# Form **990**

### **Return of Organization Exempt From Income Tax**

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

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury

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.

		a 2020 cal	lendar year, or tax y	ear beginning	4/1/20			nding		31/2021		CLIOI	
		applicable:	C Name of organization		7/ 1/20	720	, and e				cation numbe	r	
	Address o		Doing business as	Soteni, Inc.					D Limploy	, idoniiii		•	
	Address C	Snange	•	or P.O. box if mail is not	delivered to street a	address)	Room/suite	<del></del> ,	20-004151	Ω			
] ו	Name cha	ange	103 William Howar		donvoida to on out o	add:000)	toom/outto	-	E Telephor		-		
╗,	Initial retu	ırn	City or town	u rait itoau	State		ZIP code		L releption	ic ridilibei			
ᆗ '	ırınıaı retu	1111	Cincinnati		OH		45219	!	513-729-9	932			
I	Final return	/terminated	Foreign country nam	ne Foreign	province/state/coun		oreign posta	l code					
	Amended	Lroturn	r oreign country nam	ic roleigh	province/state/court	ity i	orcigii posta	loodo	G Gross re	ceints \$		32	21,320
글'	Amended	i i etui i i							0 0103510	осіріз ф			
	Applicatio	n pending	F Name and address of	of principal officer:				H(a) Is thi	s a group return	for subordi	nates?	Yes	X No
			Jenny Brady 103 W	Villiam Howard Ta	ft Road, Cincinr	nati, OH 4	5219	H(b) Are	all subordina	tes include	ed?	Yes	No
	Tay ayan	npt status:	X 501(c)(3) 5	501(c) ( ) <	(insert no.)	4947(a)(1) o	r 527	If "N	lo," attach a l	▼ list. See in	structions		
				301(c) ( ) <del>-</del>	(insert no.)	4347 (a)(1) 0	321						
J	Website:	: <b>&gt;</b> ww	w.Soteni.org				1	H(c) Gro	up exemption	number	<u> </u>		
K	Form of o	organization	: X Corporation	Trust Associa	ation Other •	•	L Ye	ar of forma	tion: 2003	M St	tate of legal do	micile:	ОН
P	art I	Sui	mmary							4			
	1		escribe the organiza	ation's mission or	most significant	activities.	Tor	educe th	e Incidenc	e of HI\	//AIDS in		
æ	•		enya and improve th				793	oddoo iii	o inoladina	0 01 1111	777 11 20 111		
ä		Turar Tu	onya ana improve ti	10 11/03 01 11/030 111	ileoted by Til Vii	11DO.							
Governance													
Š	2			e organization dis			r disposed	of more	than 25%	1 1	et assets.		
Ō	3		of voting members		• `					3			14
တ	4	Number	of independent voti	ing members of th	e governing boo	dy (Part VI	, line 1b) .			4			14
Ë	5	Total nu	mber of individuals	employed in caler	ndar year 2020	(Part V, lin	e 2a) .   .			5			1
Activities &	6	Total nu	mber of volunteers	(estimate if neces	sary)		<b>Y</b>			6			
Ac	7a	Total un	related business rev	venue from Part V	III, column (C),	line 12.				7a			0
	b		elated business taxa							7b			0
								1	Prior Year	•	Curre	nt Year	
Φ	8	Contribu	itions and grants (P	art VIII, line 1h).					23	30,574		26	57,291
Revenue	9		n service revenue (F							0			0
š	10		ent income (Part VII							-72			190
æ	11		venue (Part VIII, co						6	67,849		F	53,839
	12		enue—add lines 8 th	1 1						98,351			21,320
	13		and similar amounts							9,752			55,417
	14								17	0		10	0,417
			enefits paid to or for members (Part IX, column (A), line 4)								0 220		
ses	15		laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				92,807			50,220			
eus	16a												
Expenses	b		ndraising expenses				37,655			10.100			
ш	17		kpenses (Part IX, co							16,489			38,851
	18		penses. Add lines 1						31	9,048			64,488
	19	Revenu	e less expenses. Su	ubtract line 18 fron	n line 12				-2	20,697		5	6,832
s or								Beginni	ng of Currer	nt Year	End o	f Year	
set	20		sets (Part X, line 16						5	8,230		15	6,217
t As	21	Total lia	bilities (Part X, line 2	26)					5	51,266		ç	2,421
Net Assets or Fund Balances	22	Net asse	ets or fund balances	s. Subtract line 21	from line 20 .					6,964		6	3,796
Pa	art II	Sig	nature Block										
			y, I declare that I have exa								;		
and	belief, it is	s true, corre	ct, and complete. Declara	ation of preparer (other	than officer) is base	d on all inforn	nation of whic	h preparer	has any knov	vledge.			
Sig	n												
He		<b>"</b>	Signature of officer						Date				
пе	i e												
			Type or print name and t	title									
		Prin	t/Type preparer's name		Preparer's signatur	е		Date		-	PTIN		
Pa	id		de D Manuel -		Mank D.W.	_		40/0		Check _	if	05400	,
Pre	eparer	. Mar	k R Wernke		Mark R Wernke	9				self-emplo		35468	<u>,                                      </u>
	e Only		ı's name ► Raymor	nd J Wernke & Co	L				Firm's EIN	► 31-09	46466		
			i's address ▶ 5889 Fo	ourson Drive, Cinc	innati, OH 4523	33			Phone no.	513-3	81-1414		
Ma	v the IR	RS discus	s this return with the	e preparer shown	above? See ins	structions					. X Y	es	No

