VI of Schedule D 10a 4,611 10b 4,395 572 10c 216 11 10b 125 126 126 126 126 127 126 127 126 127 126 127 126 127 127 126 127	⋖	9	Prepaid expenses and deferred charges	0	9	
b Less: accumulated depreciation 10b 4,395 572 10c 216 11		10a	Land, buildings, and equipment: cost or			
11 Investments—publicly traded securities 3,657 11 4,368 12 Investments—other securities. See Part IV, line 11 0 12 0 0 13 0 0 14 0 0 14 0 0 14 0 0 14 0 0 0 0 0 0 0 0 0			other basis. Complete Part VI of Schedule D 10a 4,611			
12 Investments—other securities. See Part IV, line 11.		b	Less: accumulated depreciation 10b 4,395	572	10c	216
13 Investments—program-related. See Part IV, line 11 0 13 0 14 14 16 15 14 16 15 15 15 16 15 16 15 16 15 16 15 16 15 16 15 16 16		11	Investments—publicly traded securities	3,657	11	4,365
14 Intangible assets		12	Investments—other securities. See Part IV, line 11	0	12	0
15 Other assets. See Part IV, line 11		13	Investments—program-related. See Part IV, line 11	0	13	0
15 Other assets. See Part IV, line 11		14	Intangible assets	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 33) 188,236 16 201,29° 17 Accounts payable and accrued expenses 2,329 17 18 Grants payable 0 18 19 Deferred revenue 0 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 52,038 22 53,534 23 Secured mortgages and notes payable to unrelated third parties 0 24 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 0 25 0 26 Total liabilities. Add lines 17 through 25 54,367 26 53,536 Organizations that follow FASB ASC 958, check here		15		0	15	4,829
7		16	Total assets. Add lines 1 through 15 (must equal line 33)	188,236	16	201,291
Tax-exempt bond liabilities and count liability. Complete Part IV of Schedule D. Tax-exempt bond liabilities. Tax-exempt bond liability. Complete Part IV of Schedule D. Tax-exempt bond liability. Complete Part IV of Schedule D. Tax-exempt bond liabilities (riculating fields only these persons. Tax-exempt bond liabilities (riculating fields. Tax-exempt bond liabilities (riculating fields. Tax-exempt bond liabilities (riculating fields. Tax-exempt bond liabilities (riculating fields.) Tax-exempt bond liabilities (riculating parties, or land bilities (riculating parties). Tax-exempt bond liabilities (riculating parties). Tax-exempt bond liabil		17	Accounts payable and accrued expenses	2,329	17	
Tax-exempt bond liabilities		18	Grants payable	0	18	
Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Secured mortgages and notes payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. 133,869 32 1447,755		19	Deferred revenue	0	19	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. 133,869 32 1447,755		20	Tax-exempt bond liabilities	0	20	
Unsecured notes and loans payable to unrelated third parties		21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Unsecured notes and loans payable to unrelated third parties	es	22	Loans and other payables to any current or former officer, director,			
Unsecured notes and loans payable to unrelated third parties	≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Unsecured notes and loans payable to unrelated third parties	ap		controlled entity or family member of any of these persons	52,038	22	53,538
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties	0	24	0
Part X of Schedule D		25	Other liabilities (including federal income tax, payables to related third			
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions						
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 7 Net assets without donor restrictions			Part X of Schedule D	0	25	0
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Organization or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Total liabilities and net assets/fund balances. Organizations that follow FASB ASC 958, check here and complete lines 29 through 33. Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances. 188,236 33 29 Capital stock or trust principal, or current funds. 0 29 Capital stock or trust principal, or current funds. 0 30 Capital stock or trust principal, or current funds. 0 31 Capital stock or trust principal, or current funds. 188,236 33 201,290		26	Total liabilities. Add lines 17 through 25	54,367	26	53,538
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	es		Organizations that follow FASB ASC 958, check here X			
Net assets without donor restrictions	nc		and complete lines 27, 28, 32, and 33.			
Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. O 29 Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Total liabilities and net assets/fund balances. 185,766 28 121,463 0 29 131 133,869 32 147,753 133,869 32 147,753	<u>a</u>	27	Net assets without donor restrictions	48,103	27	26,290
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 33 Total liabilities and net assets/fund balances. 34 September 29 through 33. 35 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 36 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 30 Paid-in or capital surplus, or land, building, or equipment fund. 30 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 33 Total liabilities and net assets/fund balances. 34 133,869 32 147,753	B	28	Net assets with donor restrictions	85,766	28	121,463
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	ŭ		Organizations that do not follow FASB ASC 958, check here			
29 Capital stock or trust principal, or current funds	Ē		and complete lines 29 through 33.			
Paid-in or capital surplus, or land, building, or equipment fund	Ö	29	Capital stock or trust principal, or current funds	0	29	
Yet Total net assets or fund balances31Retained earnings, endowment, accumulated income, or other funds03132Total net assets or fund balances133,86932147,75333Total liabilities and net assets/fund balances188,23633201,293	šets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
32 Total net assets or fund balances	A SS	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Z 33 Total liabilities and net assets/fund balances	et/	32	Total net assets or fund balances	133,869	32	147,753
	Ź	33	Total liabilities and net assets/fund balances	188,236	33	201,291

