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

Inspection

Department of the Treasury

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

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change VIA SENTI Name change HEIR TO OUR OCEAN 81-2945459 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 415-308-8874 P.O. BOX 2116 termin-ated 311,257. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 94064 REDWOOD CITY, CA H(a) Is this a group return Applica-F Name and address of principal officer: APRIL PEEBLER Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? ∐Yes └── No 4947(a)(1) or Tax-exempt status: X 501(c)(3) 527 (insert no.) If "No," attach a list. See instructions WWW.H200.ORG H(c) Group exemption number J Website: **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 2016 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: EMPOWER YOUTH THROUGH ACTIVIST Activities & Governance LEARNING. Check this box oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 2 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 255,488 310,739. Contributions and grants (Part VIII, line 1h) Revenue 518. 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 13,544. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 269.032. 311,257. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) O. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 257,971.340,946. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 257,971. 340,946. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,061. -29,689. Revenue less expenses. Subtract line 18 from line 12 Assets or a Balances **Beginning of Current Year End of Year** 94.829. 65,140. Total assets (Part X, line 16) 0. О. 21 Total liabilities (Part X, line 26) Net/ 94,829. 140. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign APRIL PEEBLER, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature if sel<u>f-employed</u> Paid STEPHEN D. MAYER STEPHEN D. 11/15/24 P00022797 MAYER S D MAYER & ASSOCIATES, LLP Firm's EIN 46-1171913 Preparer Firm's name Use Only Firm's address 235 MONTGOMERY STREET, 26TH FL Phone no. 415-691-4040 SAN FRANCISCO, CA 94104 May the IRS discuss this return with the preparer shown above? See instructions X Yes

4d	Other program services (Describe on	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	135,663.		

Form 990 (2023) VIA SENTI Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Rev. Proc. 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		
Ū	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2023)

VIA SENTI

Part IV	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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,	<u> </u>		
	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		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		∺
·	"Vea " complete Cabadyla I Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	"	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J -1		34		x
35.5		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	00a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	_ 30		
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Official in Softicular Contrains a response of flote to any line in this Part V		V	N'a
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms w 2d included of line 1a. Enter of infort applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	Х	
	(gambling) winnings to prize winners?	1c	Δ.	

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Form 990 (2023) VIA SENTI

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				37
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		01		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover?	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?		7c		Х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	ı			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?		ısa		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
		100	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X					
Sec	tion A. Governing Body and Management									
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		_							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other								
	officer, director, trustee, or key employee?		2	X						
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?		3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х					
6	Did the organization have members or stockholders?		6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or								
	more members of the governing body?		7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or								
	persons other than the governing body?		7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:								
а	The governing body?		8a	Х						
b	Each committee with authority to act on behalf of the governing body?		8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)								
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such of									
	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 bo	dy before filing the form?	11a		Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b		Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{"}$									
	on Schedule O how this was done		12c		Х					
13	Did the organization have a written whistleblower policy?		13	X						
14	Did the organization have a written document retention and destruction policy?		14	Х						
15	Did the process for determining compensation of the following persons include a review and approve	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			l					
	The organization's CEO, Executive Director, or top management official		15a		X					
b	Other officers or key employees of the organization		15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a								
	taxable entity during the year?		16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's								
	exempt status with respect to such arrangements?		16b							
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (section 501(c)(3)s only) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.	0.1.1.1.5								
		n on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy, a	ınd fina	ncial						
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's b APRIL PEEBLER - 415-308-8874	ooks and records								
	P.O. BOX 2116. REDWOOD CITY. CA 94064									

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

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

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than			than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both officer and a director/truste			is bot	h an	compensation	compensation	amount of
	week	\vdash					ŕ	- Irom	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or o	stee			sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	ımpeı		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Form			
(1) APRIL PEEBLER	60.00									
CHAIR OF BOARD/PRESIDENT		Х		Х				0.	0.	0 .
(2) BRAD PEEBLER	1.00									
TREASURER		Х		Х				0.	0.	0 .
(3) NOUSHEEN ESLAMBOLCHI	0.50									
DIRECTOR		Х						0.	0.	0.
(4) MEMORY ZONE-KACHAMBWA	0.50									
DIRECTOR		Х						0.	0.	0.
(5) CHARLEY PEEBLER	1.00									
SECRETARY		Х		Х				0.	0.	0
		1	1	l	l	I	l			

