Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

н г	OI LITE	2023 Calendar year, or tax year beginning	enung								
	heck if	C Name of organization		D Employer identifi	cation number						
	Addre	ASCENDUS, INC.									
	Name chang			11-33172	34						
	Initial return	T T	Room/suite	E Telephone numbe	r						
	Final return	25 BPOADWAY FLOOP 10	646-833-	4514							
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,641,559.							
	Ameno return	NEW YORK, NY 10004		H(a) Is this a group re	eturn						
	Application	F Name and address of principal officer: JOSHUA BRACKETT		for subordinates	for subordinates? Yes X No						
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No						
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See i											
	Vebsit			H(c) Group exemption	n number						
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1996	M State of legal domicile: NY						
Pa	rt I	Summary									
	1	Briefly describe the organization's mission or most significant activities: ASCEI	NDUS E	EMPOWERS							
Activities & Governance		LOW-TO-MODERATE INCOME BUSINESS OWNERS TH	ROUGH	ACCESS TO C	APITAL AND						
r l	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as:	sets.						
ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	17						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	17						
စ္စ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	54						
إ≝	6	Total number of volunteers (estimate if necessary)		6	31						
힣	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.							
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.						
				Prior Year	Current Year						
ø	8	Contributions and grants (Part VIII, line 1h)		9,761,513.	5,182,715.						
Revenue	9	Program service revenue (Part VIII, line 2g)		3,194,209.	5,065,545.						
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,048.	393,299.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		449,285.	0.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,403,959.	10,641,559.						
	13	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)		0.	0.						
Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,488,585.	6,416,394.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
象		Total fundraising expenses (Part IX, column (D), line 25) 789,49									
۳۱		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,571,758.	6,772,965.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,060,343.	13,189,359.						
		Revenue less expenses. Subtract line 18 from line 12		4,343,616.	-2,547,800.						
Soci			В	eginning of Current Year	End of Year						
Sset	20	Total assets (Part X, line 16)		40,451,243.	44,490,956.						
Net Assets or und Balances	21	Total liabilities (Part X, line 26)		19,696,954.	26,513,098.						
	rt II	Net assets or fund balances. Subtract line 21 from line 20		20,754,289.	17,977,858.						
					. Imposite data and haliaf it is						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of wh			/ knowledge and belief, it is						
rue,	correc	i, and complete. Declaration of preparer (other than officer) is based on all illiornation of wh	licii preparei	nas any knowledge.							
>:		Signature of officer		I Date							
Sigr		· •		2410							
Here JOSHUA BRACKETT, CFO Type or print name and title											
Print/Type preparer's name Preparer's signature Date Check PTIN											
aid											
	arer	MAGDALENA CZERNIAWSKI MAGDALENA CZERNI Firm's name CBIZ MARKS PANETH LLC			7-3707167						
	Only	Firm's address 685 THIRD AVENUE		THIII S LIN U							
	,	NEW YORK, NY 10017		Phone no 21	2-503-8800						
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		11 110110 110.22	X Yes No						

Form	1 990 (2023) ASCENDUS, INC.	11-3317234	Page 2
	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: ASCENDUS EMPOWERS LOW-TO-MODERATE INCOME BUSINESS OWNERS	S THROUGH	
	ACCESS TO CAPITAL AND FINANCIAL EDUCATION. WITH ECONOMIC		Υ,
	THESE ENTREPRENEURS, OFTEN MINORITIES AND WOMEN, CAN BU		
	BETTER PROVIDE FOR THEIR FAMILIES, CREATE EMPLOYMENT AND	D STRENGTHEN	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Ye	s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Y e	s X No
	If "Yes," describe these changes on Schedule O.		_
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.		
 4а	0.600 554	enue \$ 5,065	545.
44	ASCENDUS HAS ONE LENDING PROGRAM FOCUSED ON MICRO-ENTRE		
	LOAN TYPES OFFERED ARE TERM LOANS, LINES OF CREDIT, AND		
	ASCENDUS IS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION		0110 •
	CERTIFIED BY THE U.S. DEPARTMENT OF THE TREASURY, A SMAI		
	ADMINISTRATION ("SBA") MICROLOAN INTERMEDIARY, AND A COL		
	ADVANTAGE SMALL BUSINESS LENDING COMPANY WITH OFFICES IN		MD
	FLORIDA, BUT LENDING ACROSS FORTY-NINE STATES.	N NEW TORK A	עעו
	FLORIDA, BUT DENDING ACROSS FORTI-NINE STATES.		
415			
4b	(Code:) (Expenses \$) (Reve	enue \$	
4			
4c	(Code:) (Expenses \$) (Reve	enue \$	
4 -1	Other presume any income (December on Calcabula O.)		
4d	Other program services (Describe on Schedule O.)		
4-	(Expenses \$ including grants of \$) (Revenue \$)	

