Earn 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 7/01 , 2023, and ending 6/30 , 20 2024

Do not send to the IRS. Keep for your records.

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN 20-4233822 **ASCENCIA** Name and title of officer or person subject to tax LAURA DUNCAN EXECUTIVE DIR. Type of Return and Return Information Check the box for the return for which you are using this Form 8879 TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part 1. 1a Form 990 check here 2a Form 990-EZ check here... 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5)............ 4b 4a Form 990-PF check here . . 5a Form 8868 check here . . . 6a Form 990-T check here . . . 7a Form 4720 check here . . . 8a Form 5227 check here 9a Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22).... 10b 10a Form 8038-CP check here. Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize LEE, SPERLING, HISAMUNE/ACCOUNTANCY COR to enter my PIN 04101 as my signature ERO finn name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date |Part III | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 95460148652 Do not enter all zeros Licertify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file

Providers for Business Returns.

ERO's signature

Date

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	Fort	he 2023 calendar year, or tax year beginning 7/01 , 2023, and ending	g 6/3	0 .	, 20 2	2024							
В	Check	if applicable: C		D Employe	r identificatio	n number							
	ПА	ddress change ASCENCIA		20-4	233822								
	N	lame change 1851 TYBURN STREET	П	E Telephor	e number								
	Ir	itial return GLENDALE, CA 91204		(818) 246-	7900							
	Fi	nal return/terminated											
	П	mended return	- 1	G Gross red	ceipts \$	6,072,	479.						
	П	pplication pending F Name and address of principal officer:	H(a) Is this a	group return	for subordina		X No						
		SAME AS C ABOVE	H(b) Are all so If "No," a	ubordinates i	ncluded?	Yes	No						
ī	Tax	exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	II NO, a	attach a list.	see instructio	ns.							
J	We		H(c) Group ex	xemption nur	nber								
K	Forr	n of organization: X Corporation Trust Association Other L Year of formatic	on: 2006	M st	ate of legal de	omicile: CA							
Pa	art I	Summary											
	1	Briefly describe the organization's mission or most significant activities: TO LIFT PE	EOPLE O	F OUT	HOMELE	SSNESS	,						
Ф		ONE PERSON, ONE FAMILY AT A TIME.											
Activities & Governance													
E													
Š	2	Check this box if the organization discontinued its operations or disposed of mo					25						
જ	3 4	Number of voting members of the governing body (Part VI, line 1a)			3		25 24						
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5		80						
Ϋ́	6	Total number of volunteers (estimate if necessary)			6		713						
Act	7a				7a	,	0.						
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b		0.						
				ior Year		Current Ye							
ø.	8	Contributions and grants (Part VIII, line 1h)		472,19		5,944,							
Revenue	9	Program service revenue (Part VIII, line 2g)		128,63			797.						
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,7			987.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-86,20			785.						
_	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		519,38	36.	6,030,	694.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			-								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		488,96	21	2 702	E 0.7						
es	15			488,90	01.	3,793,	387.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)											
×	b		Sec. 1										
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		350,23		2,723,							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)											
	19	Revenue less expenses. Subtract line 18 from line 12		-319,80		-486,							
sets or		Total consts (Park V. line 16)		of Current		End of Ye							
Salar	20	Total assets (Part X, line 16)		332,43		5,745,							
Net Ass Fund Ba	21			015,62		1,915,							
		Net assets or fund balances. Subtract line 21 from line 20	4,	316,83	15.	3,830,	339.						
	art II	Signature Block											
com	er pena plete. D	Ilties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to tl Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ne best of my	knowledge a	nd belief, it is	true, correct,	and						
Sig	nr	Signature of officer	Date			/							
He	re	LAURA DUNCAN MASS (EX	XECUTIV	E DIR	4/21	1/25							
		Type or print name and title					_						
		Print/Type preparer's name Preparer's signature Date	(Check	if PTIN								
Pa	id	FRANK M SAITO, CPA Trunk M Conto 4/21/	25 s	self-employed	P00	190659							
	epar												
Us	e Or	1ly Firm's address 500 N. BRAND BOULEVARD SUITE 850	F	Firm's EIN	95330	8709							
		GLENDALE, CA 91203	F	Phone no.	8185076								
Ма	y the	IRS discuss this return with the preparer shown above? See instructions				Yes	No						

Form	n 990 (2023) ASCENCIA	20-4233822 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TO LIFT PEOPLE OF OUT HOMELESSNESS, ONE PERSON, ONE	FAMILY AT A TIME.
2	Did the organization undertake any significant program services during the year which were	e not listed on the prior
	Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	The second secon	cts, any program services? Yes 🗓 No
	If "Yes," describe these changes on Schedule O.	
4	Propries the exemptation's program service accomplishments for each of its three is	argest program services, as measured by expenses.
	Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of c	grants and allocations to others, the total expenses.
	and revenue, if any, for each program service reported.	
) (D. 400 DOD.)
4a	a (Code:) (Expenses \$ 5,393,821. including grants of \$) (Revenue \$ 122,797.)
	SEE SCHEDULE O	
		·
		,
		,,
4h	ib (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	to the state of th) (Payanua Č
4c	4c (Code:) (Expenses \$ including grants of \$	
	,	
		
40	4d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$
40	4e Total program service expenses 5,393,821.	

Form 990 (2023) ASCENCIA Part IV | Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes	No
	Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х
7	d the organization receive or hold a conservation easement, including easements to preserve open space, the ovironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
đ	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schodule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts Land IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		<u></u> Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х Х	<u> </u>
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			<u>.</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>х</u> Х
	If "Yes' to fine 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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			Х
BAA		21 Form	990 (A 2023)

	Onderto Moderna Commence	· - · ·	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
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?	24 c		
đ	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		X
þ	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 It	26		<u>x</u>
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		X
	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).			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Χ
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		X
	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
	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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
Ł	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>_x</u>
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	ļ	Х
	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	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			L
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	$\overline{}$	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
((gambling) winnings to prize winners?	10	Х	
BAA	TEEA0104L 08/23/23	For	n 990	(2023)

Form 990 (2023) ASCENCIA 20-4233822 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 80 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... X 2b

BAA	TEEA0105L 08/23/23	Form	990 (2023)		
	If "Yes," complete Form 6069.					
.,	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		<u>X</u>		
10	excess parachute payment(s) during the year?. If "Yes," see the instructions and file Form 4720, Schedule N.					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
c	Enter the amount of reserves on hand					
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					
	Note: See the instructions for additional information the organization must report on Schedule O.					
a	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		†			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					
	Gross income from members or shareholders					
11	Section 501(c)(12) organizations. Enter:		+			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Initiation fees and capital contributions included on Part VIII, line 12					
10	Section 50%(c)(7) organizations. Enter:					
đ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9Ь				
a	a Did the sponsoring organization make any taxable distributions under section 4966?					
9	Sponsoring organizations maintaining donor advised funds.					
	organization have excess business holdings at any time during the year?					
8						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
_	as required?	7g				
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	services provided to the payor?	7a		Х		
	Organizations that may receive deductible contributions under section 178(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and					
	not tax deductible?	6b				
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X		
	Sa Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X		
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
h	If "Yes," enter the name of the foreign country			i		
	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		
	ff "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х		
	in at least one is reported on line 2a, 600 the organization life all required federal employment tax returns?	20				

Form	990 (2023) ASCENCIA 20-4233822			age 6
Parl	tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b by a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	elow, ges d	and on	for
	Schedule O. See Instructions. Check if Schedule O contains a response or note to any line in this Part VI			. X
Cast	tion A. Governing Body and Management			<u> </u>
Sec	tion A. Governing Body and Management		Yes	No
1.	Enter the number of voting members of the governing body at the end of the tax year		·	
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents			Χ
	since the prior Form 990 was filed?	4		- <u>^</u> -
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>-</u>
6	Did the organization have members or stockholders?	6		
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?	7ь		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7.7	
а	The governing body?	8a	X	
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 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 Re	veni	ie Co	<u>ode.)</u>
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	16b		
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. SEE SCREDULE O			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
120	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc			
	to conflicts?	12b	X	
c	; Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE SCHEDULE Q	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official SEE . SCHEDULE O	15a	X	 -
	o Other officers or key employees of the organization	15b	X	-
t			 ``	+-
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	ŀ		
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	-	Х
l	o If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5 available for public inspection, Indicate how you made these available. Check all that apply.			nly)
	Own website X 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 financial statements avail the public during the tax year. SEE SCHEDULE O State the process and telephone number of the person who processes the organization's books and records.	able to		