rai	T VII Section A. Officers, Directors, Trus		ploy	ees/			ighe	st C					/ E\	
	(A)	(B) Average)) Pos	C) ition	1		(D)	(E)		_	(F)	
	Name and title	hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	,		timate nount	
		week					or/trus		from	from related			other	-1
		(list any	ector						the	organizations		com	pensa	tion
		hours for	or dire	يو			ated		organization	(W-2/1099-MIS	C/		om the	
		related organizations	ustee	truste		en.	suadı		(W-2/1099-MISC/	1099-NEC)		•	anizati	
		below	lual tr	tional		ploye	st com	L	1099-NEC)				d relati anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.90		
			 	 	Ť	_								
			1											
			ł											
							-							
			ł											
			-											
							\vdash							
			1											
1b	Subtotal								0.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bove	e) wł	no r	eceived more than \$100	,000 of reportable	9			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director trust	ee l	kev e	emn	love	e o	r hio	nhest compensated emr	lovee on	Γ			
	line 1a? If "Yes," complete Schedule J for s	,	,	,		,	,	_		,		3		Х
4	For any individual listed on line 1a, is the su										····			
	and related organizations greater than \$15	0,000? If "Yes,	" cc	mple	ete S	Sche	edule	e J f	for such individual		[4		X
5	Did any person listed on line 1a receive or	•				,			ed organization or indiv	dual for services				7.7
	rendered to the organization? If "Yes," com	plete Schedul	e J i	for s	uch	pers	son .					5		X
	Complete this table for your five highest on	mnonostod in	don	on de		ont	ro oto		that received more than	\$100,000 of com-	2000	ation f	*c.m	
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation i	TOITI	
	(A)	J			<u>g .</u>		<u> </u>	Ī	(B)	, σα		(C	;)	
	Name and business	address	N	INC	3				Description of s	ervices	C	ompe	nsatio	า
					_									
2	Total number of independent contractors (ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
_	\$100,000 of compensation from the organi	zation										Form	990 (2	5053/
													12	

332008 12-21-23

		(====)	SENT	ri				81-2945	459 Page 9
Ра	rt VI								
		Check if Schedule O o	contains a	<u>response</u>	or note to any lin	ie in this Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ibutions) grants, and above	1b	310,739.	310,739.			
•	0 -	PROGRAM REVEN	TIE		Business Code 90099	518.	518.		
Program Service Revenue	2 a b				300033	510.	510.		
Sel	C								
ram eve	d	1							
rog	е								
Ē		All other program service				518.			
	g 3	Total. Add lines 2a-2f Investment income (include				210.			
	4 5	•	f tax-exer	mpt bond p	proceeds				
	6 a	Gross rents	6a	.,					
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
		Net rental income or (loss)							
	7 a	Gross amount from sales of	l 	Securities	(ii) Other				
venue		assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 7b 7c						
, Be	d	Net gain or (loss)							
Other Re	8 a	Gross income from fundraisir including \$ contributions reported on		_ of					
		Part IV, line 18		8а					
	b	Less: direct expenses		8b					
		Net income or (loss) from		_					
	9 a	Gross income from gamin		I					
	h	Part IV, line 19							
		Less: direct expenses Net income or (loss) from		· · · · · · · · · · · · · · · · · · ·					
		Gross sales of inventory, I							
		and allowances							
	b	Less: cost of goods sold)				
	С	Net income or (loss) from	sales of ir	nventory					
sn					Business Code				
neou: iue	11 a								

12 332009 12-21-23 311,257.

518.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

0.

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Form 990 (2023)

VIA SENTI

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 11 a Management 23,358. 23,358. Legal 11,113. 11,113. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, 247,223. 89,370. 9,094 148,759. column (A), amount, list line 11g expenses on Sch O.) 248. 248. Advertising and promotion 12 8,841. 5,843. 14,684. Office expenses 13 14 Information technology Royalties 15 16 Occupancy 2,436. 2,436. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,623. 2,623. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 15,047. 15,047. US YAC UNOD EXPENSES EVENTS/CONFERENCE EXPEN 6,257. 6,257. DIRECT PROGRAM EXPENSES 5,960. 5,960.

1,809.

153,252.

Check here

25

4,837.

5,351.

52,031

135,663.

e All other expenses

HIGHER EDUCATION SUPPOR

Total functional expenses. Add lines 1 through 24e

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

if following SOP 98-2 (ASC 958-720)

4,837.

7,160.