2 E	Statement of Program Check if Schedule O col Briefly describe the organization's mis	Service Accomplishments Itains a response or note to any line in this Part III	Page <b>2</b>
1 E	Check if Schedule O col Briefly describe the organization's mis To reduce the Incidence of HIV/AIDS	ntains a response or note to any line in this Part III	X
2 E	To reduce the Incidence of HIV/AIDS	n Rural Kenya and improve the lives of those infected	
2 E			
2 E	by HIV/AIDS.		
t			
t			
t	Did the organization undertake any sid	nificant program services during the year which were not listed on	
14			X No
11	If "Yes," describe these new services	on Schedule O.	
		or make significant changes in how it conducts, any program	
	services?		X No
	If "Yes," describe these changes on S		
		ervice accomplishments for each of its three largest program services, as measured by exp(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if an		
	, , ,	, , , , , , , , , , , , , , , , , , , ,	
4a (	(Code: ) (Expenses \$	98,524 including grants of \$ 122,485 ) (Revenue \$	)
		sources to build the capacity of both the staff of Soteni	
		of the three Soteni villages of hope. As a major indicator	
		ff on the ground in Kenya either managed or obtained variety of funders during this period. We continued the	
		reject which enables in home purification of drinking	
		n HIV/AIDS. Funded by one of our partners, the Proctor and	
	Gamble Fund of the Greater Cincinna	Foundation in the 2017- 2018 fiscal year. Soteni Inc. also	
		y at SVH-Mbakalo, which provides essential medical services	
		ervices, deliveries of newborns, family planning services	
<u>-</u>	and HIV testing, to an underserved are	a near a rural slum in Western Province.	
=			
<b>4b</b> (	(Code: ) (Expenses \$	-258 including grants of \$ 0 ) (Revenue \$	)
		nues its Sponsorship Program by supporting 9 Orphans and	
		lucation. The support typically includes tuition, fees,	
		nd psychosocial support. Students are matched up with	
		annual sponsorship fees help to cover these expenses. The ss, with sponsors receiving letters, updates, and photos from	
	Soteni and the students.	o, with application recentling rotterer, applicated, unite proceed from	
_			
		•	
		<b>/</b>	
4c (	(Code: ) (Expenses \$	0 including grants of \$ 0 ) (Revenue \$	)
		Center - Several years ago, a family in Cincinnati, Ohio funded	
		nprising of office space, meeting rooms, library, and	
		is center and comprise support of this establishment in	
		of the Center, Support of the Library, Support of the	
	(O   D O	cility and Guard House, Support of Meeting Rooms, and Support	
	or Colar I Ower Cystelli.		

4d Other program services (Describe on Schedule O.)
(Expenses \$ 99,689 including grants

4e

(Expenses \$ 99,689 including grants of \$ Total program service expenses ►

197,955

0)(Revenue \$

171,310 )

Part	V Checklist of Required Schedules		•	ago c
			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 Schedule B, Schedule of Contributors See instructions?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Χ	
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?			
	If "Yes," complete Schedule G, Part III	19		Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	I		
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts I and II	21		_ v

Form		20-004	1518	Р	age <b>4</b>
Par	rt IV Checklist of Required Schedules (continued)				
		ŀ		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		_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		22		Х
23	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		Х
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
			24b		
С	3 , 3 ,				
اہ	to defease any tax-exempt bonds?		24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		24d		-
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		Х
b			200		<u> </u>
-	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		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	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 Schedule L,		<i>L</i> 1		Ĥ
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а					
	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					
	If"Yes," complete Schedule L, Part IV		28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	•	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		30		_
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		31		<u> </u>
-	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				
	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,				1
	III, or IV, and Part V, line 1.		34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		330		
••	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 in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O		38	Χ	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>			닏
4-	Enter the number reported in Day 2 of Form 4000 Fatan 0 if not applicable	اء		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	U			
	gaming (gambling) winnings to prize winners?	<u> </u>	1c		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
Za	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)		Λ.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Χ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		Χ
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?	7с		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.			
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ıı a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> 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			
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see 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
		10		^
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) Soteni. Inc. 20-0041518 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI 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 . . . . 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 . . . . 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? . . . 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 Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b 8 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Did the organization have local chapters, branches, or affiliates? 10a Χ 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 in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a 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 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 Х 15b Χ If "Yes" to line 15a or 15b, describe the process in 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 ▶ OH 17 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. X Another's website Own website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

103 William Howard Taft Road, Cincinnati, OH 45219

Soteni, Inc

20

#### 

### 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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

See 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)	ю́х,	unles er an	neck ss pe	ition more rson irecto	than o is both pr/trusted employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jenny Brady	40.00									
Executive Director	0.00		_		Х			56,616		
(2) Kathy Burlew	1.00									
Trustee	0.00	X								
(3) Lynn Deasy	1.00									
Trustee	0.00									
(4) Tim Deasy	1.00	4								
Trustee	0.00									
(5) Daniel Odipo	1.00	1								
Trustee	0.00	Х								
(6) Sandy Spinner	1.00									
Trustee	0.00	Х	ļ							
(7) Alexandra Vrazo	1.00									
Trustee	0.00			Х						
(8) Lawson Wulsin	1.00	1								
Trustee	0.00		ļ							
(9) Victoria Wulsin	1.00									
Trustee	0.00			Х						
(10) Tyrone Yates	1.00	1								
Trustee	0.00	Χ								
(11) Joseph Ruter	1.00									
Trustee	0.00	Χ		Х						
(12) Andrea Schaaf	1.00									
Trustee	0.00	Х								
(13)										
(14)										

Pa	rt VII Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	iH k	ghes	t Co	ompensated Em	iployees (	continu	ıed)	
	(A) Name and title	(B) Average hours per week (list any	Position (do not check more than of box, unless person is both officer and a director/truster or director or director)  (Go not check more than of box, unless person is both officer and a director/truster or director)  (Go not check more than of box, unless person is both officer and a director/truster or director)  (Go not check more than of box, unless person is both officer and a director)  (Go not check more than of box, unless person is both officer and a director)  (Go not check more than of box, unless person is both officer and a director)  (Go not check more than of box, unless person is both officer and a director)  (Go not check more than of box, unless person is both officer and a director)  (Go not check more than of box, unless person is both officer and a director)  (Go not check more than of box, unless person is both officer and a director)  (Go not check more than of box, unless person is both officer and a director)  (Go not check more than of box, unless person is both officer and a director)  (Go not check more than of box person is both officer and a director)  (Go not check more than of box person is both officer and a director)  (Go not check more than of box person is both officer and a director)  (Go not check more than of box person is both officer and a director)  (Go not check more than of box person is both officer and box person is both offic					oth an Reportable compensation		(E) Reporta compens from rela organizat	ible ation ated	Estimat of comp	( <b>F)</b> ed amount other ensation m the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	ær	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)	(W-2/1099-	MISC)		ation and ganizations
(15)										1			
(16)													
(17)													
(18)													
(19)													
(20)							1						
(21)				4		4							
(22)			*										
(23)													
(25)		. C											
1b	Subtotal								56,616		0		
C	Total from continuation sheets to Part VII, Se	ection A		· .		· .	· ·	•	0		0		
d	Total (add lines 1b and 1c).							<b>•</b>	56,616		0		(
2	Total number of individuals (including but not lir reportable compensation from the organization		sted a	bov	e) v	vho	recei	ved	I more than \$100	),000 of			(
												Y	es No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>										. [	3	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.		00? If	Ύγε	es,"	con	plete	Sc	hedule J for suc	h		4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo	ue compensatio	n fror	n ar	ıy u	nrel	ated	orga	anization or indiv			5	X
Sect	ion B. Independent Contractors	es, complete oc	ncuc	ne o	101	340	прст	3011		· · · · ·		<u> </u>	
1	Complete this table for your five highest compe compensation from the organization. Report co											ax vea	
	(A) Name and business addi					,			(B) Description of ser			(C) ompensa	
									·				(
													(
													(
													(
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-		tho	se l	iste	d abo	ve) 0					