Form 990 (2023) ASCENDUS, INC.
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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? <i>If</i> "Yes," <i>complete</i>	⊢ ′		
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		^
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	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		X
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	Х	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	L
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,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	. <u>. </u>		
	,	19		x
20a	complete Schedule G, Part III	20a		X
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
Z 1		24		X
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	<u> </u>	_ 41

Form 990 (2023) ASCENDUS, INC.
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
اء	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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			
	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			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	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?	002		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۰. م	v	
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2023) ASCENDUS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 11-3317234 Page **5**

			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 54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٦,
_	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 contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
		7e		Х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans That the ground of progress on head.			
	Enter the amount of reserves on hand Did the amount of reserves on hand	110		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves " has it filed a Form 720 to report these payments? If "Ne " provide an explanation on Schoolule O.	14a		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	le the appropriation on advertised in this time which the continue 4000 available to a retirement in compa	16		Х
.5	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
			200	

Form 990 (2023) ASCENDUS, INC. 11-3317234 Page
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.

	to mile ea, es, er res selem, accombe the encurricances, proceeded, or changes on constant c. ecc metacations.										
	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management		I								
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
_	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37							
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37							
_	of officers, directors, trustees, or key employees to a management company or other person?	4		X							
4											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6_		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		_X_							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		ı								
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х								
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Х								
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
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 approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NY										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	JOSHUA BRACKETT, CFO - 866-245-0783										
	25 BROADWAY FLOOR 10, NEW YORK, NY 10004										

ASCENDUS INC. 11-3317234 Page 7

Form 990 (2023) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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)	J. gu	<u></u>		C)	,,,	Jack	(D)	(E)	(F)
Name and title	Average	Position (do not check more th					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		Cei ai		II ecto	ii/ii us	(66)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	ividua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	Inst	Officer	Ke	e Hig	For			
(1) PAUL QUINTERO	40.00	-		.,				420 111	0	00 040
CEO	40.00			Х				438,111.	0.	28,948.
(2) ANA HAMMOCK	40.00	-		٦,				241 066	0	•
CHIEF LENDING OFFICER	40.00			Х				241,866.	0.	0.
(3) RODRIGO CERVEIRA	40.00	1				-		160 761	0	20 000
V.P. CREDIT RISK & LOAN SE (4) VICTORIA N. RICHARDSON	40.00					Х		168,764.	0.	30,088.
V.P OF DEVELOPMENT & COMMU	40.00	1				x		171,035.	0.	27 672
(5) FABIANA A. ESTRADA	40.00					^		1/1,033.	0.	27,672.
DIRECTOR OF LENDING	40.00	1				X		171,609.	0.	22,308.
(6) ANDREA IERACE	40.00					21		171,000.		22,300.
VP OF LENDING	40.00	1				x		176,998.	0.	11,224.
(7) JENNIFER SPAZIANO	40.00							17073301		11/2210
V.P. TECH & INNOVATION		1				x		181,352.	0.	0.
(8) JOSHUA BRACKETT	40.00							,	-	
CFO				Х				146,666.	0.	16,076.
(9) AMY HELLEN	1.00									-
DIRECTOR		Х						0.	0.	0.
(10) ARMANDO ACOSTA	1.00									
DIRECTOR		Х						0.	0.	0.
(11) COLLEEN GALVIN	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(12) DANIEL DELEHANTY	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JAS JEET SINGH	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) JEROME WEISS	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(15) JOSEPH HERNANDEZ	1.00									_
DIRECTOR (16) KINDEDIA TOUNGON	1 00	Х	_					0.	0.	0.
(16) KIMBERLY JOHNSON	1.00	٠,		٦,					<u> </u>	_
TREASURER (OUTGOING)	1 00	Х		Х				0.	0.	0.
(17) LAURA MILLER CHAIR	1.00	Х		х				0.	0.	^
332007 12-21-23	1	Λ	l	Δ.	<u> </u>	l	<u> </u>	J 0.	U •	0 • Form 990 (2023)