340,946

81-2945459 Page **11** Form 990 (2023)
Part X Balance Sheet VIA SENTI

Par	• / •	Check if Schedule O contains a response or no	nte to an	v line in this Part Y			
		Officer if Octredule O contains a response of the	ote to an	y inte in this ratt X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			86,963.	1	59,896.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua					
	_	under section 4958(f)(1)), and persons describ-		6			
s	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
	ioa	basis. Complete Part VI of Schedule D		15,735.			
	h	Less: accumulated depreciation	-	10,491.	7,866.	10c	5,244.
	11	Investments - publicly traded securities			.,,,,,,	11	• , = = =
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq			94,829.	16	65,140
	17	Accounts payable and accrued expenses			31,023	17	03/110
	18				18		
	19	Grants payable				19	
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities				21	
.		Escrow or custodial account liability. Complete				21	
tie:	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub				00	
Lia	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X		۰.	
	00	of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25		77	0.	26	0.
Se		Organizations that follow FASB ASC 958, ch	ieck ner	e 🔼			
١٤	07	and complete lines 27, 28, 32, and 33.			92,829.	07	65,140.
3ale	27	Net assets without donor restrictions			2,000.	27	05,140.
틸	28	Net assets with donor restrictions		2,000•	28	<u> </u>	
ᆵᅵ		Organizations that do not follow FASB ASC	958, cne	eck nere			
Net Assets or Fund Balances	00	and complete lines 29 through 33.				00	
sts	29	Capital stock or trust principal, or current fund				29	
SS	30	Paid-in or capital surplus, or land, building, or e				30	
¥	31	Retained earnings, endowment, accumulated			04 000	31	CE 140
ž	32	Total net assets or fund balances			94,829.	32	65,140.
	33	Total liabilities and net assets/fund balances			94,829.	33	65,140. Form 990 (2023

81-2945459 Page **12** VIA SENTI Form 990 (2023)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2					
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,9	$\frac{46.}{89.}$				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	6	<u>5,1</u>	40.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				Щ				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the appropriation about the model of accounting from a prior year about 10 the reliable 10 the reli	- 0		Yes	No				
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed.		2a		X				
	separate basis, consolidated basis, or both:	u on a							
	Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis								
h	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 separat								
	consolidated basis, or both:	o baoio,							
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.							
	review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b						
			Form	990 ((2023)				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Employer identification number

OMB No. 1545-0047

Name of the organization

Inspection

VIA SENTI 81-2945459 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

VIA SENTI 81-2945459 Page 2 for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990) 2023

Part II Support Schedule

Pa	Support Schedule for						
	(Complete only if you checke				n failed to qualify i	under Part III. If the	e organization
<u> </u>	fails to qualify under the tests	s listed below, plea	se complete Part	III.)			
	ction A. Public Support						T
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	270 005	2/1 106	225 252	255 400	210 720	1502051
_	include any "unusual grants.")	270,085.	341,186.	325,353.	255,488.	310,739.	1502851.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	270,085.	341,186.	325,353.	255,488.	310,739.	1502851.
	Total. Add lines 1 through 3	270,005.	341,100.	323,333.	233,400.	310,733.	1302031.
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						759,241.
6	Public support. Subtract line 5 from line 4.						743,610.
	ction B. Total Support						, 10, 0101
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	270,085.	341,186.	325,353.	255,488.	(e) 2023 310,739.	1502851.
	Gross income from interest,	,	, ,	, , , , , ,	,		
Ĭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				13,544.	518.	14,062.
11	Total support. Add lines 7 through 10						1516913.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					<u></u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2023 (14	49.02 %
	Public support percentage from 2022					15	68.66 %
16a	a 33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
k	o 33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the fact			=	•	VI how the organiz	zation
	meets the facts-and-circumstances to	_			-		
k	o 10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alities as a publicly	y supported organ	ization	

Schedule A (Form 990) 2023

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						_
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						_
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First 5 years. If the Form 990 is for the	-			•		ion,
<u></u>	check this box and stop here	io Cupport Do	rooptogo				<u></u>
	ction C. Computation of Publ			l (f)		l a e	0/
	Public support percentage for 2023 (15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					10	<u>%</u>
	Investment income percentage for 20			no 12 oolumn (f)\		17	20
						18	<u>%</u>
	Investment income percentage from a 33 1/3% support tests - 2023. If the						%
136							i is not
L	more than 33 1/3%, check this box a 33 1/3% support tests - 2022. If the						
K							
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	DUX UIT III IE 14, 19	a, ur 190, check th	IID DOX ALIU SEE IN	รถนบถบทรี	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
За		
3b		
- OD		
3с		
4a		
4.		
4b		
_		
4c		
5a		
5b		
5c		
6		
-		
7		
,		
8		
9a		
9b		
9с		
10a		
iva		
10b		

Par	t IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	non b. All Type III Supporting Organizations		V	NI -
	Did the appropriation may ride to each of its appropriate appropriations, by the least day of the fifth mouth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see 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. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