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

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

	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(A) Name and lide	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ssipe	rson.	or in the Highest compensated entry in the employee	an i	(D) Reportable comcensation from the organization (W-2/1039- MISC/1039-NEC)	(E) Reportable compensation from related organizations (W-21099-NEC)	(F) Eshmated amount of other compensation from the organization and related organizations
(1)	LAURA DUNCAN	40				Τ.					
	EXECUTIVE DIR.	0 -	1		Х		1		147,258.	0.	0.
(2)	GEORGE ASSADOURIAN	4					† †	٦			
	SECRETARY	0	X		Х				0.,	0.	0.
(3)	ARBELLA AZIZIAN	1									
	BOARD MEMBER	0	Х					ŀ	0.	0.	0.
(4)	BARBARA PERRIER	2		-			1 7	ヿ			
	BOARD MEMBER	0	Х						0.	0.	0.
(5)	DANIEL VALDEZ	0.5					1 1				
	BOARD MEMBER	0	Х					-	0.	0.	0.
(6)	ISABEL REYES	1.				 -		·-			
	BOARD MEMBER	0	Х						0.	0.	0.
(7)	DAN MURPHY	1					1		-		
	BOARD MEMBER	0	Х						0.	0.	0.
(8)	BRYAN LONGPRE	4					T	7			<u> </u>
	PRESIDENT	0	Х		Х		i I		0.	0.1	0.
(9)	SAAD Y PANJA	1	ĺ								
	BOARD MEMBER	0	Х						0.	0.	0.
(10)	MARVEL FORD	0.5		ļ							,
	BOARD MEMBER	0	X						0.	0.	<u> </u>
(11)	SUE SON	11					-T				
	TREASURER	0	Х		Х				0.	0.	0.
(12)	JOHN SADD	1									
	BOARD MEMBER	0	Х]					0.	0.	0.
(13)	STEPHEN RINKA	0.5									
	BOARD MEMBER	0	Х				<u> </u>		0.	0.	0.
(14)	RYAN KIM	1									
	BOARD MEMBER	0	Х]	<u> </u>			0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ıstees, l	Key	Εm	plo	yee	es, a	mc	l Highest Com	st Compensated Employees (continued)			
(A) Name and little	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unless er and	Posit eck r s per	son is rector	inander Highest compensated	an e)	(D) Reportable compensation from the organization (W-271099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-271099- MISC/1099-NEC)	compe the or and	(F) ited amo f other nsation fi ganizati f related nizations	rom on
(15) PHIL AMBROSE BOARD MEMBER	1	Х						0.	0.			0.
(16) GREGORY STANOVIC	2	1										
BOARD MEMBER	0	Х						0.	0.			0.
(17) RONALD SCOTT	1	X				i		0.	0.			0.
BOARD MEMBER (18) RON BAKER	2		Н				-		<u> </u>			
BOARD MEMBER		X						0.	0.			0.
(19) TERRY WALKER	4		П									
BOARD MEMBER	0	X						0.	0.			0.
(20) TES BARADAS	11											0
BOARD MEMBER	1	X		. —				0.	<u> </u>			<u>0.</u>
(21) SARA CATANIA BOARD MEMBER		X						0.	0.			0.
(22) SAMONA CALDWELL	0.5	<u>-:-</u>			l			<u></u>				**
BOARD MEMBER	0	Х				<u> </u>		0.	0.			0.
(23) PAULETTE RAMSEY WOOD	1								_			
VICE PRESIDENT	0.5	Х	\vdash	X				0.	0.			<u>0.</u>
BOARD MEMBER	<u>0.5</u> -	X						0.	0.			0.
(25) JANE WINTER	†" i	^	H		├	\vdash		<u></u>				
BOARD MEMBER	0	X						0.	0.			0.
1b Subtotal								147,258.	0.			0.
c Total from continuation sheets to Part VII, Sect								0.	<u>0.</u>			0.
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited								147,258.	0.	onealio	<u> </u>	0.
from the organization 1	a to tnose	usted	abov	ve)	MHO	recen	vea	more than \$100,00	of reportable com	Jensano		
Total die organization I											Yes	No
3 Did the organization list any former officer, direct	clor, Irusi	ee. k	ev ei	lam	ove	e. or	hiai	hest compensated	l employee			
on line 1a? If "Yes, "complete Schedule J for such	ch individ	ual								. 3		X
4 For any individual listed on line 1a, is the sum of	f reportal	ole co	mpe	ensa	ation	and	oth	er compensation	from			
the organization and related organizations great such individual					res,	cor	npi	ete Scriedule J (o) 	[. 4	<u> </u>	X
5 Did any person listed on line 1a receive or accru	ue compe	nsati	on fr	om	any	unre	late	ed organization or	individual	-	ļ <u>-</u>	17
for services rendered to the organization? If "Ye	es," comp	lete :	Sche	dule	e J fe	or su	ch,	person		. 5	J	X
Section B. Independent Contractors 1 Complete this table for your five highest compet	nsated ind	leper	ndent	t co	ntra	ctors	tha	at received more t	han \$100,000 of			
compensation from the organization. Report compe	nsation for	the	calen	dar	year	endi	ng '	with or within the o	rganization's tax yea			
(A) Name and business add	dress							(B Description		Comp	C) ensatio	חכ
RAKESH PATEL 12963 VENTURA BLVD STUDIO CI	TY. CA 9	 9160	4					RENTAL			252,	470.
BPM LLP 3800 KILROY AIRPORT WAY, SUITE 25				A	9080	16		ACCOUNTING			171,8	
								<u> </u>				
2 Total number of independent contractors (including	but not lin	nitod.	la the	ne o	liete	d abo		who received more	than		_	
2 Total number of Independent contractors (including \$100,000 of compensation from the organization		næu	10 111	0.50	กรเซ	u auc	,ve)	THIS ISCENSE HIGH	2 (21011)			
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		Check if Schedule O contains	a resp	onse or note to any	y fine in this Part VII	l 		
		T-0.			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ξ, ŧ	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b					
8,4	c	Fundraising events	1c	391,092.				
5	d	Related organizations	1d	5 350 300				
Š, Š	f	Government grants (contributions) All other contributions, gifts, grants, and	1e	5,052,992.				
ğ		similar amounts not included above	1f	500,611.				
# Š	g	Noncash contributions included in lines 1a-1f.	1g	189,940.				İ
Š	h	Total. Add lines 1a-1f			5,944,695.			
				Business Code	9/311/3331			
Keul	2a	RENTAL INCOME	[624200	119,398.	119,398.		
æ	b	OTHER_INCOME	[900099	3,399.	3,399.		
Ğ.	C							
8	ď							
Гаш	e f	All other program service revenu						
Program Service Revenue	'a	Total. Add lines 2a-2f			122,797.			
	3	Investment income (including divide			122, 151.			
	-	other similar amounts)			4,987.	4,987.		
	4	Income from investment of tax-e		' '				
	5	Royalties		(ii) Personal				•
	62	Gross rents 6a		(1) 1-(15018)	1			
	ı	Less: rental expenses 6b			İ			
	1	Rental income or (loss) 6c		·				
	1	Net rental income or (loss)		· · · · · · · · · · · · · · · · · · ·				
	7a	Gross amount from (i) Secu	rities	(ii) Other				
		sales of assets other than inventory 7a						
	b	Less: cost or other basis						
	_	and sales expenses 7b Gain or (loss) 7c						
	ı	AL 1 2 2						
41	l	Gross income from fundraising events						
venue	Oa	(not including \$ 391,092	2.					1
Ş		of contributions reported on line 1c).	_	1				
ď		See Part IV, line 18	88	· [j			
Other Re		Less: direct expenses	85	1 11,100,				
δ	С	Net income or (loss) from fundra	ising e (-	vents	-41,785.			
	9a	Gross income from gaming activities. See Part IV, line 19	9z					
	ь	Less: direct expenses	91	. 	į			
	1	Net income or (loss) from gaming	l	L t	a			
	l		<u> </u>	1				
		Gross sales of inventory, less returns and allowances	102	3	ļ			
		Less: cost of goods sold	μŌF	. J				
	С.	Net income or (loss) from sales of	of inve					
Š	112			Business Code				
五克	h							-
scellaneo Revenue	c							
Miscellaneous Revenue	ď	All other revenue						
Σ	e	Total. Add lines 11a-11d	- 					
	12	Total revenue. See instructions			6,030,694.	127,784.	0.	0.

Part IX Statement of Functional Expenses

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

Secu	Oh 301(c)(3) and 301(c)(4) organizations must com				
Do n 6b, 7	Check if Schedule O contains a reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	*			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	147,258.	95,718.	14,726.	36,814.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	2,878,574.	2,510,581.	227,773.	140,220.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)				
	èmployer contributions)	59,595.	48,952.	4,837.	<u>5,806.</u>
9	Other employee benefits	460,128.	399,365.	23,879.	36,884.
10	Payroll taxes	248,032.	216, 252.	15,625.	<u> 16,155.</u>
11	Fees for services (nonemployees):				
a	Management				
ь	Legal	-/			-
	Accounting	146,392.		138,497.	7,895.
	Lobbying	110,002			
	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·			
	Investment management fees				
	Other, (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	462,048.	424,222.	16,937.	20,889.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	690,435.	676,112.	14,323.	
17	Travel	88,748.	71,759.	16,380.	609.
		00,140.	11,755.	10,300:	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	70,368.	60,672.	5,321.	4,375.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	183,969.	158,620.	13,910.	11,439.
23	Insurance	134,659.	105,442.	22,152.	7,065.
	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	CLIENT EXPENSE	331,151.	331,151.		
Ì	OFFICE EXPENSE	221,394.	93,576.	83,736.	44,082.
c		149,894.	80,324.	64,128.	5,442.
ć	. –	84,725.	35,192.	47,031.	2,502.
	All other expenses.	159,800.	85,883.	67,619.	6,298.
25	•	6,517,170.	5,393,821.	776,874.	346,475.
	- ALJURA - ALAULA	0,017,170.	0,000,021.	170,014.	010, 1751
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).				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X. (A) Beginning of year (B) End of year Cash -- non-interest-bearing. 1,187,677 1 400,321. Savings and temporary cash investments. 2 185,059 127,100. 3 Pledges and grants receivable, net..... 3 Accounts receivable, net 4 849,851 1,150,262. 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 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 7 Notes and loans receivable, net..... 7 Assets Inventories for sale or use..... 8 9 Prepaid expenses and deferred charges..... 9 94.714 114.056. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 10a 5,453,495. b Less: accumulated depreciation, 10b 3,992,859 1,534,241. 10c 3,919,254. 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..... 15 34,742. 22,275 16 16 Total assets, Add lines 1 through 15 (must equal line 33)..... 6,332,435 5,745,735. 17 Accounts payable and accrued expenses..... 417,991 17 354,585. Grants payable 18 19 Deferred revenue 19 60,663. 56,439 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D.......... Liabilities 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 1,331,589 23 1,301,328. Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 209,601 25 198,820. Total liabilities. Add lines 17 through 25..... 2,015,620 26 1,915,396. Organizations that follow FASB ASC 958, check here Х Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions..... 3,929,085. 27 3,223,719. Net assets with donor restrictions..... 28 387,730 606,620. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds..... 29 Paid-in or capital surplus, or land, building, or equipment fund..... 30 Retained earnings, endowment, accumulated income, or other funds.... 21 32 Total net assets or fund balances..... 3,830,339. 32 4,316,815. Total liabilities and net assets/fund balances..... 33 6,332,435 33 5,745,735.