Form 990 (2023) SOTENI, Inc. 20-0041518 Page **12**

Part	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		326	3,944
2	Total expenses (must equal Part IX, column (A), line 25)	2		313	3,060
3	Revenue less expenses. Subtract line 2 from line 1	3		13	3,884
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		133	3,869
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			
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		147	7,753
Part	XII Financial Statements and Reporting	_			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2.0		
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		0-	V	
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
٥-	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				.,
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		I

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Name of the organization Employer identification number SOTENI. Inc. 20-0041518

Par	t I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.		
he o	orga	nization is not a private foundati	ion because it is: (F	or lines 1 through 12, o	check only	one box.)		
1	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 1	1 70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		•		
3		A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(l	b)(1)(A)(ii	i).		
4		A medical research organizatio	n operated in conju	nction with a hospital d	lescribed	in section	170(b)(1)(A)(iii). En	ter the	
		hospital's name, city, and state:	:						
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170)(b)(1)(A)(v).		
7	Χ	An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental ι	unit or from the gene	ral public	
8	П	A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9	Ħ	An agricultural research organiz				d in coniur	nction with a land-gra	ant college	
		or university or a non-land-gran university:							
10	Ш	An organization that normally re							
		receipts from activities related t support from gross investment							
		acquired by the organization af						3303	
11	П	An organization organized and	operated exclusivel	y to test for public safe	ety. See s e	ection 509	9(a)(4).		
12	Ħ	An organization organized and	operated exclusivel	y for the benefit of, to	oerform th	e function	s of, or to carry out t	he purposes of	
		one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a)(1) or se	ction 509(a)(2). See section 5	09(a)(3).	
а		Type I. A supporting organiz the supported organization(s							
		organization. You must con			,,				
b		Type II. A supporting organiz	zation supervised or	controlled in connecti	on with its	supporte	d organization(s), by	having	
		control or management of th organization(s). You must c			me perso	ns that co	ntrol or manage the	supported	
С	Г	Type III functionally integra			n connect	ion with a	and functionally integ	rated with	
Ŭ	L	its supported organization(s)						ratou man,	
d		Type III non-functionally in that is not functionally integral	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att		
	г	requirement (see instruction							
е	L	Check this box if the organized functionally integrated, or Ty					Type I, Type II, Typ	e III	
f		Enter the number of supported			ig organiz	auon.			0
a		Provide the following information						· · · <u> </u>	U
		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount o	
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (s instructions)	ee
				asoro (eee mea acaeme))				mea deache,	
					Yes	No			
A)									
В/									
B)									
C)									
,									
D)									
E)									
ota	<u> </u>						0		0

 Schedule A (Form 990) 2023
 SOTENI, Inc.
 20-0041518
 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	230,574	267,291	427,914	150,629	326,944	1,403,352
2	Tax revenues levied for the						
	organization's benefit and either paid					•	
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	230,574	267,291	427,914	150,629	326,944	1,403,352
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,403,352
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	230,574	267,291	427,914	150,629	326,944	1,403,352
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from			•			
	similar sources				98		98
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	•	190				190
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)				233		233
11	Total support. Add lines 7 through 10						1,403,873
12	Gross receipts from related activities, etc. (se					12	
13	First 5 years. If the Form 990 is for the orga		ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)		Τ
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su	pport Percenta	age			<u> </u>	
14	Public support percentage for 2023 (line 6, c	olumn (f), divided b	y line 11, column	(f))		14	99.96%
15	Public support percentage from 2022 Sched					15	0.00%
16a	33 1/3% support test—2023. If the organiz						
	and stop here. The organization qualifies as	s a publicly support	ed organization .				X
b	33 1/3% support test—2022. If the organiz	ation did not check	a box on line 13 c	or 16a, and line 15 i	s 33 1/3% or more	, check this	-
	box and stop here. The organization qualified	es as a publicly sup	ported organization	on			
17a	10%-facts-and-circumstances test—2023	B. If the organization	n did not check a b	oox on line 13, 16a,	or 16b, and line 1	4	
	10% or more, and if the organization meets						
	Part VI how the organization meets the facts		•	•			<u> </u>
_	organization						
b	10%-facts-and-circumstances test—2022	•					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the factorization		•	•			
40	•						
18	Private foundation. If the organization did in the organization of the organization				this box and see		Γ
	instructions						· · · · <u> </u>