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the Highest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) (18) LISA SERVON 1.00 DIRECTOR (OUTGOING) Х 0. 0. 0. (19) PABLO CORTINA 1.00 X 0. 0. 0. DIRECTOR 1.00 (20) PERRI RICHMAN Х 0. DIRECTOR 0. 0. (21) QUENIA ABREU 1.00 DIRECTOR X 0. 0. (22) ROSHELLE NAGAR 1.00 SECRETARY Х Х 0. 0. 0. 1.00 (23) SHELLEY R. SYLVA DIRECTOR Х 0. 0. 0. (24) STEPHEN CASSELL 1.00 Х 0. 0. DIRECTOR 0. (25) SUDHIR JAIN 1.00 0. DIRECTOR 0. 0. (26) TYLER VAN GUNDY 1.00 TREASURER Х 0. 0. 0. 1,696,401. 136,316. 0. 1b Subtotal c Total from continuation sheets to Part VII, Section A 0. 0. 1,696,401. 0. 136.316. d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PERSONAL COMPUTER POWER CENTER, 1650 BROADWAY SUITE 1007, NEW YORK, NY 10019	IT SERVICES	137,598.
FIFTEEN DEGREES LLC., 27 EAST 21ST STREET		
2ND FLOOR, NEW YORK, NY 10010 YOUR PART-TIME CONTROLLER INC.	BRAND DEVELOPMENT	119,198.
	FINANCIAL SERVICES	113,290.

Total number of independent contractors (including but not limited to those listed above) who received more than
 \$100,000 of compensation from the organization

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Form 990 ASCENDUS, INC. 11-3317234

Form 990 ASCENDUS, Part VII Section A. Officers, Directors, Tru (A) Name and title	stees, Key En (B)	nplo	yee		nd H	lighe	est (Compensated Employ	ees (continued)	
(A)										
1	Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ZARA INGILIZIAN	1.00									
DIRECTOR		X						0.	0.	0
-										