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Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Parl XI				<u>. []</u>
1 Total revenue (must equal Part VIII, column (A), line 12)	1	6,00		
2 Total expenses (must equal Part IX, column (A), line 25).		6,5	17,1	<u>70.</u>
3 Revenue less expenses, Subtract line 2 from line 1		-4:	86,4	7 <u>6.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4,3	<u>16,8</u>	15.
5 Net unrealized gains (losses) on investments				
6 Donated services and use of facilities	6			
7 Investment expenses				
8 Prior period adjustments				
9 Other changes in net assets or fund balances (explain on Schedule O)				0.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,8	30,3	39.
Part 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 O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant	1?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compile separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ed or reviewed on a			
b Were the organization's financial statements audited by an independent accountant?		2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both. X Separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, on Schedule O. SEE SCHEDUL	E O			,
3a As a result of a federal award, was the organization required to undergo an audit or audits as set Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why on Schedule O and describe any steps taken to undergo such audits	e required audit	3b	Х	
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SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

		e organization					Employer identific	ation number
ASC	EN	CIA					20-423382	22
Par								ctions.
The o	orga	anization is not a private four		•		•	,	,-, <u>-</u>
1		A church, convention of church	ches, or association of d	churches described in sec	tion 170	(b)(1)(A)	(i).	
2	L	A school described in secti		•				
3	L	A hospital or a cooperative						
4		A medical research organiz	ation operated in conj	unction with a hospital	describe	d in se	ction 170(b)(1)(A)(iii). E	inter the hospital's
		name, city, and state:						
5		An organization operated (section 1 70(b)(1)(A)(iv) . (C	or the benefit of a colle complete Part II.)	ege or university owned	d or oper	ated by	a governmental unit d	escribed in
6	Ĺ	A federal, state, or local go	vernment or governme	ental unit described in s	section 1	70(b)(1)(A)(v).	
7	X	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial ((Complete Part II.)	part of its support from a	governm	ental un	il or from the general pu	blic described
8		A community trust describe	d in section 170(b)(1)	(A)(vi). (Complete Part	II.)			
9		An agricultural research organ or university or a non-land-gra university:	ant college of agriculture	e (see instructions). Ento	r the nan	ne, city,	on with a land-grant colle and state of the college	ege or
10		, · · · · · · · · · · · · · · · · · · ·					. -	
10	L	An organization that norma from activities related to its investment income and unr June 30, 1975. See section	exempt functions, sul elaled business taxabi	bject to certain exception le income (less section	ins: and	(2) no i	more than 33-1/3% of i	ts support from gross
11	П	An organization organized a	and operated exclusive	ely to test for public saf	ety. Sec	section	n 509(a)(4).	
12		An organization organized a or more publicly supported lines 12a through 12d that o	organizations describe	ed in section 509(a)(1) a	or sectio	n 509(a	1/2). See section 509(a	ut the purposes of one)(3). Check the box on
a		Type I. A supporting organizal organization(s) the power to r complete Part IV, Sections	lion operated, supervise equiarly appoint or elec	ed, or controlled by its sup	pported c	rganizat	ion(s), typically by giving	the supported on. You must
b		Type II. A supporting organimanagement of the supporting must complete Part IV, Sec	g organization vested in	controlled in connection the same persons that c	with its control or	suppor manage	ted organization(s), by the supported organizat	having control or ion(s). You
С		Type III functionally integrated organization(s) (see instruc	d. A supporting organizations). You must com	tion operated in connection plete Part IV, Sections	n with, an A, D, an	nd (uncti- d E.	onally integrated with, its	supported
d	<u> </u>	Type III non-functionally interfunctionally integrated. The instructions). You must con	organization generally	y must satisfy a distribu	ition regi	with its : uiremen	supported organization(s It and an attentiveness) that is not requirement (see
e		Check this box if the organi	zation received a writt	en determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally
	r :	integrated, or Type III non-f	unctionally integrated.	supporting organization	٦.			1
f		tler the number of supported ovide the following information					* * · · · · · · · · · · · · · · · · · ·	· · · · · · ·
		ime of supported organization	in about the supporter	,	7			
`	,	The Support of Grant State of Support of Grant State of Support of Grant State of Support of Suppor	(O) T IIV	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions).	(vi) Amount of other support (see instructions)
					Yes	No		·
(A)								
(A)								
(8)								
(B)						ļ 		
(C)								
(C)		·		···	 			
(D)		· ·						
<u>(E)</u>					<u> </u>			
Total					i i			

Schedule A (Form 990) 2023 ASCENCIA 20-4233822

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

tombour politication of deminations and annual in a fastistic to the state of the s	
(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.)	

Sect	ion A. Public Support						
begin	dar year (or fiscal year ning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Oo not include any "unusual grants.")	3,556,557.	4,365,703.	4,943,134.	5,265,011.	<u>5,754,</u> 755.	23,885,160.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total, Add lines 1 through 3	3,556,557.	4,365,703.	4,943,134.	5,265,011.	5,754,755.	23,885,160.
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 (hat exceeds 2% of the amount shown on line 11, column (f)						0.
	Public support. Subtract line 5 from line 4						23,885,160.
Sect	ion B. Total Support	ı- 			T		1
	ıdar year (or fiscal year ıning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3,556,557.	4,365,703.	4,943,134.	5,265,011.	5,754,755.	23,885,160.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,174.	358.	164.	4,777.	4,987.	11,460.
	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						23,896,620.
12	Gross receipts from related acti-	vities, etc. (see in	structions)			12	0.
13	First 5 years, If the Form 990 is organization, check this box and	for the organizati I stop here	on's first, second	, third, fourth, or t	fifth tax year as a	section 501(c)(3)	<u> </u>
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 2	023 (line 6, colum	in (f), divided by I	ine 11, column (f))	14	99.95%
	Public support percentage from					•	99.96%
	33-1/3% support test—2023. If and stop here. The organization	r qualifies as a pu	ibliciy supported o	organization		,,	
b	33-1/3% support test—2022. If the and stop here. The organization	he organization di n qualifies as a pu	d not check a boo ublicly supported (c on line 13 or 16 organization	a, and line 15 is 3	33-1/3% or more,	check this box
1 7 a	17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.						
	10%-facts-and-circumstances to more, and if the organization organization meets the facts-and the facts-and the facts and the facts are the facts and the facts are the facts and the facts are the facts and the facts are the facts and the facts are the facts and the facts are the facts are the facts and the facts are the facts and the facts are the fa	meets the facts- id-circumstances	and-circumstance test. The organiza	s test, check this ition qualifies as	box and stop her a publicly support	e. Explain in Part ed organization .	t VI how the
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	nis box and see in	nstructions
BAA			TEE A0402U	08/14/23		Schedul	e A (Form 990) 2023

2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13

c Add lines 7a and 7b...... Public support. (Subtract line

for the year...

15

16

Schedule A (Form 990) 2023

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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.) Section A. Public Support (c) 2021 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")..... 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..... Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf, The value of services or facilities furnished by a governmental unit to the organization without charge . . 6 Total. Add lines 1 through 5... 7a Amounts included on lines 1,

7c (rom line 6.)....... Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Amounts from line 6..... 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... c Add lines 10a and 10b Net income from unrelated business activities not included on line 10h, 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 Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

Section D. Computation of Investment Income Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)).....

Section C. Computation of Public Support Percentage

organization, check this box and stop here...

300	tion D. Comparation of threstitient income referrage		
17	Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	 9
18	Investment income percentage from 2022 Schedule A, Part III, line 17	18	 Ģ

- 19a 33-1/3% support tests 2023. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17
 - b 33-1/3% support tests-2022. If the organization did not check a box on line 14 or tine 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . .

Section A. All Supporting Organizations

Part IV Supporting Organizations

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

			Yes	No
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.	1		
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).	2		
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3 a		
ŀ	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.	3b		
(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.	3c		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked hox 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
ŀ	o 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.	4 b		<u> </u>
(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.	4c		
5	a 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).	5a		
ı	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?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 filling organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
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).	8		
9.	a 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.	9a		
	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.	9b		
	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.	9с		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
	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.)	16b		

Fa	It I Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
1	b A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type Il Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
ĺ	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	7		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ictions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No .
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		.,
I	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
i	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3 a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization.	t on Nov ns must	v. 20, 1970 (explain in complete Sections A	Part VI). See through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
Section B — Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	16		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		,,,	
2 Acquisition indebtedness applicable to non-exempt-use assets	2	LAT. 20 - 1	
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	-11/-	
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		
Section C — Distributable Amount	, _		Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1 1		<u> </u>
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-functionally interest (see instructions).	egrated		
BAA		Sch	redule A (Form 990) 2

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Se	apporting Organiza	ations (continue	ed)	
Sec	tion D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ıs,	2	
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations		3	
4	Amounts paid to acquire exempt-use assets	9999.449 (3.9911244013		4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI		5	
6	Other distributions (describe in Part VI). See instructions.	Sanction of the Control		6	
7	Total annual distributions. Add lines 1 through 6.			7	***************************************
8	Distributions to attentive supported organizations to which the organizati	on is responsive (provide	details		
	in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2023	ions	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions.				
	Excess distributions carryover, if any, to 2023				
a	From 2018				
	From 2019				
	From 2020				
	From 2021				
6	From 2022				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				<u></u>
i	Carryover from 2018 not applied (see instructions)				
<u></u> j	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				·
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
	Breakdown of line 7:				
а	Excess from 2019				
ь	Excess from 2020				
	Excess from 2021				
cl	Excess from 2022				
	Excess from 2023		-		
BAA	·		<u></u>	Schedul	e A (Form 990) 2023

20-4233822

Part VI

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

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number ASCENCIA 20-4233822 Organization type (check one): Fifers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions, General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money, or property) from any one contributor. Complete Parts Land II. See instructions for determining a contributor's total contributions. Special 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 "M/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) filling 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.....

