#### \*\* PUBLIC DISCLOSURE COPY \*\*

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.

7a

7b

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization Address change ASCENDUS, INC. \*\*-\*\*\*7234 Name change Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 80 MAIDEN LANE 903 646-833-4514 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return NEW YORK, NY 10038 H(a) Is this a group return

14,588,685. Applica-tion pending F Name and address of principal officer: PAUL QUINTERO for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 527 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► ASCENDUS . ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation: 1996 M State of legal domicile: NY Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: ASCENDUS EMPOWERS Activities & Governance LOW-TO-MODERATE INCOME BUSINESS OWNERS THROUGH ACCESS TO CAPITAL if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 50 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6

			Prior Year	Current Year
ө	8	Contributions and grants (Part VIII, line 1h)	9,008,455.	8,034,011.
ŭ	9	Program service revenue (Part VIII, line 2g)	3,074,625.	5,977,096.
evenu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,091.	8,607.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	282,914.	568,971.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,382,085.	14,588,685.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ပ္သ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,287,512.	4,953,664.
pense	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25)  922,843.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,883,668.	2,880,348.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,171,180.	7,834,012.
	19	Revenue less expenses. Subtract line 18 from line 12	3,210,905.	6,754,673.
or			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	32,987,328.	45,777,812.
ASS	21	Total liabilities (Part X, line 26)	24,158,880.	29,367,139.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	8,828,448.	16,410,673.
Pa	rt II	Signature Block	_	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

					C	Tau	Quintew-	-	11/15/22					
Sign		Signature of officer							Date					
Here		PAUL Q	UINT	ERO,	CEO									
		Type or print	name an	ıd title										
	Prin	ıt/Type prepareı	's name				Preparer's signature			Date		Check	PTIN	
Paid	MAC	GDALENA	Μ.	CZERN	IIAWS	KI I	MAGDALENA	М.	CZERNIA	11/15	/22	self-employed P	005350	)99
Preparer	Firm	n's name 🕨	CBIZ	Z MARI	KS PA	NETH	H LLC				Firm's	SEIN ► **-	***716	57
Use Only	Firm	n's address 🕨	685	THIRI	AVE	ENUE								
			NEW	YORK	, NY	1001	L7				Phone	e no. 212 - 50	03-880	0 (
May the II	RS di	scuss this ret	urn with	the prep	arer sho	wn abov	e? See instruction	s					X Yes	No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

7 a Total unrelated business revenue from Part VIII, column (C), line 12

**b** Net unrelated business taxable income from Form 990-T, Part I, line 11

Form 990 (2021)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  ASCENDUS EMPOWERS LOW-TO-MODERATE INCOME BUSINESS OWNERS THROUGH
	ACCESS TO CAPITAL FINANCIAL EDUCATION. WITH ECONOMIC OPPORTUNITY,
	THESE ENTREPRENEURS, OFTEN MINORITIES AND WOMEN, CAN BUILD ASSETS,
	BETTER PROVIDE FOR THEIR FAMILIES, CREATE EMPLOYMENT AND 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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	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 measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,017,109 . including grants of \$) (Revenue \$ 6,090,909 . )
40	ASCENDUS HAS TWO PRIMARY PROGRAMS, THE LARGEST OF WHICH IS THE
	PROVISION OF MICROLOANS AND DEVELOPMENT SERVICES TO MICRO-ENTREPRENEURS
	(I.E., ENTREPRENEURS THAT EMPLOY FIVE OR LESS EMPLOYEES). WE SERVE
	LOW-TO MODERATE-INCOME, MINORITY, IMMIGRANT AND WOMEN ENTREPRENEURS,
	POPULATIONS THAT LACK ACCESS TO MAINSTREAM CREDIT SOURCES. WITH ACCESS
	TO CREDIT, OUR CLIENTS GO ON TO BUILD ASSETS, GROW HOUSEHOLD INCOMES
	AND CREATE JOBS FOR THEMSELVES AND OTHERS WITHIN THEIR LOCAL
	COMMUNITIES.
	COMMON I I I I I I I I I I I I I I I I I I I
4b	(Code:) (Expenses \$ 380,513. including grants of \$) (Revenue \$ \$ 455,158.)
	ASCENDUS IS A CERTIFIED COMMUNITY ADVANTAGE LENDER UNDER THE U.S. SMALL
	BUSINESS ADMINISTRATION. THROUGH THIS PROGRAM, ASCENDUS OFFERS SMALL
	BUSINESS LOANS RANGING FROM \$50,000 TO \$250,000 AND TECHNICAL
	ASSISTANCE TO SMALL BUSINESS OWNERS IN THE FOURTEEN STATES IN WHICH IT
	IS CERTIFIED (FL, GA, SC, NC, VA, MD, DE, PA, NJ, NY, CT, MA, RI, NH).
	LOANS ARE PARTIALLY GUARANTEED BY THE SBA AND HAVE TERMS UP TO 10
	YEARS, PROVIDING ASCENDUS THE FLEXIBILITY TO LEND GROWING SMALL
	BUSINESSES, WITHOUT SACRIFICING THE AFFORDABLE PAYMENTS THAT MAKE OUR
	LOANS ACCESSIBLE TO UNDERSERVED BUSINESSES.
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 6,397,622.
	Form <b>990</b> (2021)