11-3317234

Form 990 (2023) ASCENDUS, INC.
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a	respons	se or	note to any lin	e in this Part VIII			
						•		j	(A)	(B)	(C)	(D)
									Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
										iunction revenue	business revenue	sections 512 - 514
ts Is	1	l a	Federated campaigns			1a						
ran		b	Membership dues			1b						
E,G		С	Fundraising events			1c						
iifts ar A			Related organizations			1d						
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri			1e		1,908,772.				
igis		f	All other contributions, gifts,	grant	ts, and							
but			similar amounts not included	abov	ve	1f		3,273,943.				
i di		g	Noncash contributions included in I	lines 1	1a-1f	1g \$						
an Co		h	Total. Add lines 1a-1f						5,182,715.			
							Е	Business Code				
ě	2	2 a	PROGRAM FEES				_ L	900099	3,252,582.	3,252,582.		
Program Service Revenue		b	LOAN PORTFOLIO INCOM	ſΕ			_ L	525990	1,812,963.	1,812,963.		
Seg		С					_ L					
am		d					_ L					
og B		е					_ L					
Ā		f	All other program service	reve	nue .							
		g	Total. Add lines 2a-2f						5,065,545.			
	3	3	Investment income (includ	ling	divide	nds, inte	erest,	and				
		other similar amounts)							393,299.			393,299.
	4	ŀ	Income from investment o	f tax	k-exen	npt bond	d pro	ceeds				
	5	5	Royalties	. <u></u>								
						i) Real		(ii) Personal				
	6	àa	Gross rents	6a								
		b	Less: rental expenses	6b								
		С	Rental income or (loss)	6с								
		d	Net rental income or (loss)				· · · · · · · · · · · · · · · · · · ·					
	7	a	Gross amount from sales of		(i) S	ecurities	s	(ii) Other				
			assets other than inventory	7a								
		b	Less: cost or other basis									
ne			and sales expenses	7b	_							
her Revenue			Gain or (loss)	7с	•							
Be			Net gain or (loss)									
her	8	3 a	Gross income from fundraising	ng ev	rents (r	not						
δ			including \$			-						
			contributions reported on									
			Part IV, line 18				8a					
			Less: direct expenses				8b					
			Net income or (loss) from				<u></u>					
	9	а	Gross income from gamin	-								
			Part IV, line 19				9a					
			Less: direct expenses				9b					
			Net income or (loss) from									
	10) a	Gross sales of inventory, le									
			and allowances				l0a					
			Less: cost of goods sold				0b					
		С	Net income or (loss) from	sales	s ot in	ventory		Pusiness Code				
sn	4.4	ء ا					F	Business Code				
eo ue	11	la b					- -					
Miscellaneous Revenue		b					- -					
sce Re		q	All other revenue				- -					
Ξ			All other revenue									
	10		Total Add lines 11a-11d						10,641,559.	5,065,545.	0.	393,299.
	12		Total revenue. See instruction	دا ار					,,	1 2,303,313.	٠.	555,255.

Form 990 (2023) ASCENDUS, INC. 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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	0.54 6.55	- 40 4-0	244 257	=0.4=0						
	trustees, and key employees	871,667.	549,150.	244,067.	78,450.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	4 1 4 C 4 C F	0 (10 [10	1 166 605	261 241						
7	Other salaries and wages	4,146,465.	2,618,519.	1,166,605.	361,341.						
8	Pension plan accruals and contributions (include										
_	section 401(k) and 403(b) employer contributions)	990,336.	625,212.	278,459.	۵۶ ۶۶ ۳						
9	Other employee benefits	407,926.	257,506.	114,678.	86,665. 35,742.						
10	Payroll taxes	407,320.	231,300.	114,070.	33,144.						
11	Fees for services (nonemployees):										
a	Management	12,030.	10,369.	1,661.							
0	LegalAccounting	12,030.	10,303.	1,001.	_						
4	Lobbying				_						
u e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g					_						
3	column (A), amount, list line 11g expenses on Sch O.)	441,679.	125,287.	237,622.	78,770.						
12	Advertising and promotion	5,087.	1,443.	2,737.	907.						
13	Office expenses	13,646.	10,927.	1,881.	838.						
14	Information technology	966,353.	538,743.	339,441.	88,169.						
15	Royalties										
16	Occupancy	321,010.	217,222.	76,288.	27,500.						
17	Travel	120,485.	34,727.	76,608.	9,150.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	9,702.	2,796.	6,169.	737.						
20	Interest	589,549.	589,549.								
21	Payments to affiliates	115 660	207	115 460							
22	Depreciation, depletion, and amortization	115,669. 59,816.	207. 47,897.	115,462.	3,674.						
23	Insurance	33,010.	41,031.	0,243.	3,074.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)										
а	CLIENT LOSS PROVISION	3,483,724.	3,483,724.								
b	MISC	285,742.	228,803.	39,386.	17,553.						
c	CLIENT FIN. SUPPORT	200,000.	200,000.	120,000	,						
d	COLLECTION EXPENSE	148,473.	148,473.		_						
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	13,189,359.	9,690,554.	2,709,309.	789,496.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (0000)						