 Schedule A (Form 990) 2023
 SOTENI, Inc.
 20-0041518
 Page 3

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	amy ander the	tooto notou bon	ow, piedee cen	ipioto i artii.)		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	` '	,	, ,	. ,	, ,	
	received. (Do not include any "unusual grants.")						0
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					A	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	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	- 0	0	0	0	0
8	Public support (Subtract line 7c from						0
Sac	tine 6.)						0
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
	Gross income from interest, dividends,						·
	payments received on securities loans, rents,	· ·					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,	_ ا	_	_	_	اء	-
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the organization, check this box and stop here			or iiith tax year as a	. , , ,		
800							· · · · · <u>L</u>
	Ction C. Computation of Public Su	•	_	(f))		15	0.00%
15 16	Public support percentage for 2023 (line 8, c Public support percentage from 2022 Sched					16	0.00%
	ction D. Computation of Investmen			<u> </u>		10	0.0070
17	Investment income percentage for 2023 (line			column (f))		17	0.00%
18	Investment income percentage for 2023 (line		-			18	0.00%
	33 1/3% support tests—2023. If the organi					_	0.0070
4	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2022. If the organi				-		
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did i	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	S	

Schedule A (Form 990) 2023 SOTENI, Inc. 20-0041518 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Schedul	ule A (Form 990) 2023 SOTENI, Inc.	20-0041518	F	age 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the follow	= :		
а	A person who directly or indirectly controls, either alone or together with p			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b)	
С	A 35% controlled entity of a person described on line 11a or 11b above?	T "Yes" to line 11a, 11b, or 11c, provide		
Secti	detail in Part VI. tion B. Type I Supporting Organizations			
Occu	non B. Type i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their of	official capacity or membership of one or	1.00	1,10
•	more supported organizations have the power to regularly appoint or elect at least	1 21		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI			
	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, direct	ors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to se	uch powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization			
	organization(s) that operated, supervised, or controlled the supporting organization			
	VI how providing such benefit carried out the purposes of the supported of			
04:	supervised, or controlled the supporting organization.	2		
Secti	tion C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax y	ear also a majority of the directors	162	NO
•	or trustees of each of the organization's supported organization(s)? If "No			
	or management of the supporting organization was vested in the same pe			
	the supported organization(s).	1		
Secti	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the	•		
	organization's tax year, (i) a written notice describing the type and amoun			
	year, (ii) a copy of the Form 990 that was most recently filed as of the dat			
•	organization's governing documents in effect on the date of notification, to			
2	Were any of the organization's officers, directors, or trustees either (i) app			
	organization(s), or (ii) serving on the governing body of a supported organ the organization maintained a close and continuous working relationship			
3	By reason of the relationship described on line 2, above, did the organiza	• • • • • • • • • • • • • • • • • • • •		
Ū	a significant voice in the organization's investment policies and in directin			
	income or assets at all times during the tax year? If "Yes," describe in Pa	•		
	supported organizations played in this regard.	3		
Secti	tion E. Type III Functionally Integrated Supporting Organizatio	ns		
1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year (see instruction	1S).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations.	Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI	how you supported a governmental entity (see instruc	tions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year dire	ctly further the exempt purposes of	1.00	1,10
	the supported organization(s) to which the organization was responsive?			
	those supported organizations and explain how these activities direct	•		
	how the organization was responsive to those supported organizations, a	nd how the organization determined		
	that these activities constituted substantially all of its activities.	<u>2a</u>		
b	Did the activities described on line 2a, above, constitute activities that, but	-		
	one or more of the organization's supported organization(s) would have be			
	Part VI the reasons for the organization's position that its supported organization			
_	these activities but for the organization's involvement.	<u>2b</u>		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	and the efficiency discrete as		
а	Did the organization have the power to regularly appoint or elect a majority			
b	trustees of each of the supported organizations? <i>If "Yes" or "No," provide</i> Did the organization exercise a substantial degree of direction over the po			
D	of its supported organizations? If "Yes," describe in Part VI the role playe			
	, , , , , , , , , , , , , , , , , , , ,	- 5	•	

 Schedule A (Form 990) 2023
 SOTENI, Inc.
 20-0041518
 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orgar	nizations	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	anizati	ons must complete Sections	s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	_	
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ally inte	egrated Type III supporting	organization (see
instructions).			