# Form 990 (2021) 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	_ <u>X</u> _	
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		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٦,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			٦,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			٦,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		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			\ <sub>3,7</sub>
	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			\ <b>.</b> ,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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	١	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	· · · · · · · · · · · · · · · · · · ·		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0	Х	
	Schedule D, Parts XI and XII	12a		_
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		<sub>v</sub>
40	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Ø	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	7 00 0	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
IJ		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del></del>
10	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,	ــــــــــــــــــــــــــــــــــــــ		<del></del>
••	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	<u> Г"</u>		<del></del> -
. •	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."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form 990 (2021) 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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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 non-cash 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par				
	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 1a 30			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2021) ASCENDUS, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD.		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
a b		7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
·		7c		х
a		76		21
d		7e		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <del>6</del>		X
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			21
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	•		
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a		9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	อม		
	Initiation fees and capital contributions included on Part VIII, line 12			
a				
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
''	```			
a h	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against			
J				
122	amounts due or received from them.)  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	.za		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
_	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.	•		

Form 990 (2021) ASCENDUS, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevenue Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	116		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
·	on Schedule O how this was done	12c	х	
13		13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
			21	Х
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		21
16-				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х
	taxable entity during the year?	16a		22
D	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	401		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NY	I. A		.1.
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	oniy)	avallat	ыe
	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	finand	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			
	PAUL QUINTERO, CEO - 646-833-4514			
	80 MAIDEN LANE SUITE 903, NEW YORK, NY 10038			

# 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(da		Pos	ition	l than c		Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week	_	cer an	dad	irecto	r/trust	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee/	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	utiona	-	Key employee	st co	er	13551125)		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(1) PAUL QUINTERO	36.50									
CEO	1.00			Х				361,266.	0.	21,672.
(2) ANA I. HAMMOCK	37.50									
SVP OF LENDING						X		180,020.	0.	0.
(3) RODRIGO CERVEIRA	37.50									
V.P. CREDIT RISK & LOAN SERVICE						X		148,415.	0.	21,672.
(4) VICTORIA N. RICHARDSON	36.50	-								
V.P OF DEVELOPMENT & COMMUNICATION	1.00					X		141,086.	0.	21,672.
(5) FABIANA A. ESTRADA	37.50							405 504		4-44-
DIRECTOR OF LENDING	25.50					Х		137,521.	0.	15,147.
(6) JENNIFER SPAZIANO	37.50	-						142 002	•	•
V.P. TECH & INNOVATION	26 50					Х		143,893.	0.	0.
(7) WILLIAM POPELESKI	36.50	-						114 550	•	E 045
SR. ADVISOR TO CEO (OUTGOING)	1.00			Х				114,759.	0.	7,245.
(8) AMY HELLEN	1.00	.,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(9) COLLEEN GALVIN	1.00	.,							0	•
VICE-CHAIR	1 00	Х		Х				0.	0.	0.
(10) CRISTINA SHAPIRO	1.00	3,7							0	•
DIRECTOR (OUTGOING)	1.00	Х						0.	0.	0.
(11) DANIEL DELEHANTY DIRECTOR	1.00	Х						0.	0.	0
(12) DENNIS LAGUEUX	1.00	Δ						0.	0.	0.
CHAIR (OUTGOING)	1.00	Х		х				0.	0.	0.
(13) JAS JEET SINGH	1.00	Δ		_				0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(14) JEROME WEISS	1.00	Λ						0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(15) JOSEPH HERNANDEZ	1.00	22						0.	<b>.</b>	
DIRECTOR	1.00	х						0.	0.	0.
(16) KIMBERLY JOHNSON	1.00								J •	•
TREASURER		х		Х				0.	0.	0.
(17) LAURA MILLER	1.00	<u> </u>		_ <u></u>					31	
CHAIR		х		х				0.	0.	0.
100007 10 00 01	1				•					Form 990 (2021)