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			15,570,383.	1	4,425,976.
	2	Savings and temporary cash investments			559,405.	2	9,269,367.
	3	Pledges and grants receivable, net			2,398,670.	3	1,255,249.
	4	Accounts receivable, net		154,232.	4	441,575.	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			17,299,175.	7	27,813,541.
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			289,439.	9	314,525.
	10a	Land, buildings, and equipment: cost or other		4 944 959			
		basis. Complete Part VI of Schedule D	10a	1,041,250.	405.055		40.005
	b	Less: accumulated depreciation			127,877.	10c	42,205.
	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	4 052 062	14	928,518.		
	15	Other assets. See Part IV, line 11	4,052,062. 40,451,243.	15 16	44,490,956.		
	16 17	Total assets. Add lines 1 through 15 (must equ	1,286,663.	17	566,594.		
	18	Accounts payable and accrued expenses Grants payable	1,200,003.	18	300,334.		
	19	Deferred revenue		18,066.	19	35,416.	
	20	Tax-exempt bond liabilities				20	70,1201
	21	Escrow or custodial account liability. Complete				21	
w	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
abil		controlled entity or family member of any of the	se perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	ated thir	d parties	3,480,964.	23	2,980,614.
	24	Unsecured notes and loans payable to unrelate	d third p	arties	14,623,080.	24	20,837,661.
	25	Other liabilities (including federal income tax, pa	ıyables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			288,181.	25	2,092,813.
	26	Total liabilities. Add lines 17 through 25			19,696,954.	26	26,513,098.
(0		Organizations that follow FASB ASC 958, che	ck here	X			
ĕ		and complete lines 27, 28, 32, and 33.			14 750 757		15 064 267
<u>a</u>	27	Net assets without donor restrictions	14,752,757.		15,064,367.		
Ä	28	Net assets with donor restrictions	6,001,532.	28	2,913,491.		
Ĕ		Organizations that do not follow FASB ASC 9	58, che	ck here			
P.		and complete lines 29 through 33.				-00	
jts (29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			20,754,289.	31 32	17,977,858.
ž	32 33			·····	40,451,243.	33	44,490,956.
	აა	TOTAL HADIILIES AND HEL ASSELS/TUND DAIANCES .			±0, ±01, 4±0•	აა	1 44,470,730.

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					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,64				
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	,18	9,3	59.		
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-22	8,6	31.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	17	,97	7,8	58.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).					
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	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	lit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х			

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

			NDUS, INC.						1-3317234
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions	i.	
The	organ	ization is not a private found							
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ılly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	e general į	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a l	and-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	e or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	o fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а	ı		· · · · · · · · · · · · · · · · · · ·	·	•	-			
		the supported organization			majority o	of the direc	ctors or trustee	s of the su	upporting
		organization. You must o	- · · · · · · · · · · · · · · · · · · ·						
b) <u> </u>	Type II. A supporting org							
		control or management o			ame perso	ns that co	ntrol or manag	e the supp	oorted
		organization(s). You mus							
C	; [_							/ integrate	ed with,
_		its supported organization		•	•	•	•		
C	ı	☐ Type III non-functionally						-	
		that is not functionally int	-		•		-	an attentiv	veness
		requirement (see instructi						Type III	
e	• 🗀	Check this box if the orga					турет, турет	, Type III	
	Ente	functionally integrated, or er the number of supported or							
		vide the following information		ed organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	ng document?	support (see ins	structions)	support (see instructions)
				above (see instructions)		110			
Tota	al						I		

332021 12-21-23

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3871881.	9008455.	8034011.	9761513.	5182715.	35858575.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3871881.	9008455.	8034011.	9761513.	5182715.	35858575.
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)						2874815.
6	Public support. Subtract line 5 from line 4.						32983760.
	tion 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 4	3871881.	9008455.	8034011.	9761513.	5182715.	35858575.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,297.	16,091.	8,607.	27,361.	393,299.	449,655.
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.)	72,447.	282,914.	568,971.	449,285.		1373617.
11	Total support. Add lines 7 through 10				,		37681847.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 20	,447,852.
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	87.53 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	84.93 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the d	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s