Form 9	990 (202	<sup>20)</sup> Soteni, Inc.				20-00415	518 Page <b>9</b>
Par	t VIII	Statement of Revenue					
		Check if Schedule O contains a response or note to any	line in	this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
rants	1a	Federated campaigns	0				
	b	Membership dues	0				
s, G	С	Fundraising events	0				
ifts ar A	d	Related organizations	0				
s, G mila	е	Government grants (contributions) 1e	0				
ion Sil	f	All other contributions, gifts, grants, and	7 004				
but the			37,291				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in	^				
	h	lines 1a–1f	0	267 204			
	- 11	Total. Add lines 1a–1f	Code	267,291		_	
ė	2a			0			
Z e	b			0			
Sei	С			0			
Program Service Revenue	d			0			
gra	е			0			
٦ro	f	All other program service revenue		0			
	g	<b>Total.</b> Add lines 2a–2f	. ▶	0			
	3	Investment income (including dividends, interest, and	4				
		other similar amounts)	. •	190			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties	<u> </u>	0			
	_	(i) Real (ii) Perso	onal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	C	Rental income or (loss) 6c 0	0	0			
	d	Net rental income or (loss)	. <b>P</b>	0			
	7a	sales of assets	GI				
		other than inventory 7a	0				
Ō	h	Less: cost or other basis					
enne		and sales expenses 7b	0				
	С	Gain or (loss)	0				
гR	d	Net gain or (loss)		0			
Other Rev	-	Gross income from fundraising					
Ö		events (not including \$0					
		of contributions reported on line 1c).					
			3,839				
	b	Less: direct expenses 8b	0				
	С	Net income or (loss) from fundraising events	. ▶	53,839			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0				
	b	Less: direct expenses	0	0			
		Net income or (loss) from gaming activities	▶	0			
	10a	Gross sales of inventory, less returns and allowances	0				
	h	returns and allowances	0				
		Net income or (loss) from sales of inventory		0			
·r	·	Business	Code	0			
ou: e	11a	Business		0			
ellaneo evenue	b			0			
ella	С			0			
Miscellaneous Revenue	d	All other revenue		0			
Σ	е	<b>Total.</b> Add lines 11a–11d		0			

0

321,320

Total revenue. See instructions.

20-0041518 Page **10** 

Statement of Functional Expenses

	Statement of Functional Expenses			(4)							
Section	on 501(c)(3) and 501(c)(4) organizations must complete all c										
	Check if Schedule O contains a response or note to any line in this Part 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	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	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	165,417	165,417								
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors,										
•	trustees, and key employees	0		0							
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and	0									
7	persons described in section 4958(c)(3)(B)	0 56,616	22,646	14,154	19,816						
7 8	Other salaries and wages	30,010	22,040	14,104	19,010						
0	section 401(k) and 403(b) employer contributions)	0									
9	Other employee benefits	0									
10	Payroll taxes	3,604	1,442	901	1,261						
11	Fees for services (nonemployees):	3,004	1,772	301	1,201						
a	Management	0									
b	Legal	0									
C	Accounting	3,630	*	3,630							
d	Lobbying	0,000		0,000							
e	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										
ŭ	(A) amount, list line 11g expenses on Schedule O.)	0		0							
12	Advertising and promotion	0									
13	Office expenses	537			537						
14	Information technology	0									
15	Royalties	0									
16	Occupancy	4,675		4,675							
17	Travel	316	233	4	79						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	0									
20	Interest	1,539	1,500	39							
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	660	0	660	0						
23	Insurance	5,163	3,989	1,174							
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
_	Destans	1,602	142		1,460						
a h	Talanhana	1,551	142								
b		3,180			1,551 3,180						
d	Printing & Copying Consulting	2,500	2,500		3,100						
e	All other expenses Other Expenses	13,498	2,300	3,641	9,771						
25	Total functional expenses. Add lines 1 through 24e	264,488	197,955	28,878	37,655						
26	Joint costs. Complete this line only if the	201,100	101,000	20,010	37,000						
	organization reported in column (B) joint costs										
	from a combined educational campaign and										
	fundraising solicitation. Check here  if										
	following SOP 98-2 (ASC 958-720)										