81-2945459 Page 6

Schedule A (Form 990) 2023

VIA SENTI

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations								
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions All other Type III non-functionally integrated supporting organizations must complete Sections A through E.										
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.								
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)							
1	Net short-term capital gain	1									
2	Recoveries of prior-year distributions	2									
3	Other gross income (see instructions)	3									
4	Add lines 1 through 3.	4									
5	Depreciation and depletion	5									
6	Portion of operating expenses paid or incurred for production or										
	collection of gross income or for management, conservation, or										
	maintenance of property held for production of income (see instructions)	6									
7	Other expenses (see instructions)	7									
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8									
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)							
1	Aggregate fair market value of all non-exempt-use assets (see										
	instructions for short tax year or assets held for part of year):										
а	Average monthly value of securities	1a									
b	Average monthly cash balances	1b									
c	Fair market value of other non-exempt-use assets	1c									
d	Total (add lines 1a, 1b, and 1c)	1d									
е	Discount claimed for blockage or other factors										
	(explain in detail in Part VI):										
2	Acquisition indebtedness applicable to non-exempt-use assets	2									
3	Subtract line 2 from line 1d.	3									
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,										
	see instructions).	4									
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5									
6	Multiply line 5 by 0.035.	6									
7	Recoveries of prior-year distributions	7									
8	Minimum Asset Amount (add line 7 to line 6)	8									
Sect	ion C - Distributable Amount			Current Year							
1	Adjusted net income for prior year (from Section A, line 8, column A)	1									
2	Enter 0.85 of line 1.	2									
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3									
4	Enter greater of line 2 or line 3.	4									
5	Income tax imposed in prior year	5									
6	Distributable Amount. Subtract line 5 from line 4, unless subject to										
	emergency temporary reduction (see instructions).	6									
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see							
	instructions).										

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which to	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Part V	I Su	uppler	nental l	nform	ation. P	rovide th	ne explana	tions require	d by Part	II, line 10; Pa	art II, line 17a or 17b	; Part III, line 12; 2; Part IV, Section C,
	line Se	e 1; Par	t IV, Secti lines 5, 6	on D, lin	es 2 and 3	3; Part IV	', Section E	E, lines 1c, 2	a, 2b, 3a,	and 3b; Part	V, line 1; Part V, Set for any additional in	ction B, line 1e; Part V,
SCHEI	OULE	А,	PART	II,	LINE	10,	EXPL	ANATIO	1 FOR	OTHER	INCOME:	
OTHER	RIN	ICOME	<u>C</u>									
2022	AMC	UNT:	\$	13,	544.							
2023	AMC	UNT:	\$	518	•							

Schedule B (Form 990)

Schedule of Contributors

ibutors OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

Name of the organization

VIA SENTI

81-2945459

Organization type (check o	ne):								
Filers of:	Section:								
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
• •	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General Rule									
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.								
Special Rules									
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.								
contributor, during literary, or education	the described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.								
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$								
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990).								

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

VIA SENTI

81-2945459

Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

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

VIA SENTI

81-2945459

Schedule B (Form 990) (2023)

Name of organization **Employer identification number** 81-2945459 VIA SENTI Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VIA SENTI

Employer identification number 81-2945459

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 51161 4411054 181145	(2) i dilab dila ballo debedillo
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	L	ed funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat		,
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			_
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2023

Par	t III Organizations Maintaining Co	ollections of A	rt, Histori	cal Tr	easures, c	or Other	Simila	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessio	n, and other record	ds, check an	y of the	following tha	t make sig	nificant	use of its		
	collection items (check all that apply).									
а	Public exhibition	d	I 🔲 Loar	or exc	hange progra	am				
b	Scholarly research	е	e 🔲 Othe	er						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explai	n how they f	urther t	he organization	on's exem	ot purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be mai	ntained as part of t	the organiza	tion's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arrang	ements Comple	te if the orga	ınizatior	n answered "	Yes" on Fo	rm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n, or other interme	diary for con	tributio	ns or other as	ssets not i	ncluded		_	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	ollowing table	e:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escr	ow or c	ustodial acco	unt liability	/?	L	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII.									
Par										
	 	(a) Current year	(b) Prior	year	(c) Two year	s back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	•	ce (line 1g, co	olumn (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	sion of the organiz	ation that ar	e held a	nd administe	red for the			Lv.	N-
	organization by:									es No
	(i) Unrelated organizations?								3a(i)	
b	If "Yes" on line 3a(ii), are the related organizati								3b	
Day	Describe in Part XIII the intended uses of the of tVI Land, Buildings, and Equipme		owment fund	S.						
Fai	Complete if the organization answered) Dart IV lin	a 11a S	Soo Form 000	Dort V lir	20.10			
	•							ا ا	(d) Dealer	value .
	Description of property	(a) Cost or o basis (investr		•	or other (other)		umulate eciation	۵	(d) Book	/alue
	Land	`	nont)	Dasis	(Ott IOI)	uepre	JoiatiOII			
	Land									
	Buildings Leasehold improvements									
	Leasehold improvements			1	5,735.	-	LO,49	91.	5	,244.
	Equipment Other				3,733.	-	,			, 4 = 1 •
	Other		X line 10c	column	(B))				5	,244.
· otal	ir, aa iiros Ta arougit Te. joolullii juj must eg	aari oiiii ooo, i ail	,, mic 100,	JUIGITIII	\~//				9	, •