Schedule A (Form 990) 2023 ASCENDUS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	JU		
	3с		
	4a		
	4b		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	-		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	401-		
_	10b	~ 000\	

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		
	A family member of a person described on line 11a above?	11b		
	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	, 110		
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Yes	No
4	Did the severing body, members of the severing body, officers esting in their official conseits, or membership of one or		162	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		
	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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. 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 year (see instructions	١.		
а	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	ic)	
	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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,	u		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	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		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
		3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

Pai	t 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 qualify	ing trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
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		
С	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-function	ally integrate	ad Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

9

10

ASCENDUS, INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year**

1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions.

Distributable amount for 2023 from Section C, line 6

10 Line 8 amount divided by line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(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			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e 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			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI

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

SCHEI	DULE A,	PART	· II,	LINE	10,	EXPL	ANAT:	ION :	FOR	OTHER	 INCOME:	l		
FUNDE	RAISING	INCC	ME											
2019	AMOUNT	: \$	19,	164.										
OTHER	R REVENU	JE												
2019	AMOUNT	: \$	53,	283.										
2020	AMOUNT	: \$	172	,991.										
2021	AMOUNT	: \$	529	,440.										
2022	AMOUNT	: \$	5,0	66.										
LOAN	RECOVE	RY IN	COME											
2020	AMOUNT	: \$	109	,923.										
2021	AMOUNT	: \$	39,	531.										
2022	AMOUNT	: \$	444	,219.										

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 Inspection

Name of the organization

ASCENDUS, INC.

Employer identification number 11-3317234

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on line 2	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and e	nforcing conservat	tion easemen	its during the year
•	Dono and an impact of the control of		ftion 170/h	\(4\(\D\(;\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financiai stateme	ents that desc	cribes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Tre	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		•
b	If the organization elected, as permitted under FASB ASC 95				t works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat			gain, provide	 e
	the following amounts required to be reported under FASB A			- •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Pai	rt III Organizations Maintaining C	ollections of Art, Hist	orical Treasures, o	r Other S	imilar Ass	sets (continu	ued)
3	Using the organization's acquisition, accessi	on, and other records, check	any of the following tha	t make signi	ficant use of	its	
	collection items (check all that apply).						
а	Public exhibition	d 🗌	Loan or exchange progra	am			
b	Scholarly research	е 🗌	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain how th	ey further the organization	on's exempt	purpose in F	Part XIII.	
5	During the year, did the organization solicit o	•	•				
	to be sold to raise funds rather than to be ma	•	•			Yes	☐ No
Par	rt IV Escrow and Custodial Arran					IV, line 9, or	
	reported an amount on Form 990, Par				,	,	
1a	Is the organization an agent, trustee, custodi	an, or other intermediary for	contributions or other as	sets not inc	luded		
	on Form 990, Part X?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII						
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Fe					Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explanation	n has been provided in F	Part XIII			
	rt V Endowment Funds Complete if						
	·	(a) Current year (b) F	Prior year (c) Two yea	rs back (d)	Three years b	ack (e) Four	years 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							
2	Provide the estimated percentage of the curr	ent vear end balance (line 1	a. column (a)) held as:				
a			5 , (- <i>y</i>)				
b		<u> </u>					
С		 *					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
За	Are there endowment funds not in the posse		t are held and administe	red for the			
	organization by:	J				Γ	Yes No
	•					3a(i)	
	(m) = 1 · · · · · · · ·					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza						
4	Describe in Part XIII the intended uses of the						
Par	rt VI Land, Buildings, and Equipm						
	Complete if the organization answere	d "Yes" on Form 990, Part IV	/, line 11a. See Form 990), Part X, line	10.		
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accu	ımulated	(d) Book	value
	,	basis (investment)	basis (other)		ciation	. ,	
1a	Land						
	Buildings						
	Leasehold improvements						
	Equipment	•	2,041.		1,958.		83.
	Other		1,039,209.		7,087.	42	2,122.
	Add lines 1a through 1e (Column (d) must o				•	42	