20-0041518 Page **11** 

Part X Balance Sheet

		Check if Schedule O contains a response or note to any	line in this Part X .			
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		54,442	1	152,072
	2	Savings and temporary cash investments		624	2	611
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net	[	0	4	0
	5	Loans and other receivables from any current or former off	cer, director,			
		trustee, key employee, creator or founder, substantial conti	ributor, or 35%			
		controlled entity or family member of any of these persons		0	5	
	6	Loans and other receivables from other disqualified persons	(as defined			
		under section 4958(f)(1)), and persons described in section 4	4958(c)(3)(B)	0	6	
ets	7	Notes and loans receivable, net		. 0	7	0
Assets	8	Inventories for sale or use		0	8	
⋖	9	Prepaid expenses and deferred charges		0	9	
	10a	Land, buildings, and equipment: cost or	Ī			
		other basis. Complete Part VI of Schedule D 10a	3,964			
	b	Less: accumulated depreciation 10b	3,303	661	10c	0
	11	Investments—publicly traded securities		2,503	11	3,534
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)		58,230	16	156,217
	17	Accounts payable and accrued expenses		827	17	0
	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 S		0	21	
S	22	Loans and other payables to any current or former officer,				
Liabilities		trustee, key employee, creator or founder, substantial cont				
Ē		controlled entity or family member of any of these persons	_	50,000	22	51,500
Ë	23	Secured mortgages and notes payable to unrelated third pa	_	0	23	0
	24	Unsecured notes and loans payable to unrelated third parti	_	0	24	38,700
	25	Other liabilities (including federal income tax, payables to r				
		parties, and other liabilities not included on lines 17–24). C				
		Part X of Schedule D		439	25	2,221
	26	Total liabilities. Add lines 17 through 25		51,266		92,421
တ		Organizations that follow FASB ASC 958, check here ▶		- ,		- ,
ဥ		and complete lines 27, 28, 32, and 33.				
<u>8</u>	27	Net assets without donor restrictions		4,028	27	4,428
Ba	28	Net assets with donor restrictions	_	2,936		59,368
Б	20	Organizations that do not follow FASB ASC 958, check		2,930	20	39,300
Ŀ		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds		0	29	
şţs	30	Paid-in or capital surplus, or land, building, or equipment fu		0		
SSE	31	Retained earnings, endowment, accumulated income, or o		0		
Net Assets or Fund Balances	32	Total net assets or fund balances		6,964		63,796
Š	33	Total liabilities and net assets/fund balances		58,230		156,217
	3	Total habilities and het assets/fully balances		50,230	JJ	130,217

Form 990 (2020) Soteni, Inc. 20-0041518 Page **12** 

	( , / Ostern, mer			, . <u> </u>
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)		321	1,320
2	Total expenses (must equal Part IX, column (A), line 25)		264	1,488
3	Revenue less expenses. Subtract line 2 from line 1		56	5,832
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		6	5,964
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))		63	3,796
Part				
	Check if Schedule O contains a response or note to any line in this Part XII			Щ
		_	Yes	No
1	Accounting method used to prepare the Form 990:	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
_	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	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			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	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 Single Audit Act and OMB Circular A-133?	. 3a	ļ	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** (2020)

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

 $Complete \ if the \ organization \ is \ a \ section \ 501(c)(3) \ organization \ or \ a \ section \ 4947(a)(1) \ nonexempt \ charitable \ trust.$ 

▶ Attach to Form 990 or Form 990-EZ.

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

tion. Inspection
Employer identification number

Soten	i, lı	nc.					20-00	41518	
Part		Reason for Public Char	<b>ity Status.</b> (All or	ganizations must co	mplete t	his part.)	See instructions.		
The o	rga	anization is not a private foundat	ion because it is: (F	or lines 1 through 12,	check only	one box.	)		
1		A church, convention of church	es, or association o	f churches described in	n <b>section</b>	170(b)(1)	(A)(i).		
2		A school described in section 1	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	90-EZ).)			
3		A hospital or a cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(l	b)(1)(A)(ii	i).		
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local govern	ment or governmer	ital unit described in <b>s</b> e	ection 170	)(b)(1)(A)(	(v).		
7	Χ	An organization that normally redescribed in <b>section 170(b)(1)</b>			m a gove	rnmental ι	unit or from the gene	ral public	
в Г		A community trust described in		•	II.)				
9		An agricultural research organic or university or a non-land-gran	zation described in	section <b>170(b)(1)(A)(ix</b>	) operated				је
10 [		university:  An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (	no more than 33 1/3 511 tax) from busine	3% of its	oss
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See <b>s</b> e	ection 509	9(a)(4).		
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or	section 50	09(a)(2). See sectio	n 509(a)(	(3).
a b		Type I. A supporting organization (software) the supported organization (software) organization. You must con Type II. A supporting organization or management of the	s) the power to regunder to regunder in the power to regular to regular to the power to regular to	larly appoint or elect a tions A and B. r controlled in connecti	majority of	of the direct	ctors or trustees of the	ne suppo / having	rting
С	Ī	organization(s). You must of Type III functionally integral	omplete Part IV, S	ections A and C.	·		· ·		
		its supported organization(s	) (see instructions).	You must complete F	Part IV, Se	ections A,	, D, and E.		
d	Į	Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	isfy a distr	ibution red	quirement and an att		
е		Check this box if the organiz functionally integrated, or Ty	ation received a wr	itten determination fror	m the IRS	that it is a		e III	
f		Enter the number of supported	organizations						0
g		Provide the following information			•		_	T	
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other s	Amount of upport (see ructions)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
							_		
Total							0	I	0

Soteni, Inc. 20-0041518 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 fai	Is to qualify und	der the tests lis	ted below, plea	se complete P	art III.)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	155,224	320,860	158,751	230,574	267,291	1,132,700
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
<b>4 5</b>	Total. Add lines 1 through 3	155,224	320,860	158,751	230,574	267,291	1,132,700
•	, , , ,						4 400 700
<u>b</u>	Public support. Subtract line 5 from line 4						1,132,700
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	(e) 2020	(f) Total
_	· ` ` · · · · · · · · · · · · · · · · ·	` '					` '
7 8	Amounts from line 4	155,224	320,860	158,751	230,574	267,291	1,132,700
	similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	34		299		190	523
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	496	1,819	701			3,016
11	Total support. Add lines 7 through 10		,				1,136,239
12	Gross receipts from related activities, etc. (se	e instructions)				12	, ,
13	First 5 years. If the Form 990 is for the organ organization, check this box and stop here.	nization's first, seco	ond, third, fourth, o	r fifth tax year as a	section 501(c)(3)		<b>&gt;</b>
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (line 6, co	olumn (f), divided by	y line 11, column (	f))		14	99.69%
15	Public support percentage from 2019 Schedu	ıle A, Part II, line 14	1			15	99.61%
16a	<b>33 1/3% support test—2020.</b> If the organization and <b>stop here.</b> The organization qualifies as						<b>&gt;</b> X
b	<b>33 1/3% support test—2019.</b> If the organization qualified box and <b>stop here.</b> The organization qualified						▶
17a	10%-facts-and-circumstances test—2020. 10% or more, and if the organization meets the Part VI how the organization meets the facts-organization.	he facts-and-circum and-circumstances	nstances test, chec test. The organiza	ck this box and <b>stor</b> ation qualifies as a p	<b>here</b> . Explain in publicly supported		▶
b	10%-facts-and-circumstances test—2019. 15 is 10% or more, and if the organization me in Part VI how the organization meets the factorganization	eets the facts-and-c ts-and-circumstanc	circumstances test ses test. The organ	, check this box and ization qualifies as	d <b>stop here</b> . Expla a publicly support	ain ed	▶ [
18	Private foundation. If the organization did n						· _