Form 990 (2021) ASCENDUS	, INC.								**-***7	234	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Ηiς	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		l than c	one	Reportable	Reportable		stimate	
	hours per					s both		compensation	compensation		nount	of
	week (list any		) (i)			17 41 410	, 	from	from related		other	tion
	hours for	direct				_		the organization	organizations (W-2/1099-MISC/		pensa om th	
	related	ee or	trustee			nsate		(W-2/1099-MISC/	1099-NEC)		anizat	
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	an	d relat	ed
	below	ndividual trustee or director	Institutional t	Jec	Key employee	Highest compensated employee	ner			orga	anizati	ons
	line)	Indi	Inst	Officer	Key	High	Former					
(18) LISA SERVON	1.00											_
DIRECTOR		Х						0.	0.			0.
(19) MICHAEL HENRY	1.00											_
DIRECTOR (OUTGOING)	1 00	Х						0.	0.			0.
(20) PERRI RICHMOND	1.00											
DIRECTOR	1 00	Х						0.	0.			0.
(21) ROSHELLE NAGAR	1.00			l								_
SECRETARY	1.00	Х		Х				0.	0.			0.
(22) STEPHEN CASSELL	1.00											_
DIRECTOR	1 00	Х						0.	0.			0.
(23) SUDHIR JAIN	1.00											_
DIRECTOR	1 00	Х						0.	0.			0.
(24) THOMAS MCDERMOTT	1.00	.,		,,								^
VICE-CHAIR (OUTGOING)	1.00	X		Х				0.	0.			0.
(25) TYLER VAN GUNDY	1.00	7,7							0			^
DIRECTOR	1 00	X						0.	0.			0.
(26) ZARA INGILIZIAN	1.00	Х							0			Λ
DIRECTOR								1,226,960.	0.	0	7,4	0.
1b Subtotal								<del> </del>	0.	0	/,4	00.
c Total from continuation sheets to Part V								1,226,960.	0.	0	7,4	
d Total (add lines 1b and 1c)							<u> </u>			0	/,4	00.
2 Total number of individuals (including but r	not limited to th	ose	liste	d an	ove	) wn	o re	ceived more than \$100,	000 of reportable			-
compensation from the organization											Yes	No
O Did the amounication list and former of officer	ali a.k.a ka.k.	1.					اند: دا				163	140
3 Did the organization list any <b>former</b> officer			-	-	-		-	•	-	_		х
line 1a? If "Yes," complete Schedule J for s										3		
4 For any individual listed on line 1a, is the si			-						-	4	х	
	u,uuu <i>:  f</i> "Yes.	" CO	mple	ete S	sche	edule	J fo	or such individual		4	Λ	
and related organizations greater than \$15							101-	d avagaination on in its it	dual for comitate			
Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compen				•			•		5		х

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	<b>(C)</b> Compensation
YOUR PART TIME CONTROLLER		
1333 BROADWAY SUITE 720, ALABANY, NY 10018	FINANCIAL SERVICES	122,729.
FIFTEEN DEGREES LLC - EFT-ACH, 27 EAST		
21ST STREET, 2ND FLOOR, NEW YORK, NY 10010	BRAND DEVELOPMENT	103,360.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