Schedule A (Form 990) 2023 SOTENI, Inc. 20-0041518 Page **7**

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 **7 Total annual distributions.** Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. **9** Distributable amount for 2023 from Section C, line 6 9 0 **10** Line 8 amount divided by line 9 amount 10 0.000 (ii) (iii) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 0 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 **b** From 2019. c From 2020. From 2021. e From 2022. **Total** of lines 3a through 3e **g** Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years 0 **b** Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2019. 0 0 **b** Excess from 2020 . 0 c Excess from 2021. d Excess from 2022 0 e Excess from 2023 0

Schedule A (Form 990) 2023 SOTENI, Inc. 20-0041518 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Employer identification number

SOTENI, Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements Total acreage restricted by conservation easements . . . **c** Number of conservation easements on a certified historic structure included on line 2a . . . 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. **b** Assets included in Form 990, Part X

	ule D (Form 990) 2023 SOTENI, Inc.						20-00415		Page 2
	Organizations Maintaining Colle Using the organization's acquisition, access)
3	collection items (check all that apply).	sion, and other	records,	check any	or the following	ig mai ma	ake signilicani u	se of its	
а	Public exhibition		d	Loan or	exchange pro	naram			
_	Scholarly research		e	Other		_			
b			e	_ Other					
с 4	Preservation for future generations Provide a description of the organization's of	collections and	explain l	now they fu	urther the orga	ınization's	exempt purpos	e in Part	
	XIII.								
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes	No
Part	Escrow and Custodial Arranger Complete if the organization answ 990, Part X, line 21.		n Form	990, Parl	t IV, line 9, o	r reporte	ed an amount o	on Form	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?			-		her asset	s not	Yes	No
b	If "Yes," explain the arrangement in Part XI	II and complete	the follo	wing table	e.		Ar	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year				(1e			
f	Ending balance					1f			0
2a	Did the organization include an amount on	Form 990, Part	X, line 2	1, for escr	ow or custodia	al account	t liability?	Yes X	No
b	If "Yes," explain the arrangement in Part XI	II. Check here	f the exp	lanation h	as been provid	ded in Par	rt XIII	🗀	
Part	Complete if the organization answ			_	1			()=	
1a	Beginning of year balance	a) Current year	(B) P	ior year	(c) Two years I	back (d)	Three years back	(e) Four yea	rs dack
b	Contributions								
c	Net investment earnings, gains,								
	and losses	. (
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	0		0		0	0		0
2	Provide the estimated percentage of the cu	rrent year end		(line 1g, co	olumn (a)) held	d as:			
а	Board designated or quasi-endowment		<u>%</u>						
b	Permanent endowment	<u>%</u>							
С	Term endowment %	sould says 100	.0/						
3a	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss			on that are	hold and adm	ninictorod	for the		
Ja	organization by:	ession of the o	iyailizali	on mai are	e neid and adn	iiiiistereu	ioi tile	Yes	No
	(i) Unrelated organizations							3a(i)	110
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi							3b	1
4	Describe in Part XIII the intended uses of the		•				'	ı	1
Part									
	Complete if the organization answ		n Form	990, Part	t IV, line 11a	. See Fo	orm 990, Part X	K, line 10.	
	Description of property	(a) Cost or ot		` '	or other basis other)	. ,	cumulated reciation	(d) Book val	ue
1a	Land		C)	0				0

0

0

0

0

Buildings

d Equipment

Other

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .

0

0

4,611

4,395 216 0 0 216

Schedule D (Form 990) 2023

0

0

0

0

Schedule D (Form 990) 2023 SOTENI, Inc.			20-0041518	Page 3
Part VII Investments—Other Securities.				
Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11b. See Form	990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year		
(1) Financial derivatives	0			
(2) Closely held equity interests	0			
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)			7	
(G)			,	
(H)				
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)).	0			
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 v Cost or end-of-year		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		<u> </u>		
(8)				
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).	0			
Part IX Other Assets.				
Complete if the organization answered '	'Yes" on Form 990.	Part IV. line 11d. See Form	990. Part X. line	15.
(a) Descri		,	(b) Book value	_
(1)				
(2)				
(3)				
(4)	*			
(5)				
(6)				
(7)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, line 15, o	nol (D))		_	
	;OI. (B))	 		0
Part X Other Liabilities. Complete if the organization answered 'line 25.	'Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Part	Χ,
	tion of liability		(b) Book value	
(1) Federal income taxes	·· ··		(5) 255 (4)	0
(2) Payroll Liabilities			<u> </u>	
(3)				
(4)				
(5)				
(6)				