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

(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	tion A. Public Support	<del> </del>					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						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
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	tion B. Total Support	(=) 2040	(b) 2047	(-) 2040	(4) 2040	(=) 2020	(f) Tatal
	ndar year (or fiscal year beginning in)	( , , , , , , , , , , , , , , , , , , ,	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						0
	royalties, and income from similar sources						0
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
_	acquired after June 30, 1975	0	0	0	0	0	0
	Add lines 10a and 10b	U	U	0	0	U	0
11							
	activities not included in line 10b, whether						0
12	or not the business is regularly carried on .  Other income. Do not include gain or						0
12	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)	0	0	0	0	0	0
14	<b>First 5 years.</b> If the Form 990 is for the orga					<u> </u>	
	organization, check this box and <b>stop here</b>			•	, , , ,		
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2020 (line 8, c		•	(f))		15	0.00%
16	Public support percentage from 2019 Sched					16	0.00%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2020 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2019 S					18	0.00%
19a	33 1/3% support tests—2020. If the organi					and line 17 is	
	not more than 33 1/3%, check this box and s	stop here. The orga	anization qualifies	as a publicly supp	orted organization		▶
b	33 1/3% support tests—2019. If the organi						<del></del>
	line 18 is not more than 33 1/3%, check this		-				
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	3	<b>.</b>

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	Fo		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		

Schedu	le A (Form 990 or 990-EZ) 2020 Soteni, Inc.	20-0041518	Р	age <b>5</b>
Part	Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44		
<b>L</b>	11c below, the governing body of a supported organization?	11a	_	
b	A family member of a person described in line 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, prov	11b		
С	detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
0001	on B. Typo I supporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supplements of the organization of the organizati	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	; the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	oxdot	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	:		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Socti	supervised, or controlled the supporting organization.  on C. Type II Supporting Organizations	2		Ь
Seci	on c. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? <i>If</i> " <i>No</i> ," <i>describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pri			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of t			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> If	now 2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have	<u>. –                                     </u>		
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instruction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.	(	-/	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	al entity (acc instruc	tiona)	
С		in erritty (see mstruct	-	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	i		
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determine			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in Part VI the role played by the organization in this regard.* 

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No," provide details in **Part VI**.

these activities but for the organization's involvement.

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

2b

3a

3b

 Schedule A (Form 990 or 990-EZ) 2020
 Soteni, Inc.
 20-0041518
 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(71) Their Tear	(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		
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)
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>b</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 <b>Part VI</b> ):			
2 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		grated Type III supporting	

instructions).

Schedul	e A (Form 990 or 990-EZ) 2020 Soteni, Inc.		20	0-0041518 Page <b>7</b>
Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Section	on D - Distributions			<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part VI</b>	)	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2020 distributable amount			0
i	Carryover from 2015 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from			
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2020 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018 0			
d	Excess from 2019 0			
Δ.	Excess from 2020			

## SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name	or the organization		,	ployer identification number
Soter	ni, Inc.			20-0041518
Part	Organizations Maintaining Donor A	dvised Funds or Other S	Similar Funds	or Accounts.
	Complete if the organization answere			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	• • • • • • • • • • • • • • • • • • • •		
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5		er advisors in writing that the a	asata hald in day	nor advised
5	Did the organization inform all donors and dono			
•	funds are the organization's property, subject to	_	-	
6	Did the organization inform all grantees, donors			
	only for charitable purposes and not for the ben			
	conferring impermissible private benefit?			Yes No
Part	Conservation Easements.			
	Complete if the organization answere	<u>d "Yes" on Form 990, Part</u>	: IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all tha	at apply).	
	Preservation of land for public use (for example	e, recreation or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
			1 10301 Valion of	a certified flisteric structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization	n held a qualified conservation	contribution in t	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easem			
С	Number of conservation easements on a certific			2c
d	Number of conservation easements included in			
	historic structure listed in the National Register			
3	Number of conservation easements modified, to	ransferred, released, extinguis	sned, or terminat	ed by the organization during
	the tax year			
4	Number of states where property subject to con			
5	Does the organization have a written policy reg		•	
•	violations, and enforcement of the conservation			
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, ar	nd enforcing conse	ervation easements during the year
_	<b>&gt;</b>		_	
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and er	iforcing conservat	ion easements during the year
_	<b>\$</b>			
8	Does each conservation easement reported on			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization repo			
	balance sheet, and include, if applicable, the te	_	zation's financia	I statements that describes the
	organization's accounting for conservation ease			
Part	III Organizations Maintaining Collection			her Similar Assets.
	Complete if the organization answere			
1a	If the organization elected, as permitted under I	•		
	works of art, historical treasures, or other similar	•		
	public service, provide in Part XIII the text of the			
b	If the organization elected, as permitted under I			
	works of art, historical treasures, or other similar		tion, education, d	or research in furtherance of
	public service, provide the following amounts re	lating to these items:		
	(i) Revenue included on Form 990, Part VIII, lir	ne 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of art			
	following amounts required to be reported unde			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
h	Assets included in Form 000, Part V			<u> </u>