\$100,000 of compensation from the organization

Form 990 (2021) ASCENDUS, INC.
Part VIII Statement of Revenue

		Check if Schedule O	contains	a response	or note to anv lin	e in this Part VIII			
					, , , , , , , , , , , , , , , , , , ,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
9		Fundraising events							
fts,		Related organizations							
ig ig					2,657,885.				
Sir.		Government grants (contr			2,037,003.				
utio	T	All other contributions, gifts,			5,376,126.				
ë		similar amounts not included			3,370,120.				
o d	•	Noncash contributions included in		1g  \$		9 034 011			
O a	<u>n</u>	Total. Add lines 1a-1f			Business Code	8,034,011.			
	•	PROGRAM FEES			900099	4 845 200	4 845 200		
ice	2 a		Æ.		525990	4,845,200.	4,845,200.		
Program Service Revenue	р	LOAN PORTFOLIO INCOM	1E		323990	1,131,896.	1,131,896.		
n S	С								
jrar Re	d								
Š	е	<del></del>							
_	f	All other program service				5 077 006			
	g					5,977,096.			
	3	Investment income (include				0.607			0.607
	_	other similar amounts)				8,607.			8,607.
	4	Income from investment of			-				
	5	Royalties							
				(i) Real	(ii) Personal				
		Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
		Net rental income or (loss)	$\overline{}$						
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
an l		and sales expenses	7b						
Revenue	С	Gain or (loss)	7c						
		Net gain or (loss)			<b></b>				
her	8 a	Gross income from fundraising	ng events	(not					
₫		including \$		_ of					
		contributions reported on	,						
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from		_	<b>&gt;</b>				
	9 a	Gross income from gamin	-						
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from			<u> </u>				
	10 a	Gross sales of inventory, I		I					
		and allowances							
		Less: cost of goods sold							
$\longrightarrow$	С	Net income or (loss) from	sales of i	nventory	<b>&gt;</b>				
ည္					Business Code				
noe Ie	11 a				900099	529,440.	529,440.		
Miscellaneous Revenue	b	LOAN RECOVERY INCOME	5		900099	39,531.	39,531.		
Se Se	С								
Mis		All other revenue				- cc ·			
		Total. Add lines 11a-11d				568,971.			
	12	Total revenue. See instruction	ns		<b>)</b>	14,588,685.	6,546,067.	0.	8,607.