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 VIA SENTI		8	1-2945459 _{Page} 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			_
(9)	o/ (D))		
Total. (Column (b) must equal Form 990, Part X, line 15, column (b) Total Part X Other Liabilities	DI. (B))		
		44.0 5 000 5 1 1 1 1	> =
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
. ,			
(7)			
(8)			
(9)	4 (2))		
Total. (Column (b) must equal Form 990, Part X, line 25, co			1
2. Liability for uncertain tax positions. In Part XIII, provid	e the text of the footnote to	the organization's financial statement	s that reports the

Schedule D (Form 990) 2023

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...

	Complete if the organization answered "Yes" on Form 990, Par	•		
1	Total revenue, gains, and other support per audited financial statemer	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	3 (, ,			
b				
С	1 , 3	1 1		
d	,	·		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , ,			
b	/	•		
_	Add lines 4a and 4b			
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 12.)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financi		ises per Return	
_	Complete if the organization answered "Yes" on Form 990, Par		1	
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 م		
b	· · · · · · · · · · · · · · · · · · ·			
C	Other losses			
d	,			
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a b	, , , ,	1 1		
D	Other (Describe in Part XIII.)	40		
_	Add lines 42 and 4b		40	
_	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must aqual Form 900, Part I.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information	line 18.)	5	ı
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	Ι,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information	line 18.) a and 4; Part IV, lines 1b and 2b;	5	l,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	l,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	Ι,
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5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,
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5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	l,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b;	5	I,

SCHEDULE 0 (Form 990)

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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number 81 – 2945459

VIA SENTI	81-2945459
FORM 990, PART VI, SECTION A, LINE 2:	
APRIL PEEBLER, CHAIR OF BOARD/PRESIDENT, BRAD PEEBLER, TR	EASURER, AND
CHARLEY PEEBLER, SECRETARY, HAVE A FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11B:	
OFFICERS REVIEW THE RETURN PRIOR TO FILING.	
FORM 990, PART VI, SECTION C, LINE 18:	
AVAILABLE UPON REQUEST FROM THE ORGANIZATION OR VIA GUIDE	STAR.
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST FROM THE ORGANIZATION.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAMMING:	
PROGRAM SERVICE EXPENSES	89,370.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	89,370.
DEVELOPMENT CONSULTANT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	107,661.
TOTAL EXPENSES	107,661.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization VIA SENTI	Employer identification number 81-2945459
H200 OPERATIONS SUPPORT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9,094.
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	9,094.
MARKETING PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	41,098.
TOTAL EXPENSES	41,098.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	247,223.
FORM 990, PART IX, LINE 11B:	
VIA SENTI VS CARRIE ALISON MALONEY IS AN ACTION VIA SENTI	, FBN HEIRS TO
OUR OCEAN (H2OO), DECIDED TO PURSUE DUE TO NOT ONLY THE E	XPERIENCE H200
HAD WITH MS. MALONEY'S FRAUDULENT ACTIONS, BUT ALSO SEVER	AL OTHER
NONPROFITS DOING GOOD WORK IN FURTHERANCE OF THEIR MISSIO	N. THE COST OF
THE LAWSUIT IS COVERED BY ONE DONOR. MONIES DONATED TO H2	OO FOR
PURPOSES OF FURTHERING ITS MISSION ARE NOT MONIES UTILIZE	D FOR THE
LAWSUIT, AND NEITHER H200'S STAFF NOR BOARD ARE BURDENED	WITH THE
LAWSUIT. THE LAWSUIT IS SILO'D OUTSIDE OF THE ORGANIZATIO	N'S ACTIVITIES
AND EFFORTS, AND IT IS BEING PURSUED THROUGH TO JUDGMENT	IN AN EFFORT
TO STOP THE HARMFUL PRACTICES OF MS. MALONEY CONSIDERING	DEVASTATING
EFFECTS UPON SMALL NONPROFITS.	

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