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С.	Other losses		
d	Other (Describe in Part XIII.)		_
e	Other (Describe in Part XIII.)	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
_			
b	Other (Describe in Part XIII.)	40	0
b c	Add lines 4a and 4b	4c	0
b c 5	Add lines 4a and 4b	4c 5	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5 Part V, line 4; Pa	0

Schedule D (Fo		20-0041518	Page 5
Part XIII	Supplemental Information (continued)		
		<u> </u>	
	•.()		
	. (/)		
	X		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number SOTENI, Inc. 20-0041518

Par	General Inform Form 990, Part IV		vities Outside	e the United States. Com	plete if the organization answ	rered "Yes" on					
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?										
2	For grantmakers. Descoutside the United State		e organization's	procedures for monitoring the	e use of its grants and other a	ssistance					
3		he following Par	t I, line 3 table ca	an be duplicated if additional	space is needed.)	T					
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region					
(1)					7)						
(2)											
(3)											
(4)											
(5)											
(6)			+_	O							
(7)			0								
(8)											
(9)											
(10)											
(11)											
(12)	. •										
(13)											
(14)											
(15)											
(16)											
(17 <u>)</u>	Subtotal	0	0			0					
	Total from continuation sheets to Part I	0	0			0					
_	Tatala (add lines 2s and 2h)	I 0	Λ			Λ.					

Schedule F (Form 990) 2023 SOTENI, Inc. 20-0041518 Page **2**

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

Part IV,	line 15, lor an	y recipient who rece	ived more than \$5,0	00. Part II can be	duplicated if addition	nai space is need	aea.	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV/AIDS prevention		Wire Transfer		4	
(1)			and mitigation	19,213		4		
(2)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	2,000	Wire Transfer			
(3)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	2,000	Wire Transfer			
(4)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	1,500	Wire Transfer			
(5)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	27,736	Wire Transfer			
(6)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	1,500	Wire Transfer			
(7)		Sub-Saharan Africa	Clean Water to HIV positive individuals	43,256	Wire Transfer			
(8)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	9,740	Wire Transfer			
(9)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	7,108	Wire Transfer			
(10)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	12,729	Wire Transfer			
(11)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	7,994	Wire Transfer			
(12)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	31,155	Wire Transfer			
(13)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	7,822	Wire Transfer			
(14)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	6,000	Wire Transfer			
(15)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	38	Wire Transfer			
(16)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	1,491	Wire Transfer			

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

3 Enter total number of other organizations or entities

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

Schedule F (Form 990) 2023

line 16. Part III can b	oe duplicated if additional s	pace is needed					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_ (1)							
(2)							
(3)							
_ (4)							
(5)				.0			
(6)				1112			
(7) (8)							
(9)		+ (
(10)			9				
(11)		11.					
(12)							
(13)	100						
(14)							
(15) (16)							
(17)							
(18)							

Schedule F (Form 990) 2023 SOTENI, Inc. 20-0041518 Page **4**

	SOTERN, INC.	20 00 11010	i agc -
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 SOTENI, Inc. Page 5 20-0041518 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

20-0041518 Page 1 of 1

Part II Co	ontinuation of Gran	nts and Other Assis	stance to Organizat	tions or Entities	Outside the United	States. (Schedul	e F (Form 990), Part II,	line 1)
1 (a) Name of organization		(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(17)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	928	Wire Transfer		•	
(18)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	3,495	Wire Transfer			
(19)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	3,082	Wire Transfer			
(20)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	38	Wire Transfer			
(21)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	2,000	Wire Transfer			
(22)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	40	Wire Transfer			
(23)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	4,613	Wire Transfer			
(24)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	2,128	Wire I ranster			
(25)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation	16,563	Wire Transfer			
(26)				J				
(27)								
(28)			cO,					
(29)								
(30)		00						
(31)								
(32)								
(33)								
(34)								
(35)								

SOTENI, Inc.