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

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipietė Columin (A).	
	not include amounts reported on lines 6b,		(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	504,944.	396,987.	41,961.	65,996.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	_			
7	Other salaries and wages	3,584,845.	2,818,409.	297,722.	468,714.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	529,515.	416,305.	43,978.	69,232.
10	Payroll taxes	334,360.	262,874.	27,771.	43,715.
11	Fees for services (nonemployees):	•	,	,	•
	Management				
b	Legal	42,538.	42,538.		
	Accounting	,	,		
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	445,508.	302,904.	26,982.	115,622.
12	Advertising and promotion	57,410.	39,033.	3,477.	14,900.
13	Office expenses	199,756.	176,867.	8,892.	13,997.
14	Information technology	947,417.	862,380.	20,655.	64,382.
15	Royalties	,	,	,	•
16	Occupancy	252,406.	198,442.	20,964.	33,000.
17	Travel	3,609.	2,837.	300.	472.
18	Payments of travel or entertainment expenses	•	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,441.	6,637.	701.	1,103.
20	Interest	538,394.	538,394.		•
21	Payments to affiliates	,	,		
22	Depreciation, depletion, and amortization	162,667.	127,889.	13,510.	21,268.
23	Insurance	56,259.	44,231.	4,673.	7,355.
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 0.)				
а	MISCELLANEOUS EXPENSES	165,943.	160,895.	1,961.	3,087.
b		•	,	,	•
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,834,012.	6,397,622.	513,547.	922,843.
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)				
			-		Form <b>990</b> (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sheet						
	Check if Schedule O contains a response or note to any line in this Part X							
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year			
	1	Cash - non-interest-bearing	11,723,057.	1	17,309,788			
	2	Savings and temporary cash investments	893,818.	2	3,448,830			
	3	Pledges and grants receivable, net	1,118,870.	3	1,465,758			
	4	Accounts receivable, net	172,472.	4	141,272			
	5	Loans and other receivables from any current or former officer, director,						
		trustee, key employee, creator or founder, substantial contributor, or 35%						
		controlled entity or family member of any of these persons		5				
	6	Loans and other receivables from other disqualified persons (as defined						
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6				
ß	7	Notes and loans receivable, net	16,061,879.	7	19,468,232			
Assets	8	Inventories for sale or use		8				
Ä	9	Prepaid expenses and deferred charges	98,866.	9	93,311			
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D 10a 1,314,262.						
	b	Less: accumulated depreciation 10b 1,087,098.	205,883.	10c	227,164			
	11	Investments - publicly traded securities		11				
	12	Investments - other securities. See Part IV, line 11		12				
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	2,712,483.	15	3,623,457			
	16	Total assets. Add lines 1 through 15 (must equal line 33)	32,987,328.	16	45,777,812			
	17	Accounts payable and accrued expenses	785,222.	17	932,472			
	18	Grants payable	1 011 015	18	2 026 607			
	19	Deferred revenue	1,011,015.	19	2,026,607			
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21				
es	22	Loans and other payables to any current or former officer, director,						
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%						
Liabilities		controlled entity or family member of any of these persons		22				
_	23	Secured mortgages and notes payable to unrelated third parties	20,713,695.	23 24	26,129,237			
	24	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third	20,713,093.	24	20,129,231			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X						
		of Schedule D	1,648,948.	25	278,823			
	26	Total liabilities. Add lines 17 through 25	24,158,880.		29,367,139			
	20	Organizations that follow FASB ASC 958, check here	24,130,000.	20	25,501,155			
es		and complete lines 27, 28, 32, and 33.						
nc nc	27	Net assets without donor restrictions	5,336,749.	27	12,583,231			
3al	28	Net assets with donor restrictions	3,491,699.	28	3,827,442.			
De l		Organizations that do not follow FASB ASC 958, check here						
Ξ		and complete lines 29 through 33.						
ō	29	Capital stock or trust principal, or current funds		29				
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30				
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31				
Net Assets or Fund Balances	32	Total net assets or fund balances	8,828,448.	32	16,410,673			
_	33	Total liabilities and net assets/fund balances	32,987,328.	33	45,777,812.			

Pai	TEXT 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	14,58		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,83		
3	Revenue less expenses. Subtract line 2 from line 1	3	6,75		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,82	8,4	<u>48.</u>
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	82	7,5	<u>52.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16,41	0,6	<u>73.</u>
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	X	
	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:				
	Separate basis X 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	X	$ldsymbol{ld}}}}}}$
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2021)

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** \*\*-\*\*\*7234 ASCENDUS INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	• •	, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	6268291.	4528517.	3871881.	9008455.	8034011.	31711155.
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	6060001	4500517	2071001	0000455	0024011	21711155
	Total. Add lines 1 through 3	6268291.	4528517.	3871881.	9008455.	8034011.	31711155.
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,						
	calumn (f)						4040811.
6	Public support. Subtract line 5 from line 4.						27670344.
	etion B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	6268291.	4528517.	3871881.	9008455.		31711155.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,019.	5,126.	4,297.	16,091.	8,607.	35,140.
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	27 506	10 254	72,447.	282,914.	E60 071	071 172
	assets (Explain in Part VI.)	27,586.	19,254.	12,441.	202,914.	300,9/1.	971,172. 32717467.
	<b>Total support.</b> Add lines 7 through 10	ata (aga inatu latis	<u> </u>			12 17	,806,546.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth tax y			,000,540.
13	organization, check this box and stor	_		-			ightharpoonup
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	84.57 %
	Public support percentage from 2020					15	76.62 %
	33 1/3% support test - 2021. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			=	· ·	VI how the organiz	zation
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						▶□
10	organization meets the facts-and-circu			• •	•		<b>P</b>
10	Private foundation. If the organization	n did not check a		a, 100, 17a, 01 17L	, oneck this box a	ia see iristruction:	·········