ocneu	die D (1 01111 990) 2020	Soteni, inc.						20-0041	518		Page Z
Part	Organization	ns Maintaining C	ollections of A	rt, Histo	rical Tre	asures, or	Other S	Similar Assets	(conti	nued)	
3	Using the organizat	tion's acquisition, ac	cession, and other	r records,	check any	of the followi	ing that r	nake significant	use of it	is	
	collection items (ch	eck all that apply):									
а	Public exhibition	on		d	Loan or	exchange pr	ogram				
b	Scholarly resea	arch		е	Other						
С		or future generations			_						
4		on of the organizatio		l evnlain h	ow they fi	irther the ora	anization	's evemnt nurno	ea in Pe	art	
•	XIII.	on or the organization	Tro conconono arre	г охрант п	ow aloy le	iranor ano orgi	arnzation	i o oxompt parpo	50 1111 0	A1 C	
5		the organization so									1
		raise funds rather t		ned as par	t of the org	ganization's c	ollection	?	Y	es	No
Part		<b>Custodial Arran</b>									
	•	he organization a	nswered "Yes" o	on Form 9	990, Part	IV, line 9, c	or repor	ted an amount	on Fo	rm	
	990, Part X,										
1a		an agent, trustee, cı								_	1
		90, Part X?							Y	es	No
b	If "Yes," explain the	arrangement in Pa	rt XIII and complet	e the follo	wing table	:					
								A	mount		
C											0
d		e year					1d				
e	-	the year					1e				
f	_						1f				0
2a	Did the organization	n include an amount	t on Form 990, Pai	rt X, line 2	1, for escr	ow or custodi	ial accou	nt liability?	Y	es X	No
b	If "Yes," explain the	arrangement in Pa	rt XIII. Check here	if the expl	lanation ha	as been provi	ded on F	Part XIII....			
Part	V Endowment	Funds.									
	Complete if t	he organization a	nswered "Yes" o	on Form 9	990, Part	IV, line 10.					
			(a) Current year	<b>(b)</b> Pri	or year	(c) Two years	back	(d) Three years back	(e) Fo	our years	back
1a	Beginning of year b	oalance	0		0						
b	Contributions	[									
С	Net investment ear	nings, gains,									
	and losses										
d	Grants or scholarsh	· · · · · · · · · · · · · · · · · · ·									
е	Other expenditures										
	and programs	<b>**</b>									
f	Administrative expe	<u> </u>									
g	End of year balance	-	0		0		0	C	)		0
2		ed percentage of th		balance (	line 1g, co	olumn (a)) hel	d as:				
а	_	or quasi-endowment									
b	Permanent endown		%								
С	Term endowment		<u>%</u>	00/							
2-		n lines 2a, 2b, and 2			n that ara		miniatara	d for the			
3a		ent funds not in the p	oossession of the o	organizado	on mai are	neid and adi	ministere	a for the		Yes	No
	organization by:	anizations							32(i)	162	No
	• •	izations							3a(i) 3a(ii)		
b	If "Yes" on line 3a(i								3b		
4	•	II the intended uses	•	•					OD		<b></b>
		ings, and Equipn		10 Ondown	mont fana	<u>.                                    </u>					
ıaıı		he organization a		n Form 9	990 Part	IV line 11a	See F	orm 990 Part	X line	10	
	Description		(a) Cost or o			or other basis		ccumulated		ook valu	
	Description	or property	(a) Cost of o		` '	other)	٠,	preciation	(u) D	JUN VAIU	6
1a	I and		`	0	,	0					0
b			· · · · · · · · · · · · · · · · · · ·	0	1	0		0			0
C	<del>-</del>	ments	1	0		0		0			0
d	·		1	0	-	3,964		3,964			0
e			1	0		0,001		0			0

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

0

0.1.1.0.45	000) 0000			
Schedule D (Fo	Investments—Other Securities.			20-0041518 Page <b>3</b>
Part VII	Complete if the organization answered	"Yes" on Form 990	Part IV line 11h See Form	990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)	(b) Book value	Cost or end-of-year	
(1) Financia	ıl derivatives	0		
	held equity interests	0		
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	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	market value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	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) Descr	iption		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lı	ine 15.)		0
Part X	Other Liabilities.			
,	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Descrip	tion of liability		(b) Book value
	I income taxes			0
(2) Payrol	Liabilities			2,221
(3)				
(4)				
(5)				
(6)				
(7)				+
(8)				
, ,	ımn (b) must equal Form 990, Part X, col. (B) lı	ine 25.)		2,221
	., . , , , , , , , , , , , , , , , , ,			,

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

 Schedule D (Form 990) 2020
 Soteni, Inc.
 20-0041518
 Page 4

Par	Reconciliation of Revenue per Audited Financial Statements		Return.	
	Complete if the organization answered "Yes" on Form 990, Part	·	T . T	
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	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line <b>2e</b> from line <b>1</b>		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.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	0
	XII Reconciliation of Expenses per Audited Financial Statement		r Return	
ı ar	Complete if the organization answered "Yes" on Form 990, Part I		riotaiii.	
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:		•	
		ا مو ا		
a	Donated services and use of facilities	2a   2b		
b	Prior year adjustments		-	
С.	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	i	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
а				
b	Other (Describe in Part XIII.)	4b		
b	Other (Describe in Part XIII.)		4c	0
b c 5	Other (Describe in Part XIII.)		4c 5	0
b c 5 Part	Other (Describe in Part XIII.)		5	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0
b c 5 Part Provi	Other (Describe in Part XIII.)	art IV, lines 1b and 2b; P	5 art V, line 4; Pa	0

Schedule D (Fo	orm 990) 2020 Soteni, Inc.	20-0041518	Page <b>5</b>
Part XIII	Supplemental Information (continued)		
	, , ,		

### **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.

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

► Attach to Form 990.

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Soteni, Inc.

Inspection Employer identification number 20-0041518

Part I	General Inform Form 990, Part IV		vities Outsid	e the United States. Com	plete if the organization ansv	vered "Yes" on
ot	her assistance, the gr	antees' eligibility	for the grants or	ds to substantiate the amoun assistance, and the selectio	n criteria used to	Yes No
	or grantmakers. Description		e organization's	procedures for monitoring the	e use of its grants and other a	assistance
<b>3</b> A	ctivities per Region <i>(</i> T	he following Par	t I_line 3 table c	an be duplicated if additional	space is needed )	
	(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
	ub-Saharan Africa			Program Services	NGO Support For AIDS	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
	ıbtotal	0	0			0
	otal from continuation	_	_			
	eets to Part Itals (add lines 3a and 3b)	0	0			0