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

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

Name of on ASCEN			233822
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	S.H. HO FOUNDATION 5 QUEEN'S ROAD CENTRAL 33RD FL HONG KONG, CHINA	\$ 125,000.	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
2	UNIHEALTH FOUNDATION 800 WILSHIRE BLVD # 1300 LOS ANGELES, CA 90017	\$ 200,000.	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
		\$	Person [] Payroll [] Noncash [] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)	(b)	\$ (c)	Person Payroil Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
(a) No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
DAA	TEEA0702L 08/09/23		Schedule B (Form 998) (2023).

Schedule B (Form 990) (2023)

1 Page **2**

Part II	Noncash Property (see instructions), Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No, from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$.	
(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
		\$	-
· · · · · · · · · · · · · · · · · · ·		T =	
(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
		\$	

	(Form 990) (2023)		1 Page Employer Identification number		
nine of organi SCENCI	A		20-4233822		
Part III	Exclusively religious, charitable, e	for the year from any one con completing Part III, enter the total of (Enter this information once, See in	tions described in section 501(c)(7), (8), ntributor. Complete columns (a) through (e) and exclusively religious, charitable, etc., structions.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
		(e) Transfer of gift			
	Transferee's name, addre		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, addre	(e) Transfer of gift ss, and ZIP + 4	t Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, addre	ess, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addr	(e) Transfer of gift	Relationship of transferor to transferee		
BAA		TEEA0704L 08/09/23	Schedule B (Form 990) (202		

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.

OMS No. 1545-0047

Open to Public Inspection

Name of the organization ASCENCIA 20-4233822 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year) 3 Aggregate value at end of year..... 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's properly, subject to the organization's exclusive legal control?...... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... |Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a b Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included on line 2a....... 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(8)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X ..., \$

Part III Organizations Maintaining Collections of	Art, Historica	al Treasures, or	Other Similar Ass	sets (conti	nued)
3 Using the organization's acquisition, accession, and other records items (check all that apply).	check any of th	e following that make	e significant use of its co	ollection	
a Public exhibition d [Loan or exch	ange program			
b Scholarly research e	Other				
c Preservation for future generations	_				
4 Provide a description of the organization's collections and explain Part XIII.					
5 During the year, did the organization solicit or receive donati to be sold to raise funds rather than to be maintained as par	ons of art, histo t of the organiza	rical treasures, or cation's collection?	other similar assets	Yes [No
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Ye Form 990, Part X, line 21.				amount o	n
1a Is the organization an agent, trustee, custodian, or other integer on Form 990, Part X?	ermediary for co	ntributions or other	assets not included	Yes [No
b If "Yes," explain the arrangement in Part XIII and complete the fo					<u> </u>
				anoun	
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance			11	7.	
2a Did the organization include an amount on Form 990, Part X	, line 21, for es	crow or custodial ac	count hability2	Yes	No
b if "Yes," explain the arrangement in Part XIII. Check here if	the explanation	has been provided	in Part XIII		
Part V Endowment Funds					
Complete if the organization answered "Ye	s" on Form 9	990, Part IV, lin	e 10.		
				/-> C	
	b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs Dack
1a Beginning of year balance,					
b Contributions					
c Net investment earnings, gains, and losses			<u> </u>		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the current year end ba	alance (line 1g,	column (a)) held as	s:		
a Board designated or quasi-endowment	Ş				
b Permanent endowment					
c Term endowment					
The percentages on lines 2a, 2b, and 2c should equal 100%.					
• -					
3a Are there endowment funds not in the possession of the organization by:	ation that are hel	d and administered to	or the	Yes	No
organization by: (i) Unrelated organizations?				3a(i)	+
(ii) Related organizations?				3a(ii)	_
b If "Yes" on line 3a(ii), are the related organizations listed as	required on So	hedule B2		3b	
4 Describe in Part XIII the intended uses of the organization's				155	l <i>.</i> —
	endowinert iti	ius.			
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form	990, Part IV, lin	e 11a. See Form 990), Part X, line 10.		
Description of property (a) Cost or ott	ner basis (b)	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1a Land		865,000.		86!	5,000.
b Buildings.		3,115,793.	924,959.		0,834.
c Leasehold improvements		860,923.	249, 491.		1,432.
d Equipment		472,069.	254,689.		7,380.
e Other		139,710.	105,102.		4,608.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990	Part Y line 1		103,102.		9,254.
BAA	, raich, mic il	o, colarin (b))		ule D (Form 9	

Part VII	Investments - Other Securities	5 000 6 1 11 1	N/A	<u></u>
(a) Deserte	Complete if the organization answered "Yes" on tion of security or category (including name of security)	(b) Book value		
	derivatives	(D) BOOK VAIUE	(c) Method of valuation: Cost or end-of	year market value
	neld equity interests,			
(3) Other	rela equity interests,			· · · · · · · · · · · · · · · · · · ·
(A) -				
(B)				
(C)	· · · · · · · · · · · · · · · · · · ·			
(D)	· · · · · · · · · · · · · · · · · · ·			
(E)				
(F)	··· ·· ·· ·· ·· · · · · · · · · · · ·			
(G)				
(H)				
(l)	······························			
Total. (Column	n (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments — Program Related Complete if the organization answered "Yes" on		N/A	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)				
(2)	***************************************	·	. 10-10-10-10-10-10-10-10-10-10-10-10-10-1	· ·
(3)		-		· · · ·
(5)		· 		
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column	(b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets	N/A		· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(L) D (
(1)	(a) Des	scription	•	(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8) (9)				
(10)				
	mn (b) must equal Form 990, Part X, line 15, co	olumn (B))		
Part X	Other Liabilities	76.77.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	lle or 11f. See Form 990, Part X, line 25	
1.	(a) Descri	ption of liability		(b) Book value
·	income taxes			
	NT RENTAL DEPOSIT	· · · · · · · · · · · · · · · · · · ·		11,529.
(3) CLIE	VT_SAVINGS DEPOSIT PAYABLE NCE LEASE LIABILITIES -CURRENT	, - ,	T P 1011011WF P P 10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5,405.
	NCE LEASE LIABILITIES -CORRENT NCE LEASE LIABILITIES-NONCURRE			10,250. 26,899.
	ATING LEASE LIABILITIES-CURREN		· ··	9,187.
	RITY DEPOSIT			15,550.
(8) SETT	LEMENT PAYABLE, CURRENT PORTIC			60,000.
(9) SETT	LEMENT PAYABLE, NET OF CURRENT	ASSET		60,000.
(10)				
(11)				
	nn (b) must equal Form 990, Part X, line 25, co			198,820.
	ncertain tax positions. In Part XIII, provide the text of the foo			ability for uncertain
tax DOSITIONS UN(ler FASB ASC 740. Check here if the text of the footnote has	usen provided in Part XIII	*******************************	

Schedule D (Form 990) 2023 ASCENCIA	20-42338	ZZ rage 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	6,030,694.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	<u>6,030,694.</u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		6,030,694.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
Total expenses and losses per audited financial statements	1	6,517,170.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	6,517,170.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		C 517 170
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,517,170.
Part XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 998)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Ferm 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization	<u></u>				Employer identific	
ASCENCIA Figure 1: Fundraising Activities. Comple	te if the organiz	ation answ	ered "Yes"	on Form 990 Part IV lin	20-423382	22
Form 990-EZ filers are not re	quired to comp	olete this p	part.	·		
1 Indicate whether the organization	raised funds th	rough any				
a 🔲 Mail solicitations			e	<u></u>	government grants	
b liternet and email solicitations	5		f	Solicitation of gove	-	
c Phone solicitations			g	Special fundraising	j events	
d [_] In-person solicitations						
2 a Did the organization have a written o employees listed in Form 990, Par	r oral agreemen 3 VIII) or entity	il with any	individual (i	ncluding officers, directo	rs, trustees, or key	Yes X No
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	iduals or entitie:	s (fundrais				1
		(iii) Did	fundanas		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		fundraiser dy or control ributions?	from activity funds	(or retained by) (or reta	(or retained by)
or and y transfers		of contr	ibutions?		column (i)	organization
	i	Yes	No			
1						
2						
3						
4						
		<u> </u>	.			
5						
					7-7/11/2	
6						
	.					
7						
8			İ			
		 				
9						
10						
Total		<u>, </u>	1			
3 List all states in which the organization				ontributions or has been	I	registration 0.
or licensing.						