Schedule D (Form 990) 2023 ASCENDUS, IN	<u>C.</u>	11	331/234 Page 3
Part VII Investments - Other Securities	- Faura 000 Dart IV line	11h Cas Faura 000 Bart V line 10	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	(b) Dook value	(c) Method of Valuation. Oost of en	d-or-year market value
(0) 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(2) Closely held equity interests			
(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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)		<u> </u>	
(2)			
(3)			
(4)			
(5)			
(6) (7)		1	
(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" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		l
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(15 10 40 100	111 01111 000, 1 411 14, 11110	710 01 111. 000 1 0111 000, 1 dit X, iiilo 20	(b) Book value
(a) Description of liability (1) Federal income taxes			(b) Book value
(2) OTHER LIABILITIES			1,805,592.
(3) FIANANCE LEASE LIABILITY			49,421.
(4) OPERATING LEASE LIABILITY			237,800.
(5)			1.,
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) ... 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

2,092,813.

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With I	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,892,546.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	250,987.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	1 1			
е	Add lines 2a through 2d			2e	250,987.
3	Subtract line 2e from line 1			3	10,641,559.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,641,559.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	13,440,346.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	250,987.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	250,987.
3	Subtract line 2e from line 1			3	13,189,359.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	•		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,189,359.
Pai	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			; Part :	X, line 2; Part XI,
111103	20 and 40, and 1 art Ari, lines 20 and 40. Also complete this part to provide any addit	ionai imom	iation.		
PAF	RT X, LINE 2:				
ASC	ENDUS BELIEVES IT HAS NO UNCERTAIN TAX POS	ITIONS	S AS OF DEC	EMB	ER 31,
202	3 AND 2022 IN ACCORDANCE WITH ACCOUNTING S	TANDAF	RDS CODIFIC	ATI	ON ("ASC")
TOI	PIC 740, INCOME TAXES, WHICH PROVIDES STAND	ARDS F	OR ESTABLI	SHI	NG AND
CT.Z	ASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN '	ሞልሄ ውር	STTTONS		
<u> </u>	abbit time time they in the chemical in the ch	11111 1 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** ASCENDUS, INC. 11-3317234 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN PROGRAM SERVICES LOAN CONSULTANTS 121,180. 0 121,180. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 121,180. and 3b)

Dort II Cronto and Other

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 E	Enter total	number	of other	organizations	or entities
-----	-------------	--------	----------	---------------	-------------

Page 2

ASCENDUS, INC.

Part III Grants and Other Assistance Part III can be duplicated if a			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

ASCENDUS, INC. 11-3317234

Employer identification number

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		<u>х</u> х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 /458-6/c/2	a		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 ASCENDUS, INC. 11-3317234

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAUL QUINTERO	(i)	373,768.	64,343.	0.	0.	28,948.	467,059.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANA HAMMOCK	(i)	211,592.	30,274.	0.	0.	0.	241,866.	0.
CHIEF LENDING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RODRIGO CERVEIRA	(i)	142,172.	26,592.	0.	0.	30,088.	198,852.	0.
V.P. CREDIT RISK & LOAN SE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VICTORIA N. RICHARDSON	(i)	147,818.	23,217.	0.	0.	27,672.	198,707.	0.
V.P OF DEVELOPMENT & COMMU	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) FABIANA A. ESTRADA	(i)	146,781.	24,828.	0.	0.	22,308.	193,917.	0.
DIRECTOR OF LENDING	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDREA IERACE	(i)	154,932.	22,066.	0.	0.	11,224.	188,222.	0.
VP OF LENDING	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JENNIFER SPAZIANO	(i)	158,338.	23,014.	0.	0.	0.	181,352.	0.
V.P. TECH & INNOVATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSHUA BRACKETT	(i)	146,666.	0.	0.	0.	16,076.	162,742.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2023	ASCENDUS,	INC.				11-3317234	Page 3
Part III Supplemental Informa							
Provide the information, explanati	on, or descriptions requ	uired for Part I, lines 1a	a, 1b, 3, 4a, 4b, 4c, 5a, 5	b, 6a, 6b, 7, and 8, and	d for Part II. Also complete t	his part for any additional informat	ion.
PART I, LINE 7:							
THE BOARD APPROVE	S THE STICCES	SS SHARE DI.A	N BONIIG BAGI	א אדע אט מז	СОММЕНПАТТОН		
IIII BOARD AITROVE	D IIII DOCCE	DO DIMINE I EM	M BONOD BADE	D ON THE RE	COMMENDATION		
AND REVIEW OF THE	FINANCE COM	MMITTEE.					