Schedule F (Form 990) 2020 Soteni. Inc. 20-0041518 Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (a) Amount of (h) Description (i) Method of organization section and EIN cash grant noncash valuation grant of noncash assistance (if applicable) disbursement assistance (book, FMV, appraisal, other) HIV/AIDS prevention Sub-Saharan Africa Wire Transfer and mitigation 4.735 (1) Sub-Saharan Africa HIV/AIDS prevention Wire Transfer and mitigation (2) 5.432 HIV/AIDS prevention Wire Transfer Sub-Saharan Africa and mitigation -258 (3) Sub-Saharan Africa Clean Water to HIV Wire Transfer positive individuals (4) 25.000 Sub-Saharan Africa Clean Water to HIV Wire Transfer positive individuals 6.220 (5) Sub-Saharan Africa HIV/AIDS prevention Wire Transfer and mitigation 7.254 (6) Sub-Saharan Africa Clean Water to HIV Wire Transfer positive individuals 11,084 (7) Sub-Saharan Africa HIV/AIDS prevention Wire Transfer and mitigation 3.895 (8) Sub-Saharan Africa HIV/AIDS prevention Wire Transfer and mitigation (9) 4,736 Sub-Saharan Africa HIV/AIDS prevention Wire Transfer and mitigation 4.776 (10)Clean Water to HIV Sub-Saharan Africa Wire Transfer positive individuals 25,000 (11)

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	<b>&gt;</b>	
3	Enter total number of other organizations or entities	<b>&gt;</b>	

Wire Transfer

Wire Transfer

Wire Transfer

Wire Transfer

Wire Transfer

11,355

5,753

3,893

3,593

3.593

Sub-Saharan Africa

Sub-Saharan Africa

Sub-Saharan Africa

Sub-Saharan Africa

Sub-Saharan Africa

(12)

(13)

(14)

(15)

(16)

HIV/AIDS prevention

HIV/AIDS prevention

HIV/AIDS prevention

HIV/AIDS prevention

HIV/AIDS prevention

and mitigation

and mitigation

and mitigation

and mitigation

and mitigation

20-0041518 Page **3** 

Schedule F (Form 990) 2020 Soteni, Inc.

(18)

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Part III line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of recipients cash grant cash noncash of noncash assistance valuation (book, FMV, disbursement assistance appraisal, other) (10)(11) (12) (13) (14) (15) (16) <u>(17)</u>

Schedule F (Form 990) 2020 Soteni, Inc. 20-0041518 Page **4** 

art	V 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 Corporation (see Instructions for Form 926)	Yes	☐ 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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	☐ No	
3	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 Instructions for Form 5471)	Yes	☐ No	
	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 Fund. (see Instructions for Form 8621)	Yes	☐ No	
	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	☐ No	
6	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			

Page 5 Schedule F (Form 990) 2020 Soteni, Inc. 20-0041518 **Supplemental Information** Part V 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

Part II C	ontinuation of Grar	nts and Other Assis	stance to Organizat	tions or Entities	Outside the United	<b>States.</b> (Schedul	e F (Form 990), Part II,	line 1)
1 (a) Name organization	of (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> 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	Clean Water to HIV positive individuals	25,000	Wire Transfer			
(18)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation		Wire Transfer			
(19)		Sub-Saharan Africa	HIV/AIDS prevention and mitigation		Wire Transfer			
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								
(26)								
(27)								
(28)								
(29)								
(30)								
(31)								
(32)								
(33)								
(34)								
(35)								

Soteni, Inc.

Schedule F (Form 990) 2013

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

► Attach to Form 990 or Form 990-E2.

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

OMB No. 1545-0047

Open to Public

Employer identification number

Soteni, Inc.					20-004	
Part I Fundraising Activities.	•	-		ered "Yes" on For	m 990, Part IV, li	ne 17.
Form 990-EZ filers are no  Indicate whether the organization r				ag activities. Check	all that apply	
a Mail solicitations	aiseu iurius irroi			of non-government g		
b Internet and email solicitations				of government grants		
c Phone solicitations				raising events	S	
d In-person solicitations		9 <u> </u>	peciai iuliu	raising events		
2a Did the organization have a written	or oral agraema	nt with any	individual	(including officers of	directors trustoes	
key employees listed in Form 990,						Yes No
<b>b</b> If "Yes," list the 10 highest paid ind			-		-	
be compensated at least \$5,000 by			,	<b>g</b>		
	_					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r 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		30 (t)	
1 Soteni - Online Gala			1			
				0	0	0
2 Soteni-Swazi Sheroes				0	0	0
3 Sunrise With Soteni						_
				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				-		
8				0	0	0
·				0	0	0
9				0	0	0
10				-		
				0	0	0
Total			<b>.</b>	0	0	0
3 List all states in which the organiza registration or licensing.	ition is registered	orlicense	u to solicit (	contributions of has	been noulled it is e	xempi irom

Pá	art II	Fundraising Events. ( more than \$15,000 of fu events with gross recei	undraising event contri	butions and gross incor		
e)			(a) Event #1 Soteni - Online Gala (event type)	(b) Event #2 Soteni-Swazi Sheroes (event type)	(c) Other events  1 (total number)	(d) Total events (add col. (a) through col. (c))
Kevenue	1	Gross receipts	1,000	22,093	30,746	53,839
ř	2	Less: Contributions Gross income (line 1 minus			0	0
		line 2)	1,000	22,093	30,746	53,839
	4	Cash prizes			0	0
	5	Noncash prizes			0	0
enses	6	Rent/facility costs			0	0
Direct Expenses	7	Food and beverages			0	0
Dire	8	Entertainment			0	0
	9	Other direct expenses			0	0
Pa	rt III	Gaming. Complete if the	ne organization answer	red "Yes" on Form 990	Part IV/ line 10 or re	
e		than \$15,000 on Form	990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
evenue		than \$15,000 on Form	_		(c) Other gaming	-
Kevenue	1	than \$15,000 on Form	990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
	1 2		990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c))
kpenses		Gross revenue	990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	2	Gross revenue	990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c))  0
kpenses	3	Gross revenue	990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))  0
kpenses	2 3 4	Gross revenue	990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c))  0
kpenses	2 3 4 5	Gross revenue	990-EZ, line 6a.  (a) Bingo  Yes %  No	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes %  No	(d) Total gaming (add col. (a) through col. (c))  0
kpenses	2 3 4 5	Gross revenue	990-EZ, line 6a.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No  mn (d)	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c))  0  0  0
Direct Expenses	2 3 4 5 6 7 8 E	Gross revenue	Yes % No d lines 2 through 5 in columns. Subtract line 7 from line ganization conducts gamin activities in	(b) Pull tabs/instant bingo/progressive bingo  Yes % No  mn (d)	(c) Other gaming  Yes % No	(d) Total gaming (add col. (a) through col. (c))  0  0  0  0  0  0  . Yes No

Scried	ule G (Form 990 of 990-EZ) 2020 Soteni, Inc. 20-0041518 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b 14	An outside facility
1-4	records:
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization   \$\bigs\bigs\sum_{====================================
	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?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   \$ 0
Part	

### SCHEDULE J (Form 990)

Soteni, Inc.