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

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

Se	quality under the tests listed be ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						<b>.</b>
	ction C. Computation of Public					Т	
	Public support percentage for 2021 (lin			column (f))		15	%
						16	%
	ction D. Computation of Invest					T .= T	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						/ is not
ŀ	more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the						▶ L
Ī	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	O.		
	9b		
	9с		
	10a		
ula	10b A (Forn	n QQAN	2021
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Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		1 how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec		vised, or controlled the supporting organization.  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		163	140
•		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		poorted organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	zation'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			
	organi	zation'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			
	organi	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
202	suppo	rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b		The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	c)	
2		ies Test. <b>Answer lines 2a and 2b below.</b>	struction	Yes	No
– a		abstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 ( explain in	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):			
a	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	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Sche <b>Pa</b> i	dule A (Form 990) 2021 ASCENDUS, INC  t V Type III Non-Functionally Integrated 509(		nizations (continu		*-***7234 Page <b>7</b>
	ion D - Distributions	ay(o) oupporting orga	(COMMINE	iea)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Guitelit Teal
	Amounts paid to supported organizations to accomplish exemp	<u> </u>		- 1	
2	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	2	3	
4	Amounts paid to acquire exempt-use assets	3 or supported organizations	,	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotaile in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	DVIGE GELAIIS III I GIT VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
_	(provide details in <b>Part VI</b> ). See instructions.	io organization to respensive		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
_ <u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				

Schedule A (Form 990) 2021

any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Part VI

\*\*-\*\*\*7234 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

(See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: FUNDRAISING INCOME 2017 AMOUNT: \$ 27,586. 2018 AMOUNT: \$ 19,254. 2019 AMOUNT: \$ 19,164. OTHER REVENUE 53,283. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 172,991. 529,440. 2021 AMOUNT: \$ LOAN RECOVERY INCOME 109,923. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 39,531.

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.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

22 OMB No. 1545-0047

2021

Name of the organization

ASCENDUS, INC.

\*\*-\*\*7234

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

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

Schedule B (Form 990) (2021)

Page 2

Name of organization Employer identification number ASCENDUS, INC. \*\*-\*\*\*7234

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$ <u>545,883.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 2	Name, address, and ZIP + 4	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- \$ 1,539,188.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 1,118,697.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	IVAIIIC, AUGI 655, AIIU ZIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	S   S   S   S   S   S   S   S   S   S	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization	Employer identification number
ASCENDUS, INC.	**-***7234

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

Name of or	rganization		Employer identification number
ASCENI	DUS, INC.		**-***7234
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$\infty\$ \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gir nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of git	ift  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	
	Transferee's name, address, a	nd ∠IP + 4	Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Inspection

Name of the organization

INC. ASCENDUS,

**Employer identification number** \*\*-\*\*\*7234

		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised fu	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
_	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization			,
•	Preservation of land for public use (for example, recreat		Preservation of a his	storically important land area
	Protection of natural habitat		1	rtified historic structure
	Preservation of open space		i reservation of a ce	itilied Historic structure
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	tion in the form of a	conservation easement on the last
_	day of the tax year.	ed conservation contribu	don in the form of a c	Held at the End of the Tax Year
_				
_				
b		atura included in (a)		
C	Number of conservation easements on a certified historic stru			.   20
a	Number of conservation easements included in (c) acquired at	·		
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orga	inization during the tax
	year -			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri	• • •	,	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conserva	tion easements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enf	orcing conservation e	easements during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statements t	that describes the
<b>D</b> -	organization's accounting for conservation easements.	A 4 10		O' 'I A I
Pai	t III Organizations Maintaining Collections of		isures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its reve	nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public $% \left( 1\right) =\left( 1\right) \left( 1\right) $	exhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990 Part X			• \$