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (d) Total events (a) Event #1 (b) Event #2 (add column (a) through column (c)) NONE GALA (event type) (event type) (total number) 391,092. 1 Gross receipts..... 391,092 391,092. 2 Less: Contributions 391,092 3 Gross income (line 1 minus line 2)..... 4 Cash prizes..... Noncash prizes Direct Expenses 39,660. 39,660. Rent/facility costs..... Food and beverages 2,125. 2,125. Entertainment Other direct expenses..... 41,785. Net income summary. Subtract line 10 from line 3, column (d)...... -41,785.Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add column (a) through column (c)) (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo 1 Gross revenue..... Direct Expenses 3 Noncash prizes Rent/facility costs..... 5 Other direct expenses...... Yes Yes Yes No No 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states?.... b If "No," explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sch	edule G (Form 990) 2023	ASCENCIA		20-4233822	Page 3
11	Does the organization conduct	gaming activities with nonr	members?	Yes	No
12			or a member of a partnership or other entity forme		No
13	Indicate the percentage of gamin	q activity conducted in:			
		= -		13a	ફ
	b An outside facility		***************************************	13b	
14	Enter the name and address of the	ne person who prepares the o	rganization's gaming/special events books and re-	cords:	
	Name				·
	Address		······································		
15	a Does the organization have a c	contract with a third party fr	om whom the organization receives gaming re	venue? Yes	No
	b If "Yes," enter the amount of g	aming revenue received by	the organization \$ a	nd the amount	(
	of gaming revenue retained by	the third party \$			
	c If "Yes," enter name and address	of the third party:			
	Name		· • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	1
	Address	- — — — · · · · · · · · · · · · · · ·			
16	Gaming manager information:				
	Name	_			
	Gaming manager compensation	n \$			
	Description of services provided	d			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions:				
;	a Is the organization required under state gaming license?	state law to make charitable	distributions from the gaming proceeds to retain t	he	□No
i		required under state law to be	e distributed to other exempt organizations or sper		
Pai	and Part III, lines 9, information. See ins	mation. Provide the ex 9b, 10b, 15b, 15c, 16 tructions.	planations required by Part I, line 2b, , and 17b, as applicable. Also provide	columns (iii) and (v any additional);

TEEA3703L 0G/08/23

Schedule G (Form 990) 2023

BAA

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047 2023

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

20-4233822 ASCENCIA Types of Property (a) Check if (b) (c) (d) Number of Noncash contribution Method of determining applicable contributions or amounts reported noncash contribution amounts on Form 990. items contributed Part VIII, line 1g Art — Works of art Art - Fractional interests, 5 Clothing and household goods...... 6 Boats and planes..... Intellectual property..... 8 Securities - Publicly traded..... Securities - Closely held stock.... Securities - Partnership, LLC, or trust interests Securities - Miscellaneous..... Qualified conservation contribution -13 Historic structures Qualified conservation contribution — Other. . . . Real estate - Residential Real estate - Commercial..... Real estate - Other..... 17 18 Collectibles..... Food inventory..... 20 Taxidermy..... 21 Historical artifacts..... 22 Scientific specimens..... 23 24 86,567 25 Other (KIND SERVICE 103,373. (LOAN FORGIVENES 26 Other 27 Other 28 Olher Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement..... Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a Χ b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?... 31 Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32 a Х contributions?..... b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Employer identification number

20-4233822

Department of the Treasury Internal Revenue Service Name of the organization

ASCENCIA _____

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

·THE ACCESS CENTER SERVES AS THE COORDINATED ENTRY SYSTEM (CES) FOR ALL CLIENTS IN THE GLENDALE CONTINUUM OF CARE BY PROVIDING STANDARDIZED ASSESSMENT OF ALL CLIENTS THAT PRIORITIZES THE MOST VULNERABLE FOR HOUSING PLACEMENT. SERVICES INCLUDE STREET OUTREACH, COMPREHENSIVE SCREENING AND ASSESSMENT OF CLIENT NEEDS, AND CASE MANAGEMENT WITH SPECIALIZATIONS IN MENTAL HEALTH, SUBSTANCE USE DISORDERS, HOUSING LOCATION, EMPLOYMENT, FINANCIAL LITERACY, OCCUPATIONAL THERAPY, TELE-PSYCHIATRY, AND SERVICES BASED AT THE ACCESS CENTER ARE CLIENT-CENTERED AND USE A VETERANS' SERVICES. TRAUMA-INFORMED APPROACH TO SUPPORT CLIENT USE OF SERVICES. THE ORGANIZATION'S OUTREACH TEAMS CANVASS STREETS TO OFFER SERVICES TO HOMELESS PEOPLE, RESPOND TO CALLS FROM THE COMMUNITY TO HELP HOMELESS PEOPLE AND PROVIDES ESSENTIAL TRANSPORTATION TO CONNECT CLIENTS TO NEEDED SERVICES. THE ACCESS CENTER CASE MANAGEMENT STAFF CONDUCTS A THOROUGH REVIEW OF EACH PERSON'S SOCIAL, ECONOMIC AND HEALTH NEEDS AND TAILORS A PLAN FOR CONTINUING SERVICES AT THE ORGANIZATION OR A RESPONSIBLE REFERRAL TO AN APPROPRIATE PROVIDER. CASE MANAGERS ASSIST CLIENTS BY HELPING THEM CLARIFY PRIORITIES, IDENTIFY RESOURCES, AND FACILITATE SHORT AND LONG-TERM PLANNING. THE ON-SITE TELE-PSYCHIATRIC SERVICES AND TRAUMA THERAPISTS GIVE CLIENTS ACCESS TO ESSENTIAL MENTAL HEALTH SERVICES, AND VOLUNTEERS PROVIDE ADDITIONAL SERVICES INCLUDING BLOOD PRESSURE SCREENING AND HAIRCUTS. ASCENCIA LEADS THE GLENDALE CES, AND SUPPORTS THE CES IN THE EAST SAN FERNANDO VALLEY, NORTHEAST LOS ANGELES, HOLLYWOOD, AND WEST HOLLYWOOD.

*EMERGENCY HOUSING FOR 60-90 DAYS FOR SINGLE ADULTS AND 120 DAYS FOR FAMILIES WITH MINOR CHILDREN TO HELP PEOPLE ADDRESS AN IMMEDIATE CRISIS. ENTERING ADULT CLIENTS MUST PASS A MEGAN'S LAW CHECK, COMMIT TO SAVING MONEY, AND PARTICIPATE IN CASE MANAGEMENT SERVICES, WHICH ARE PROVIDED THROUGH THE ACCESS CENTER. THE 45-BED

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

ARE PERMITTED. VOLUNTEERS PROVIDE SUBSTANTIAL ENRICHMENT TO THE PROGRAM; FOR EXAMPLE, SCHOOL AGE CHILDREN RECEIVE TUTORING FROM SCHOOL ON WHEELS, AND VOLUNTEERS AND GUEST CHEFS PURCHASE, PREPARE AND SERVE MEALS FOR THE RESIDENTS EACH NIGHT BY UTILIZING OVER 800 VOLUNTEERS A YEAR FROM RELIGIOUS ORGANIZATIONS, BUSINESSES, AND SERVICE CLUBS.

*SCATTERED SITE PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS FAMILIES

AND SINGLE ADULTS PROVIDES A PERMANENT HOME WITH SOCIAL SERVICES SUPPORT TO ENSURE

HOUSING STABILITY. THE PROGRAM FOCUSES ON HELPING FAMILIES AND INDIVIDUALS WITH

DISABILITIES AND HISTORIES OF EXTENDED OR REPEATED HOMELESSNESS OVERCOME THE PHYSICAL

AND EMOTIONAL SETBACKS OF HOMELESSNESS. THIS PROGRAM, WHICH CONVERTED FROM A FAMILY

TRANSITIONAL HOUSING PROGRAM, IN 2014, ENCOUNTERED DIFFICULTIES FINDING FAMILIES THAT

MET THE HUD CRITERIA FOR CHRONIC HOMELESSNESS. AS A RESULT, SOME OF THE UNITS

CONVERTED TO SINGLE PERSON HOUSEHOLDS. THE PROGRAM IS CURRENTLY SERVING TWELVE

HOUSEHOLDS INCLUDING 16 ADULTS AND 8 CHILDREN.

•NEXT STEP PERMANENT SUPPORTIVE HOUSING PROVIDES A CRITICAL HOUSING
OPPORTUNITY FOR SINGLE CHRONICALLY HOMELESS ADULTS IN RECOVERY FROM ALCOHOL OR DRUG
ADDICTION. CLIENTS IN THIS PROGRAM HAVE COMPLETED RESIDENTIAL REHABILITATION BUT
NEED MORE TIME TO ESTABLISH THEIR SOBRIETY AND REPAIR THE SUBSTANTIAL DAMAGE DONE TO
THEIR CREDIT, EMPLOYABILITY AND PERSONAL RELATIONSHIPS FOLLOWING LONG-TERM ALCOHOL
AND/OR DRUG ABUSE AND HOMELESSNESS. AS A PERMANENT HOUSING PROGRAM, CLIENTS HAVE THE
OPPORTUNITY TO WORK AT THEIR OWN PACE TO REBUILD THEIR LIVES, AND THE ORGANIZATION
STAFF PROVIDE THE SUPPORT AND GUIDANCE TO HELP THEM. SERVICES INCLUDE FINANCIAL
LITERACY TRAINING, RECOVERY SUPPORT GROUPS, SMALL GRANTS FOR EDUCATION, GUIDANCE ON
CREDIT REPAIR, AND REFERRALS FOR LEGAL SERVICES.