SCHEDULE O (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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THEIR COMMUNITIES.

ASCENDUS, INC.

Employer identification number 11-3317234

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FINANCIAL EDUCATION. WITH ECONOMIC OPPORTUNITY, THESE ENTREPRENEURS,

OFTEN MINORITIES AND WOMEN, CAN BUILD ASSETS, BETTER PROVIDE FOR THEIR

FAMILIES, CREATE EMPLOYMENT AND STRENGTHEN THEIR COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS PREPARED BY THE OUTSOURCED ACCOUNTANT, AND IS REVIEWED BY

MANAGEMENT & AUDIT COMMITTEE IN DETAIL AND THEN SENT TO THE BOARD PRIOR TO

ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST POLICY IS CURRENTLY IN PLACE AND IS MONITORED

ANNUALLY. EACH YEAR EVERY MEMBER OF THE GOVERNING BODY COMPLETES AND SIGNS

A CONFLICT OF INTEREST QUESTIONNAIRE IN WHICH THEY DISCLOSE ANY POSSIBLE

CONFLICTS OF INTEREST TO THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A:

IN 2023, THE CEO'S SALARY WAS REVIEWED AND APPROVED BY THE EXECUTIVE

COMMITTEE OF THE BOARD OF DIRECTORS USING THREE SOURCES OF COMPENSATION

ANALYSIS, INCLUDING NATIONAL REPORT FROM GUIDESTAR ON COMPENSATION LEVELS

FOR NONPROFIT CEOS BY TYPE OF NONPROFIT, SIZE AND GEOGRAPHY, AN ANALYSIS

BASED ON INDEPENDENT THIRD-PARTY SALARY BENCHMARKING ANALYSIS FOR THE NEW

AND A PERFORMANCE REVIEW.

YORK AREA,

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** 11-3317234 ASCENDUS, INC. IN 2023, ASCENDUS HAD AN EMPLOYMENT MANAGEMENT AGREEMENT WITH A PROFESSIONAL EMPLOYMENT ORGANIZATION ("PEO") WHICH PROVIDES A COMPREHENSIVE PERSONNEL MANAGEMENT SYSTEM ENCOMPASSING A BROAD RANGE OF SERVICES, INCLUDING BENEFITS AND PAYROLL ADMINISTRATION, HEALTH AND WORKER'S COMPENSATION INSURANCE PROGRAMS, PERSONNEL RECORDS MANAGEMENT, EMPLOYER LIABILITY MANAGEMENT, ETC. EMPLOYEES ARE CONSIDERED CO-EMPLOYEES OF ASCENDUS AND THE PEO. EMPLOYEES ARE INCLUDED IN A FORM W-3, TRANSMITTAL OF WAGE AND TAX STATEMENTS ISSUED DIRECTLY BY THE PEO. ASCENDUS DID NOT ISSUE A SEPARATE FORM W-3 OR FORM W-2. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CUMMULATIVE EFFECT ADJUSTMENT FOR CURRENT EXPECTED CREDIT LOSS ADOPTATION -228,631. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.