	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar	Assets	(continue	ed)	<u> </u>
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	make sigr	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	ı 🔲 ı	Loan or exc	hange progra	am					
b	Scholarly research	e	, 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how the	ey further th	ne organizatio	n's exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, his	storical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	'Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia		-					_	_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:							
									Amount		
	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f			_	
	Did the organization include an amount on Fo					•	?	L	Yes	Щ	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete in							aana baali	(-) [		
		(a) Current year	(b) P	rior year	(c) Two year	S Dack (C	i) Tillee y	ears back	(e) Four ye	ears Da	1CK
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance		i, column (a	)) held as:						
a	Board designated or quasi-endowment		%								
	Permanent endowment	%									
С	· · · · · · · · · · · · · · · · · · ·	%									
0-	The percentages on lines 2a, 2b, and 2c should be the second and the second sec	•						4:			
Sa	Are there endowment funds not in the posses	ssion of the organiza	מנוטוז נוומו	are neiu ai	iu auminister	ed for the	organiza	LIOII	[v	es I	No
	by:									<del>-</del>	-
	(i) Unrelated organizations								3a(i) 3a(ii)		—
h	(ii) Related organizations	tions listed as requir	ad on Sa	shodulo D2					3b		—
Δ Δ	Describe in Part XIII the intended uses of the								30		—
Par	t VI Land, Buildings, and Equipm		WITIETIC IC	arius.							
	Complete if the organization answered		). Part IV	. line 11a. S	see Form 990	. Part X. lir	ne 10.				
	Description of property	(a) Cost or o	1		or other		umulate	d T	(d) Book v	/alue	—
	Beschiption of property	basis (investr			(other)		eciation	~	(a) Book (	raide	
1a	Land	<del>-   · · · · · · · · · · · · · · · · · · </del>	,		. ,						
	Buildings										
c	Leasehold improvements			3	1,385.		27,51	.0.	3	, 87	<del>5.</del>
d	Equipment				5,265.		74,23			, 03	
	Other				7,612.		35,35		222		
	. Add lines 1a through 1e. (Column (d) must e		X. colum					<b>&gt;</b>	227		
_	<u> </u>	<del>,,</del>		<del></del>						_	

Schedule D (Form 990) 2021 ASCENDUS, I	NC	**	28 -***723 <b>4</b> Page <b>3</b>
Part VII Investments - Other Securities.	IVC •		7234 Page O
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
/A =:	(b) Book value	(b) Mothod of Valuation. Cost of Circ	Tor your market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)		+	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1)	(a) Dook value	(2,	. or your market raise
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
-	Description		(b) Book value
(1) SECURITY DEPOSIT	•		82,389.
(2) CASH RESTRICTED FOR LOAN	FUNDS		3,541,068.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b></b>	3,623,457.
Part X Other Liabilities.	·		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			58,025.
(3) OTHER LIABILITIES			220,798.
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

278,823.

(8) (9)

Part	t XI Reconciliation of Revenue per Audited Financial St	atements With F	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	15,495,170.
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	78,933.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		827,552.		
	Add lines 2a through 2d			2e	906,485.
3	Subtract line 2e from line 1			3	14,588,685.
	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			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	2.)		5	14,588,685.
Par	t XII Reconciliation of Expenses per Audited Financial S	tatements 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	7,912,945.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	78,933.		
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	78,933.
	Subtract line 2e from line 1			3	78,933. 7,834,012.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			_	, ,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	7,834,012.
Par	t XIII Supplemental Information.	10.7			, ,
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4	; Part )	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide				
		,			
PAR	T X, LINE 2:				
ASC	ENDUS BELIEVES IT HAS NO UNCERTAIN TAX	X POSITIONS	AS OF DEC	EMB:	ER 31,
202	1 AND 2020 IN ACCORDANCE WITH ACCOUNTS	ING STANDAR	DS CODIFIC	ATI	ON ("ASC")
TOP	CIC 740, INCOME TAXES, WHICH PROVIDES S	STANDARDS F	OR ESTABLI	SHI	NG AND
	· ·				
CLA	SSIFYING ANY TAX PROVISIONS FOR UNCERT	TAIN TAX PO	SITIONS.		
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
REL	ATED ENTITIES' REVENUE				827,552.
					021,002.