Schedule F (Form 990) 2013

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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

20-0041518

SOTE	NI, Inc.					20-004	11518				
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.											
а											
b	Internet and email solicitations		f S	olicitation o	of government grants	S					
С	Phone solicitations		g 🔲 S	pecial fund	raising events						
d	In-person solicitations										
2a	Did the organization have a written of	or oral agreemer	nt with any	individual	(including officers, o	lirectors, trustees, o	r				
	key employees listed in Form 990, F	•			,		Yes No				
b											
			1								
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No							
1				•	0	0	0				
2					0	0	0				
3					0	0	0				
4					0	0	0				
5			C 1		0	0	0				
6					0	0	0				
7					0	0	0				
8					0	0	0				
9					0	0	0				
10					-	_					
		-	<u> </u>		0	0	0				
Total					0	n	0				
3	List all states in which the organizati	on is registered	or license	d to solicit	ŭ	been notified it is ex					
	registration or licensing.	o o					•				
			·								
 -											

Schedule G (Form 990) 2023 20-0041518 Page **2** SOTENI. Inc. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Sunrise With Soteni NONE (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 26,750 26,750 Less: Contributions . . . 0 Gross income (line 1 minus line 2). . 26,750 26,750 Cash prizes 0 Noncash prizes 0 Direct Expenses Rent/facility costs 0 0 Food and beverages . . . 0 0 Entertainment 0 Other direct expenses . . 0 Direct expense summary. Add lines 4 through 9 in column (d). 0) Net income summary. Subtract line 10 from line 3, column (d) 26,750 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue. 0 Direct Expenses Cash prizes . . 0 2 Noncash prizes . . 0 Rent/facility costs . . 0 Other direct expenses 0 5 Yes % Yes % Yes Volunteer labor . .

	7 Direct expense summary. Add lines 2 through 5 in column (d)	(0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			0
9	Enter the state(s) in which the organization conducts gaming activities:			
a b	3 3	[Yes	☐ No
10a b				☐ No
		Sched	dule G (Form	990) 2023

Sched	ule G (Form 990) 2023 SOTENI, Inc.	20-00415	18 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es 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?	_ Ye	es No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	נ	
	Name		
	Address)	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	es 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the	Ш .	
	amount of gaming revenue retained by the third party \$0		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$0		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	es No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		0
Part			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	information	n.
	OGG ITIGII UCUOTIS.		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization SOTENI, Inc.

Employer identification number

20-0041518

Par	Questions Regarding Compensation			1
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	4.		
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	40		
a b	Receive a severance payment or change-of-control payment?	4a 4b		
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a 5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	ac		
	(/)			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
а	compensation contingent on the net earnings of: The organization?	6a		Х
a b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			,,
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

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

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

		(B) Breakdown of W-2	and/or 1099-MISC and/or 10	099-NEC compensation				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Caroline Phelps	(i)						0	
1 Executive Director (former)	(ii)						0	
Tim Shea	(i)						0	
2 Treasurer (former)	(ii)						0	
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)			***				
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
·	(i)							
8	(ii)			j				
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
12	(i)							
13	(i) (ii)							
13	(i)							
14	(ii)			l				
	(i)							
15	(ii)					1		
	(i)							
_16	(ii)							

Schedule J (Form 990) 2023 SOTENI, Inc. 20-0041518 Page **3**

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part III Supplemental Information
for any additional information.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par
	for any additional information.
	(0)
	▼

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SOT	ENI, Inc.							20-00	41518	3				
Par								on 501(c)(29) org 25b; or Form 9						
1	(a) Name of disqualifie	ad parean	(b) Relationship be			person and		(c) Description	of tran	caction			(d) Cor	rected?
	(a) Name of disqualific	ed person		organizat	tion			(C) Description	i oi ii aii				Yes	No
(1)									1					
(2)														
(3)										7				
(4)														
(5)														
(6)														
2	Enter the amount of under section 4958.		_		agers or	disqualified	d perso	ons during the year.	ear 		\$			
3	Enter the amount of	tax, if any, on li	ne 2, above, rei	imburse	ed by th	e organizat	ion				. \$			
Par	Complete if the organization re	organization ar ported an amou	nswered "Yes" ont on Form 990), Part 2	X, line 5	i, 6, or 22.		a, or Form 990, F	1		I		I	<i>1.</i> :11
(a)	Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Origii principal an	nai nount	(f) Balance due		ı	by bo	proved pard or nittee?	agree	ritten ment?
				То	From				Yes	No	Yes	No	Yes	No
	Lawson & Victoria Wul	Board Membe	Organization L	Х		5	0,000	53,538		Х	Х		Х	
(2)					X									
(3)														
(4)					1									
(5)			•											
(6)			•											
(7)														
(8)														
(9)														
(10)														
Tota							. \$	53,538						
Part	Grants or Assi Complete if the					Part IV, line	27.							
(a) Name of interested person		ship between interest and the organization		c) Amount	of assistance	(d) Type of assistance	e	(€	e) Purpo	ose of a	ssistan	ce
(1)														
(2)														
(3)		V												
(4)														
(5)														
(6)	V													
(7)														
(8)							t							
(9)														
(40)							1							

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

SOTENI, Inc.