ASCENCIA

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

·HOUSING NOW PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS SINGLE ADULTS. PROGRAM, A 14-UNIT, SCATTERED SITE PROGRAM PROVIDES A PERMANENT HOME WITH SOCIAL SERVICES SUPPORT TO ENSURE HOUSING STABILITY. THE PROGRAM FOCUSES ON HELPING INDIVIDUALS WITH DISABILITIES AND HISTORIES OF EXTENDED OR REPEATED HOMELESSNESS OVERCOME THE PHYSICAL AND EMOTIONAL SETBACKS OF HOMELESSNESS.

·H.E.L.P. PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS FAMILIES AND SINGLE ADULTS PROVIDES A PERMANENT HOME WITH SOCIAL SERVICES SUPPORT TO ENSURE HOUSING STABILITY. THE PROGRAM FOCUSES ON HELPING FAMILIES AND INDIVIDUALS WITH DISABILITIES AND HISTORIES OF EXTENDED OR REPEATED HOMELESSNESS OVERCOME THE PHYSICAL AND EMOTIONAL SETBACKS OF HOMELESSNESS. THE PROGRAM IS CURRENTLY SERVING 20 HOUSEHOLDS INCLUDING 15 SINGLE ADULTS AND FIVE FAMILIES WITH CHILDREN. • FOUNDATION GRANTS SUCH AS DIGNITY HEALTH FOUNDATION, AND PROVIDENCE HEALTH HAVE ENABLED US TO CONTINUE TO PROVIDE SUPPORTIVE HOUSING FOR VULNERABLE, HIGH-COST USERS OF HOSPITAL SERVICES SINCE THE SOCIAL INNOVATION FUND 5-YEAR GRANT ENDED IN 2017. ORIGINALLY KNOWN AS THE 10TH DECILE PROJECT, ASCENCIA STAFF WORK WITH LOCAL HOSPITALS TO IDENTIFY ELIGIBLE PATIENTS. SERVICES INCLUDE ASSISTING CLIENTS IN CONNECTING TO HOUSING AND A MEDICAL HOME, AND NAVIGATING NEEDED HEALTH, NUTRITION EDUCATION, ASSISTANCE WITH DAILY LIVING, FINANCIAL LITERACY, OCCUPATIONAL THERAPY, AND OTHER SERVICES TO STABILIZE THEM IN PERMANENT SUPPORTIVE HOUSING AND TO REDUCE THEIR IMPACT ON EMERGENCY SERVICES.

·ASCENCIA'S HOMELESS SERVICES LIAISON POSITION SERVED AS ASCENCIA'S LIAISON TO LOCAL GOVERNMENT, BUSINESS AND OTHER STAKEHOLDERS ON MATTERS RELATED TO HOMELESSNESS IN BURBANK AND THE EAST SAN FERNANDO VALLEY. THIS INCLUDES REPRESENTING ASCENCIA IN

ASCENCIA

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PLANNING INITIATIVES IN THE CITIES OF LOS ANGELES, GLENDALE AND BURBANK, THE COUNTY OF LOS ANGELES, AND THE MULTI-AGENCY PLANNING UNDERWAY RELATED TO THE LOS ANGELES RIVER. WHEN NOT IN THE FIELD, ASCENCIA'S HOMELESS SERVICES LIAISON WAS CO-LOCATED AT THE CITY OF BURBANK COMMUNITY DEVELOPMENT DEPARTMENT. THE POSITION WAS RESPONSIBLE FOR BEING THE POINT OF CONTACT ON ALL HOMELESS-RELATED MATTERS FOR THE CITY OF BURBANK AND COORDINATES CLOSELY WITH ASCENCIA'S STREET OUTREACH TEAM. THIS POSITION WAS ELIMINATED BY THE CITY OF BURBANK DECEMBER 2020.

- •THE CITY OF WEST HOLLYWOOD CONTRACTS WITH ASCENCIA TO PROVIDE A STREET

 OUTREACH TEAM, CASE MANAGEMENT, RESERVES TEN OF EMERGENCY HOUSING BEDS FOR WEST

 HOLLYWOOD REFERRALS, AND PROVIDES HOUSING RETENTION SERVICES.
- ·ASCENCIA PROVIDES SERVICES BY CONTRACTING WITH THE DEPARTMENT OF HEALTH
 SERVICES TO PROVIDE INTENSIVE SUPPORTIVE CASE MANAGEMENT SERVICES TO 200 CLIENTS
 PLACED IN PERMANENT SUPPORTIVE HOUSING THROUGH HOUSING FOR HEALTH.
- •THE HOUSING LOCATION NAVIGATOR POSITION SERVES AS ASCENCIA'S CULTIVATOR OF UNITS BY DEVELOPING RELATIONSHIPS WITH PROPERTY OWNERS WHO ARE OPEN TO RENTING PERMANENT HOUSING SPACE TO HOMELESS INDIVIDUALS AND/OR FAMILIES.
- •ASCENCIA BEGAN PROVIDING STREET OUTREACH AND CASE MANAGEMENT SERVICES FOR THE CITY OF LOS ANGELES IN 2021-22 TO EAST HOLLYWOOD, LOS FELIZ, MIDTOWN, AND KOREATOWN. WHEN COUNCIL DISTRICT BOUNDARIES CHANGED IN 2022, THESE SERVICES CONTINUED IN EAST HOLLYWOOD AND LOS FELIZ.
- ·ASCENCIA IS CONTRACTED WITH CALAIM'S ENHANCED CARE MANAGEMENT (ECM) WITH
 MANAGED CARE PLANS SINCE 2021, ECM IS A BENEFIT FOR MANAGED MEDI-CAL ENROLLEES THAT

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

AIMS TO STABILIZE THE HEALTH OF THE HIGHEST-NEED "POPULATIONS OF FOCUS" WHO HAVE MULTIPLE CHRONIC CONDITIONS. ECM ADDRESSES THE CLINICAL, NON-CLINICAL, AND SOCIAL REQUIREMENTS OF HIGH-NEED INDIVIDUALS BY PROVIDING DEDICATED CARE MANAGERS TO COORDINATE SERVICES AND HELP RECIPIENTS UNDERSTAND, NAVIGATE, AND UTILIZE THE FULL SCOPE OF THEIR BENEFITS. ASCENCIA HAS ONE LEAD CARE MANAGER PROVIDING SERVICES TO MANAGED CARE REFERRED MEDI-CAL ENROLLEES WHO ARE EXPERIENCING HOMELESSNESS

IN ADDITION TO SERVING AS THE LEAD PROVIDER OF HOMELESS SERVICES IN THE GLENDALE CONTINUUM OF CARE AND PARTICIPATION IN THE CONTINUUM'S HOMELESS MANAGEMENT INFORMATION SYSTEM, THE ORGANIZATION IS A SERVICE HUB WITHIN THE LOS ANGELES CONTINUUM OF CARE'S SERVICE PLANNING AREA 2 (SAN FERNANDO VALLEY) COORDINATED ENTRY SYSTEM, AND ITS SERVICE PLANNING AREA 4 (METRO/NORTHEAST LOS ANGELES) COORDINATED ENTRY SYSTEM.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS SIGNS CONFLICT OF INTEREST FORMS ANNUALLY AND COMPLETES A

SURVEY FORM WHERE THEY CAN EXPLAIN ANY CONFLICTS IF APPLICABLE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE BOARD OF DIRECTORS HIRE THE EXECUTIVE DIRECTOR AND DETERMINES THE SALARY BASED UPON A REVIEW OF COMPARABLE DATA AND SALARIES IN THE MARKETPLACE.

THE EXECUTIVE DIRECTOR HIRES EMPLOYEES AND DETERMINES THE SALARY BASED UPON A REVIEW OF COMPARABLE DATA AND SALARIES IN THE MARKETPLACE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE FORM 990 AND 1023 ARE AVAILABLE UPON REQUEST AT THE OFFICE OF ASCENCIA.

THE FINANCIAL STATEMENTS ARE SUBMITTED TO CHARITY NAVIGATOR AND TO BE MADE AVAILABLE

Employer identification number

20-4233822

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

ON THE WEB. THE FORM 990 IS ALSO AVAILABLE ON THIS WEBSITE:

HTTP://FOUNDATIONCENTER.ORG/FINDFUNDERS/990FINDER.

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE BOARD OF DIRECTORS MEETS TO APPROVE THE SELECTION OF THE INDEPENDENT ACCOUNTANT AND OVERSEES THE AUDIT.

6/30/24	2023	2023 FEDER	AL BO(OK DEF	RAL BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE				PAGE 1
				ASCENCIA	NCIA		•					20-4233822
NO. DESCRIPTION	DATE DATE AGOUIRED SOLD	COST/ BASIS	CUR SUS. 73 PCT. BOMUS.	SPECIAL DEPR.	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR.	SALVAĞ /BASIS REDIJCI	DEPR. BASIS	PRIOR DEPR.	METHOD LIFE RATE	LIFE RATE	CURRENT DEPR.
FORM 990/990-PF												
AUTO / TRANSPORT EQUIPMENT												
33 VEHICLE - YAN	8/24/:8	27,997						27,997	27,062	1/8	2	935
35 VEHICLE - KIA	12/10/21	34,979						34,979	11,077	3/1	ro.	966'9
36 VEHICLE - SIENNA VAN	1 2 /20/2 i	45,959						46,959	14,088	S/L	ഹ	9,392
37 VEHICLE-KÍA	3/10/23	25,989						25,989	1,733	1/8	S	2,198
38 VEHICLE-DODGE VAN	7/19/22	25,676						25,676	4,707	T/S	ເດ	5,135
47 VEHICLE-TOYOTA SIENNA	6/30/24	27,806						27,806	24,562	ત્ર	ın	0
TOTAL AUTO / TRANSPORT EQUIP	a.	189,406		0	0	0	0	189,406	83,229			27,656
BUILDINGS												
8 SUILDING: 1911 GARDENA	10/28/13	1,097,566						1,097,665	323,483	S/L	27.5	39,915
	16/28/13	1,581,602						1,581,602	416,807	S/L	39	43,118
16 BUILDING- TYBURN	16/28/13	325,287						325,287	80,629	S/L	33	8,341
7 BUILDING GARDENA	10/28/13	11,238						11,238	3,272	S/L	27.5	409
TOTAL BUILDINGS		3,115,793		0	0	0	0	3,115,793	824,191			91,783
FURNITURE AND FIXTURES												
12 FURNITURES AND FIXTURES	10/25/13	6,220						6,220	6,220	S/L	7	0
13 FURNITURES AND FIXTURES	12/31/13	10,661						10,661	10,661	S/L	7	0
14 FURNITURES AND FIXTURES	1/61/14	11,087						11,087	816,01	S/L	! ~	0
23 FURNITURE AND FIXTURES	2/15/17	33,029						33,029	30,274	7/3	7	2,755
32 FURNITURE	12/12/18	1,120						1,120	733	S/L	1	160
43 FRONT DOORS	1/11/24	16,974						15,974		S/i	7	1,212