Department of the Treasury

Internal Revenue Service
Name of the organization

**Compensation Information** 

For 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.

Employer identification number

OMB No. 1545-0047

2020

Open to Public Inspection

20-0041518

**Questions Regarding Compensation** Part I Yes No 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 1b 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 2 Indicate which, if any, of the following the organization used to establish the compensation of the 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 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: 4a Participate in or receive payment from a supplemental nongualified retirement plan? 4b 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a Χ 5b Χ If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 7 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . 9

Schedule J (Form 990) 2020 Soteni, Inc.

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 o	f W-2 and/or 1099-MI	SC compensation	7 7 11			
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
(i)							
1 (ii)	<u> </u>	<del> </del>		<del> </del>			
(i)							
2 (ii)							
(i)							
(i)							
4 (ii)							
(i)		 		ļ			
5 (ii)							
(i)				<b></b>			
6 (ii)							
(i)		 					
7 (ii)	+						_
8 (i) (ii)		l		<del> </del>			
(i)							
9 (ii)	<b></b>	l		<del> </del>			
(i)							
10 (ii)				<u> </u>			
(i)							
11 (ii)							
(i)							
12 (ii)							
(i)							
13 (ii)							
(i)		ļ		<b> </b>			<b>_</b>
14 (ii)							
(i)				<b> </b>			
15 (ii)	-						
(i)	ļ	ļ		<b> </b>			

Schedule J (Form 990) 2020 Soteni, Inc. 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.

### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**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

2020

Open To Public

Name of the organization **Employer identification number** 20-0041518 Soteni, Inc. Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . . . . . . . . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (h) Approved (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (i) Written with organization loan from the principal amount by board or agreement? organization? committee? То From Yes No Yes Yes No Х Lawson &Victoria Wuls Board Membe Organization [ Χ 50,000 51,500 (2)(3)(4)(5)(6)(7)(8)(9)(10)Total \$ 51,500  $\triangleright$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)(6)

(7) (8) (9) (10)

00000.0 = (		. = .				aye 📥
Part IV	Business Transactions Involving Complete if the organization answers	ng Interested Persons. wered "Yes" on Form 990, F	Part IV, line 28a, 28b	, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information.					
	Provide additional information for	responses to questions on	Schedule L (see ins	tructions).		

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### 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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Inspection

Name of the organization Employer identification number Soteni, Inc. 20-0041518 Form 990, Part III, Line 4d: Program Service Expenses: 99,689, Grants and allocations: 0, Revenue: 171,310 Soteni Inc. provides funding to Soteni Kenya to be used for the achievement of the mission Soteni, Inc. to prevent and mitigate HIV AIDS in rural Kenya and supporting services through program oversight and development. Form 990, Part IX, Line 24 e: Other Expenses - 1) Payroll Fees - Program - \$86, Mgt & Gen'l -\$54, Fundraising - \$75 2) Publications - Fundraising - \$351 3) Bank Fees - Mgt & Gen'l - \$13, Fundraising - \$687, 4) Credit Cards Fees - Mgt & Gen'l - \$2,912 5) Bank Fees - Mgt & Gen'l -\$462 Fundraising - \$23 Other Expenses - Mgt & Gen'l - \$200 Fundraising - \$8,635

Schedule O (Form 990 or 990-EZ) 2020		Page	2
Name of the organization	Employer identification number	er	
Soteni, Inc.	20-0041518		

# Form **8868**

(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

electronic f	iling of this form, visit <i>www.irs.gov/e-file-prov</i>	iders/e-file	-for-charities-and-non-profits.			
Automat	ic 6-Month Extension of Time. Only su	ubmit orig	inal (no copies needed).			
	tions required to file an income tax return oth		· · · · · · · · · · · · · · · · · · ·	artnerships,	REMICs	, and
trusts must	use Form 7004 to request an extension of ti	me to file in	ncome tax returns.	•		
Type or	<b>De or</b> Name of exempt organization or other filer, see instructions.  Taxpayer identification number					
print	Soteni, Inc.	20-0041518	3			
File by the	N. J.					
due date for filing your return. See  103 William Howard Taft Road  City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions.	Cincinnati, OH 45219	3	•			
Enter the F	Return Code for the return that this application	n is for (file	a separate application for each retu	ırn)		01
Application	on	Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-		02	Form 1041-A			08
	) (individual)	03	Form 4720 (other than individual)			09
Form 990-	,	04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
<ul><li>If the or</li><li>If this is</li><li>for the who</li></ul>	one No. ▶ 513-729-9932 ganization does not have an office or place of for a Group Return, enter the organization's ole group, check this box ▶ □ .	four digit G If it is for p	in the United States, check this box Group Exemption Number (GEN)			▶ ☐ . If this is and attach a
ist with the	names and TINs of all members the extensi	on is for.				
for ti	uest an automatic 6-month extension of time ne organization named above. The extension or or	is for the o	•			
<b>▶</b> [>	tax year beginning 4/1	, ;	20 <u>20</u> , and ending <u>3</u>	3/31	, 20	21 .
	e tax year entered in line 1 is for less than 12 Change in accounting period	months, cl	heck reason: Initial return	Fina	l return	
3a If thi	s application is for Forms 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tentative tax, les	ss		
any	nonrefundable credits. See instructions.			3	a \$	0
<b>b</b> If thi	s application is for Forms 990-PF, 990-T, 472	20, or 6069	, enter any refundable credits and			
estir	nated tax payments made. Include any prior	year overp	ayment allowed as a credit.	3	b \$	0
	ince due. Subtract line 3b from line 3a. Includ					
	g EFTPS (Electronic Federal Tax Payment S			3	c \$	0
	you are going to make an electronic funds withdra			453-EO and F	orm 8879	-EO for

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.