### 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.

► Attach to Form 990.

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

30 OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

ASCENDUS, INC.

**Questions Regarding Compensation** 

Employer identification number \*\*-\*\*\*7234

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to 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			
	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	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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
b	Any related organization?	5b		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		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

\*\*-\*\*\*7234

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	I-2 and/or 1099-MISC 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)	314,881.	46,385.	0.	0.	21,672.	382,938.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANA I. HAMMOCK	(i)	169,845.	10,175.	0.	0.	0.	180,020.	0.
SVP OF LENDING	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RODRIGO CERVEIRA	(i)	129,929.	18,486.	0.	0.	21,672.	170,087.	0.
V.P. CREDIT RISK & LOAN SERVICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VICTORIA N. RICHARDSON	(i)	123,758.	17,328.	0.	0.	21,672.	162,758.	0.
V.P OF DEVELOPMENT & COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) FABIANA A. ESTRADA	(i)	119,944.	17,577.	0.	0.	15,147.	152,668.	0.
DIRECTOR OF LENDING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

chedule J (Form 990) 2021 ASCENDOS, INC.	1434	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for ar	ny additional information.	
PART I, LINE 7:		
THE BOARD APPROVES THE SUCCESS SHARE PLAN BONUS OF DIRECTORS BASED ON THE		
RECOMMENDATION AND REVIEW OF THE FINANCE COMMITTEE.		

### 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.

33 OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization

ASCENDUS, INC.

Employer identification number \*\*-\*\*\*7234

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: THEIR COMMUNITIES.

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:

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 2021, 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 NONPROFIT SALARY GUIDES FOR THE NEW YORK AREA, AND A

PERFORMANCE REVIEW.

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** \*\*-\*\*\*7234 ASCENDUS, INC. IN 2021, 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: NET ASSETS FROM ASCENDUS, INC. OTHER CHANGES 827,552. TOTAL TO FORM 990, PART XI, LINE 9 827,552. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Part I

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Attach to Form 990.

Department of the Treasury Internal Revenue Service

(a)

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

35 OMB No. 1545-0047

Open to Public Inspection

(f)

Employer identification number Name of the organization \*\*-\*\*\*7234 ASCENDUS, INC.

(c)

(d)

(e)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea		controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, t	because it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	ent	rolled ity?
ACCION EAST, INC 04-3219159				501(c)(3))		Yes	No
80 MAIDEN LANE SUITE 903 NEW YORK, NY 10038	PROVIDING MICROLOANS AND SUPPORT TO ENTREPRENEURS	MASSACHUSETTS	501(C)(3)	LINE 12A, I	ASCENDUS	x	

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	htrolling ty Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income assets Share of end-of-year assets Test No		1		Code V-UBI	General	Percentage ownership	
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		Country)						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	у			1a	X		
					1b	Х		
С	Gift, grant, or capital contribution from related organization(s)				1c	X		
	Loans or loan guarantees to or for related organization(s)				1d	X		
	Loans or loan guarantees by related organization(s)				1e	X		
f	Dividends from related organization(s)				1f	X		
	Sale of assets to related organization(s)				1g	X		
h	Purchase of assets from related organization(s)				1h	X		
i	Exchange of assets with related organization(s)				1i	X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X		
	Performance of services or membership or fundraising solicitations for related orga				11	X		
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m	X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n	X		
0	Sharing of paid employees with related organization(s)				10	X		
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses								
r	Other transfer of cash or property to related organization(s)				1r	X		
s	Other transfer of cash or property from related organization(s)				1s	X		
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete th	is line, including covered re	lationships and transaction thresholds.				
	(a)	(b)	(c)	(d)				
	(a)  Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved			
		type (a-s)						
(1)								
(2)								
(3)								
(4)			l l					
(5)								
				Schedule				

\*\*-\*\*\*7234

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h	)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
·		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	resin	<del>-</del>
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Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.