6/30/24		023 F	EDER/	/LB	00 X	DEP	RECIA	TION	SCH	2023 FEDERAL BOOK DEPRECIATION SCHEDULE				PAGE 2
						ASCENCIA	CIA						, ,	20-4233822
NO DESCRIPTION	DATE — ACOUIRED .	DATE SOLD	COST/ BASIS	BUS. PCT. B	CUR 179 179 BORUIS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDLICT	DEPR. BASIS	PRIOR DEPR	METHODLIFE	RATE	CURRENT OFPR.
44 23 SINGLE BEDS, MATTRESS, DRA	5/31/24	·	20,109	I						20,109		\$71 7		239
TOTAL FURNITURE AND FIXTURE IMPROVEMENTS			99,200		0	0	0	6	0	99,200	908'89			4,356
19 TYBURN IMPROVEMENT	6/15/15		3,585							3,585	736	S/L 39	_	66
20 GARDENA IMPROVEMENT	6/15/15		625,169							625,169	181,864	67		22,733
	6/15/16		36.1							1,900-	373	8/1 39	_	49
	9./21/9		7,923							7,923	2,040	S/L 27.5		288
	3/15/17		22,258							22,258	5,124	S/L 27.5		608
	3715/77		6.210							6,210	1,431	S/L 27.5		525
	5/15/17		13,968							13,958	3,095	S/L 27.5		808
	3/:2/:3		10,052							10,052				0
30 LIGHT FIXTURES	11.707.717		4,933							4,033	584	S/L 39		103
31 SOLAR UPGRADE	2/28/18	•	165,825		 		į			165,825	22,677	8/1 39		4,252
TOTAL IMPROVEMENTS			860,923		0	0	0	0	6	860,923	217,893			29,060
LAND														
10 LAND: TYBURN	10/28/13		400,000							400,039				J
1 LAND. GARDENA	16/28/13	'	465,000	I						465,000				0
TOTAL LAND			920'598		0	0	0	ð	Q	865,000	0			0
MACHINERY AND EQUIPMENT														
1 EQUIPMENT	9/0:/:0		5,670							5,670	5,679	s 1/s		0
2 EQUIPMENT	7/12//1		8,908							8,908	8,908	\$/1 5		Ö
3 COMPUTER EQIPMENT	4/03/13		22,721							127,22	22,721	S/L 5		ಲ

ASCENCIA ANCIONALIZE ANC	6/30/24	2	023 F	EDER.	AL B	00 X	DEP	RECIA	TION	SCHE	2023 FEDERAL BOOK DEPRECIATION SCHEDULE				PAGE 3
Page Page						,	ASCEN	ICIA		;					20-4233822
EQUIPMENT 10.28.13 18.975 15.688 15.688 15.688 15.688 15.688 15.688 15.688 15.688 15.688 15.688 15.688 15.688 15.688 15.688 15.677 17.177 15.000 15.677 17.677 15.677 17.677 17.677 17.677 17.677 17.677 17.677 17.677 17.677 17.677 17.677 17.677 17.677 17.677 17.677 17.677 17.677 17.678 15.6		DATE ACQUIRED	DATE	COST/ BASIS	[;	1 :	SPECIAL DEPR. ALLOW.	PRIOR 1797 BONUS/ SP. DEPR	PRIOR DEC, BAL DEPR.	SALVAG /BASIS REDIICT	OEPR. BASIS	PRIOR	METHOD	METHOD LIEE RATE	CURRENT DEPR.
15,698 15,698 15,698 15,698 15,698 15,698 15,699 15,699 15,679 1	FOIIIPMENT	10/28/13		18,975							18,975	18,975	3/1	ιċ	O
TAMMERS WATER HEATER 7/12/17 8,000 8,000 17,677 17,678 17,772 17,772		5/0:/15		15,698							15,698	15,698	S/L	чò	0
SECURITY SYSTEM 2/28/18 17,677 17,677 17,677 17,677 17,677 17,677 17,677 17,677 17,677 17,677 17,677 17,677 10,887 10,105 <		7/12/17		8,070							8,070	8,070	SAL	S	0
9 COMPUTERS 6 4/21/22 82,181 82,182 82,181 82,182 82,183 8		2/28/18		17,677							17,677	17,677	1/5	ഹ	Ü
SCAPING SCAP		4/01/21		:0,857							10,857	4,885	\$7	ß	2,171
COMPUTER 9/07/22 2,584 2,584 DELL COMPUTER 10/12/22 5,980 4,509 DELL COMPUTER 11/12/22 4,509 4,509 DELL COMPUTER 11/12/22 4,509 7,105 VIDEO INTERCOM, CARD READER 3/14/24 7,105 7,105 VIDEO INTERCOM, CARD READER 11/12/22 19,305 19,305 CODPIER 7/01/23 53,033 0 0 0 2,20,53 CODPIER 7/01/23 2,033 7,468 7,468 7,468 7,468 COMPUTER SOFTWARE 9/01/26 2,589 2,589 2,589 2,589 2,589 COMPUTER SOFTWARE 9/02/28 2,589 0 0 0 0 0 2,589 TOTAL MISSELLANEOUS 40,510 0 0 0 0 0 0 0 2,589 TOTAL DEPRECATION 5,453,495 1,3 0 0 0 0 0 0 0 0 0 0 <td></td> <td>6/21/23</td> <td></td> <td>82,181</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>82,181</td> <td></td> <td>S/L</td> <td>ß</td> <td>16,436</td>		6/21/23		82,181							82,181		S/L	ß	16,436
DELL COMPUTER 10/12/22 5,696 9 3,609 DELL COMPUTER 11/12/22 4,509 7,105 7,105 VIDEO INTERCOM, CAMPRAS 16/31/23 19,506 7,105 19,505 INDOOR/OUTDOOR CAMERAS 16/31/23 19,506 6 0 0 0 0 0 0 2,053		9/07/22		2,584							2,584	431	SVL	ហេ	517
DELL COMPUTER 11/12/22 4,509 4,509 VIDEO INTERCOM/CARD READER 3.14/24 7,105 7,105 INDOOR/OUTDOOR CAMERAS 10/31/23 19,605 7,105 INDOOR/OUTDOOR CAMERAS 10/31/23 19,605 7,105 COPIER 7/01/23 2,22,663 0 0 0 0 2,22,663 1 SCELLANEOUS COMPUTER SOFTWARE 9/01/36 2,653 6 0 0 0 0 2,22,663 1 COMPUTER SOFTWARE 9/01/36 2,539 7,468		10/12/22		5,050	_						5,050	758	S/L	ເດ	010,1
VIDEO INTERCOM/CARD READER 3.144/24 7,105 19,605 INDOOR/OUTDOOR CAMERAS 10/31/23 19,605 19,605 COPIER 7/01/23 53,053 53,553 TOTAL MACHINERY AND EQUIPME 22,653 0 0 0 0 225,563 1 SCELLANEOUS COMPUTER SOFTWARE 9/01/06 2,063 7,468 7,468 7,468 7,468 7,468 7,468 7,590 7,468 7,590 7,468 7,590 7,468 7,590 7,590 7,468 7,590 7,590 7,468 7,590 </td <td></td> <td>11/12/22</td> <td></td> <td>4,509</td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4,509</td> <td>109</td> <td>S/L</td> <td>5.</td> <td>305</td>		11/12/22		4,509	_						4,509	109	S/L	5.	305
19,805 1		3/14/24		7,165							7,105		S/L		474
COPIER 7/01/23 53,033 83,033 TOTAL MACHINERY AND EQUIPME 282,863 0 0 0 0 222,663 1 SCELLANEOUS 2001/38 2,003		16/31/23		19,505							19,605		S/L		2,514
NERY AND EQUIPME		7/01/23		53,053							53,053	4,496	1/S	S	086'9
DFTWARE 9/01/06 2,063 2,063 7,468 7,468 7,468 7,468 5,399 5,002/08 5,399 5,399 5,399 5,399 5,399 5,399 5,399 5,399 5,399 5,399 5,399 5,453,495 1,3 5,453,495	TOTAL MACHINERY AND EQUIPME		'	282,563		Ф	0				282,663	108,890			31,104
COMPUTER SOFTWARE 9/01/06 2,053 2,053 COMPUTER SOFTWARE 9/01/08 7,468 7,468 7,468 COMPUTER SOFTWARE 7/01/10 5,399 7,468 7,01/10 5,399 VAN 9/02/08 25,590 25,590 25,590 25,590 TOTAL DEPRECIATION 5,453,495 0 0 0 0 0 0 40,510 GRAND TOTAL DEPRECIATION 5,453,495 0 0 0 0 0 0 5,453,495 1,3	MISCELLANEOUS														
COMPUTER SOFTWARE 9/01/38 7,468 COMPUTER SOFTWARE 7/01/36 5,399 COMPUTER SOFTWARE 7/01/36 5,399 VAIN 25,590 25,590 TOTAL MISCELLANEOUS 40,510 0 0 0 0 40,510 TOTAL DEPRECIATION 5,453,495 0 0 0 0 0 0 0 0 1,3 GRAND TOTAL DEPRECIATION 5,453,495 0 0 0 0 0 0 5,453,495 1,3		9/10/6		2,053	<i>-</i>						2,053	2,053	S/L	us.	0
COMPUTER SOFTWARE 7/01/10 5,389 5,389 VAIN 9/02/08 25,590 25,590 TOTAL MISCELLANEOUS 40,510 0 0 0 0 0 40,510 TOTAL DEPRECIATION 5,453,495 0 0 0 0 0 5,453,495 1,3 GRAND TOTAL DEPRECIATION 5,453,495 0 0 0 0 0 5,453,495 1,3		9/01/08		7,468							7,468	7,468	S/L		0
VAN 9/02/08 25,596 25,590 TOTAL MISCELLANEOUS 40,510 0 0 0 0 0 40,510 TOTAL DEPRECIATION 5,453,495 0 0 0 0 0 0 5,453,495 1,3 GRAND TOTAL DEPRECIATION 5,453,495 0 0 0 0 0 0 0 5,453,495 1,3		7/01/36		5,399	_						5,339	5,399	1/8		0
40,510 0 0 0 0 40,510 5,453,495 0 0 0 0 5,453,495 1,3 5,453,495 0 0 0 0 5,453,495 1,3		9/02/08	·	25,590	ا	j				j	25,590	25,590	T/S	د ه	0
5,453,495 0 0 0 0 0 5,453,495 1 5,453,495 0 0 0 0 0 5,453,495 1	TOTAL MISCELLANEOUS			40,510		0	0				40,510	40,510			0
5,453,495 0 0 0 0 0 0 5,453,495	TOTAL DEPRECIATION			5,453,495	. "		0				5,453,495	1,333,519			183,969
	GRAND FOTAL DEPRECIATION			5,453,495		0	0				5,453,495	1,333,519			183,969