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-0041518

Form 990, Part III, Line 4d: Program Service Expenses: 6,830, Grants and allocations: 0,
Revenue: 6,830 International Foundation- In the 2020-2021 fiscal; year, SOTENI, Inc. received
a grant from the International Foundation to further SOTENI, Inc;s mission of working to
reduce the incidence of HIV/AIDS in rural Kenya and to improve the lives of such
individuals. SOTENI, Inc. also paid for a supscription to a data collection support tool,
CommCare.
Form 990, Part III, Line 4d: Program Service Expenses: 18,681, Grants and allocations: 0,
Revenue: 18,681 SOTENI SWAZI SHEROES Project - In 2020, SOTENI extended its outreach to
Eswatini (Formerly Swaziland) to launch a new program Swazi SHEROES - a program providing
holistic economic empowerment programing and services forwomen and girls who are vunerable to
or living with HIV/AIDS in Esatini.
Form 990, Part III, Line 4d: Program Service Expenses: 1,500, Grants and allocations: 0,
Revenue: 1,500 The program is for a presentation done in order to extend education and
outreach for SOTENI Kenya.
. 71

Schedule O (Form 990) 2023	_ Page 2
Name of the organization	Employer identification number
SOTENI, Inc.	20-0041518
-	

Form **8868**

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

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

	filing (e-file). You can electronically file For						
	v except for Form 8870, Information Return						nc
	Form 8870 must be sent to the IRS in a paper			n the electron	nic fili	ng of Form	
	www.irs.gov/e-file-providers/e-file-for-charitie		•				
	you are going to make an electronic funds withdr	rawal (direct	debit) with this Form 8868, see Form 84	153-TE and Fo	rm 88	379-TE for pay	/ment
instructions.							
	ons required to file an income tax return other the		0-T (including 1120-C filers), partnership	s, REMICs, an	nd trus	sts must use F	- orm
	uest an extension of time to file income tax return	ns.					
	dentification						
Type or	Name of exempt organization, employer, or o	ther filer, see		Taxpayer ide	ntifica	ition number ((TIN)
Print	SOTENI, Inc.			20-0041518			
File by the	Number, street, and room or suite no. If a P.C). box, see ir	nstructions.				
due date for	103 William Howard Taft Road						
filing your return. See	City, town or post office, state, and ZIP code.	For a foreig	n address, see instructions.				
instructions.	Cincinnati, OH 45219						
Enter the E	Poturn Code for the return that this application	n ic for (file	a congrate application for each retu	rn)			01
	Return Code for the return that this application	il is ioi (ille	e a separate application for each retu	111)			01
Application	on Is For	Return	Application Is For				Return
		Code					Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)				09
Form 4720) (individual)	03	Form 5227				10
Form 990-	PF	04	Form 6069				11
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 8870				12
	T (trust other than above)	06	Form 5330 (individual)				13
Form 990-	T (corporation)	07	Form 5330 (other than individual)				14
Form 1041	1-A	08					
P	Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Automatic Extension of Time To File		mpt Organizations (see instruct	ions)			
TelephoIf the orIf this isfor the who	oks are in the care of SOTENI, Income No. 513-729-9932 ganization does not have an office or place of for a Group Return, enter the organization's ble group, check this box	of business four-digit (. If it is for p	Group Exemption Number (GEN) part of the group, check this box				 If this is attach
for the	uest an automatic 6-month extension of time ne organization named above. The extension calendar year 20 or tax year beginning 4/1 etax year entered in line 1 is for less than 12 Change in accounting period	n is for the	20 23 , and ending	3/31		, 20 24	
any	s application is for Forms 990-PF, 990-T, 47 nonrefundable credits. See instructions.				3a	\$	0
estin	s application is for Forms 990-PF, 990-T, 47 nated tax payments made. Include any prior	year overp	payment allowed as a credit.		3b	\$	0
	i nce due. Subtract line 3b from line 3a. Inclu g EFTPS (Electronic Federal Tax Payment S		•		3с	\$	0

Form 8868	8 (Rev. 1-2024) SOTENI, Inc.		20-0041518	Page 2
Part III	— Extension of Time To File Form 5330 (see instructions)			
1	I request an extension of time until, 20, to file Form 5330.			
	You may be approved for up to a 6-month extension to file Form 5330, after the normal due date	of Forn	n 5330.	
а	Enter the Code section(s) imposing the tax.			
b	Enter the payment amount attached.	1b	\$	
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c		
2	State in detail why you need the extension.			
	nalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete this application.	e, and tha	at I am authorized	

Signature

Form **8868** (Rev. 1-2024)

Date

Perjury Statement

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that I have examined a copy of the exempt organization's 2023 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the exempt organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

	Off	icer	's S	3ig	nat	ure
--	-----	------	------	-----	-----	-----

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 50077	Date:	11/27/2024	
ERO Declaration I declare that the information contained in this electron the corporation. If the exempt organization furniss information contained in this electronic return is in the exempt organization. If the furnished return wentered the paid preparer's identifying information If I am the paid preparer, under the penalties of preturn, and to the best of my knowledge and belies based on all information of which I have any knowledge.	shed me a completed retuidentical to that contained was signed by a paid prepon in the appropriate portionerjury, I declare that I havef, it is true, correct, and o	rn, I declare that the in the return provided by arer, I declare I have on of this electronic return.	
ERO Signature I am signing this tax return by entering my PI	N below:		
ERO's PIN 31028696905 (Enter EFIN plus 5 self-selected numerics	s)		

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

			Cash	Noncash
1	Federated Campaigns	1	_	·
	Membership dues			
3	Fundraising events	3		
4		4		
5	Government grants (contributions)	5		
6	All other contributions, gifts, grants, and similar amounts not included above:			
	Contribution -Individual	_	266,147	
	Contribution-Organizations	_	1,000	
	Professional Services	_		19,500
	Grant	_	14,000	
	Other contributions total	6	281,147	19,500
7	Total	7	281,147	19,500

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	(A)	(B)	(C)	(D)
	Total	Program services	Management and general	Fundraising
1 Depreciation	216		216	
2 Depletion	0			
3 Amortization	0			
4 Total	216	0	216	0

Part X, Line 4 (990) - Accounts Receivable

	Accounts	receivable	Allowance for dou	btful accounts
	Beginning	End	Beginning	End
1 Accounts Receivable - Pledges 1	1,000	0	0	
2	0		0	
3 3	0		0	
4 4	0		0	
5 5	0		0	
6	0		0	
7 7	0		0	
8 8	0		0	
9 9	0		0	
10 10	0		0	
11 Total accounts receivable	1,000	0	0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

			Before Disposition: Less Disposed:		4,039	572			
		* Asset disposed during tax year	After Disposition:				216	4,395	216
		Asset Description and Classif	cation	[Beginning of Yea	r		End of Year	
	Check (X) if				Beginning		Current	Ending	
	Investment		Asset	Cost/Other	Accumulated	Beginning	Year	Accumulated	Ending
	Asset	Category or Item	Classification	Basis	Depreciation	Balance	Depreciation	Depreciation	Balance
1		HP Printer 8000	Equipment	164	164	0		164	0
2		Other Fixed Assets	Equipment	1,819	1,819	0		1,819	0
3		Computer Equipments	Equipment	1,135	1,135	0		1,135	0
4		Asus Laptop OC	Equipment	846	846	0		846	0
5		Laptop	Equipment	647	75	572	216	431	216

Part X, Lines 11 and 12 (990) - Investments - Securities

					Total:	2,843	3,657	4,365
		Check if		Check if			Beginning	Ending
		Publicly	Check if	Closely-Held	Number	Value	Balance	Balance
		Traded	Financial	Equity	of Shares/	at Time of	Book Value	Book Value
	Description	Securities?	Derivatives	Interests	Face Value	Donation	FMV	FMV
1	WSFS Financial Corporation	Х			35.00	544	376	451
2	Exxon Mobil Corp	Х			5.00	373	548	582
3	George Putnam Balanced Fund Class	Х			97.54	1,926	2,733	3,332

Part X, Line 15 (990) - Other Assets

	Total:	0	4,829
	Description	Beginning	End
1	Prepaid Credit Cars		809
2	Other Currect Assets		4,020

Management & General - Professional Fees

Descr	iption	Total
1 Accou	unting Fees	6,000
Total		6,000

Management & General - Occupancy

Description	Total
1 Rent	5,844
2 Utilities	1,318
Total	7,162

Other Expenses - Program Expenses

Description	Total
1 Payroll Processing	372
2 Other Expenses	716
Total	1,088

Other Expenses - Management & General

Description	Total
1 Publicity Expenses	8,250
2 Publications	1,215
3 Bank Fees	1,196
4 Other Expenses	90
5 Payroll Processing	107
Total	10,858

Other Expenses - Fundraising

Total
300
590
1,039
90
53
2,072