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		ending (mm/dd/yyyy) 6/30/2	024 -
	ganization name		California corporation number
ASCENC	I A		2851188 FEIN
riocinal will	materi, yee instructions,		20-4233822
	(suite or room)		PMB no,
City	YBURN STREET	State	ZIP code
GLENDA		CA	91204
Foreign countries	y name	Foreign province/state/county	Foreign postal code
B Amended	return • Yes X No	e organization have any changes to its guid ported to the FTB? See instructions	
D Final info	organiz rmation return? see insided Surrendered (Withdrawn) Merged/Reorganized	ration engaged in political activities?	♦ Yes XNo
E Check ac	Cash 2 X Accrual 3 Other	organization exempt under R&TC Section 2 ," enter the gross receipts (nom mber sources	
4 []] 01	ier 990 series	organization a limited fiability company? e organization file Form 100 or Form 109 to	
G is this a	roup filing? See instructions	income? organization under audit by the IRS or has	◆Yes X No
	panization in a group exemption	d in a prior year?	
		led with IRS	YesNo
Part I	Complete Part I unless not required to file this form. See General Info	rmation B and C.	
	1 Gross sales or receipts from other sources. From Side 2, Part II,	line 8	1 127,784.
Dossinta	2 Gross dues and assessments from members and affiliates		2
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received.		3 5,944,695.
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through This line must be completed. If the result is less than \$50,000, so		4 6,072,479.
	5 Cost of goods sold		4 0,012,413.
	6 Cost or other basis, and sales expenses of assets sold	6	
	7 Total costs, Add line 5 and line 6		7
	8 Total gross income. Subtract line 7 from fine 4.		8 6,072,479.
Expenses	9 Total expenses and disbursements, From Side 2, Part II, line 18.		9 6,558,955.
	10 Excess of receipts over expenses and disbursements. Subtract lin		<u>-486,476.</u>
	11 Total payments		1
	12 Use tax. See General Information K		12
	13 Payments balance. If fine 11 is more than line 12, subtract line 12		3
Payments	14 Use tax balance. If line 12 is more than line 11, subtract line 11 fr		4
	15 Penalties and interest. See General Information J		5
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result		6 0.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying scorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information. Senature	chedules and statements, and to the best of of which preparer has any knowledge, Date	my knowledge and belief, it is true, Telephone
	Signature of officer EXECUTIVE DI		(818) 246-7900
Paid	Preparer's ► signature 4	/21./25 self- employed ►	P00190659
Preparer's Use Only	Firm's name (or yours, If	ICY CORP	
	self-employed) 300 N. BRAND BOULEVARD SUITE 850		953308709 • Telephone
	GLENDALE, CA 91203	. ,	8185076645
	May the FTB discuss this return with the preparer shown above? See	instructions	• X Yes No
CACATITIZE 0	102/24		

ASCENC	TA
Part II	Organizations with gross receipts of more than \$50,000 and private foundations
	regardless of amount of gross receipts - complete Part II or furnish substitute information

		regar	dless of amount of gross receipts —	complete Part II or furnish	subst	itute information.				··
	ı	1	Gross sales or receipts from all b	ousiness activities. See in	struc	ions	•	1	<u> </u>	
		2	Interest				•		<u> </u>	4,987.
		3	Dividends				•	3		
Receip from	ots	4	Gross rents					4		
Other		5	Gross royalties			• • • • • • • • • • • • • • • • • • • •		5		
Source	es	6	Gross amount received from sale					6	T	
	1	7	Other income. Attach schedule, .					7		122,797.
		8	Total gross sales or receipts from other s					8		127,784.
		9	Contributions, gifts, grants, and similar ar	•				9		
		10	Disbursements to or for member					10		
		11	Compensation of officers, director							147,258.
	Ì	12	Other salaries and wages					12	1	2,878,574.
Expen	ses	13	Interest					13	+	70,368.
and Disbur		. •	Taxes					14	- 	248,032.
ments		14	Rents					15		
		15	Depreciation and depletion (See						+	690,435.
		16	Other expenses and disburseme							183,969.
		17							 -	2,340,319.
		18	Total expenses and disbursements. Add I	4-411				18	<u>ــــــــــــــــــــــــــــــــــــ</u>	6,558,955.
Sche	dule	<u>L</u>	Balance Sheet	Beginning of ta	exable			of tax	kable	
Assets				(a)		(b)	(c)			(d)
• -						.,372,736.			_	527,421.
_			receivable			849,851.			<u> </u>	1,150,262.
			civable							
, .			tala an annual ablimations	-					- •	
			tate government obligations		- -					
			n other bonds				-		D	
•			n slock	<u> </u>						
	** *	,	15						- 	
			nents. Attach schedule					<u> </u>	•	
			ssets	4,443,843.			4,588,4			
b t	ess ac	cumu	lated depreciation	1,315,984.	- ;	3,127,859.	1,534,2			3,054,254.
						865,000.			•	865,000.
12 (Other a	ssets.	Attach schedule STM 4			116,989.			D	148,798.
13 1	Fotal a	ssets				3,332,435.				5,745,735.
Liabili	ties a	nd r	et worth							
14 /	Account	ts pay	able			417,991.			• 	354,585.
			, gifts, or grants payable						D	
16	Bonds :	and m	otes payableST 5							<u>1,301,328.</u>
17	Mortgag	ges pa	yable			1,331,589.			•	
18 (Other Ii	abiliti	es. Attach schedule STM 6			266,040.				<u>259,483.</u>
			or principal fund			1,316,815.			•	3,830,339.
20	Paid-in	or ca	pital surplus. Attach reconciliation						•	
21	Retaine	d ear	nings or income fund						•	
22	Total I	iabilit	ies and net worth			5,332,435.		<u></u> _		5,745,735.
Sche	edule	M-	 Reconciliation of income per 							
			Do not complete this schedul		ule L			$\overline{}$)0.	
1	Net inc	ome t	er books	-486 <u>,476</u> .	7	Income recorded on I	-			
-			ne tax	<u> </u>		in this return, Attach			•	
			oital losses over capital gains	<u> </u>	8	Deductions in this re				
			ecorded on books this year.		!	against book income		ļ	<u></u>	
			ule	,	_	Attach schedule Total. Add line 7 and	ł line 0		•	
			orded on books this year not deducted		10					
			. Attach schedule		10	Net income per		-		_106 476
6	i otal. <i>I</i>	add lii	ne 1 through line 5	<u>-486,476.</u>		Subtract line 93	rom line 6			-486,476.

CACA1112L 01/02/24 3652234 059 Side 2 Form 199 2023

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number ASCENCIA 20-4233822 Organization type (check one): Filers of: Section: X 501(c)(3) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-FZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money, or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. 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

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).

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

Schedule B (Form 990) (2023)

	B (Form 990) (2023)	lede.	1 4 Page 2
Name of or ASCEN	-		233822
Part I_	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ANNENBERG FOUNDATION 2000 AVENUE OF THE STARS #1000	\$ 25,000.	Person X Payroll Noncash (Complete Part II for
(a) No.	LOS ANGELES, CA 90067 (b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
2	CATHAY BANK FOUNDATION 9650 FLAIR DRIVE EL MONTE, CA 91731	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Z!P + 4	(c) Total contributions	(d) Type of contribution
3	THE WALT DISNEY COMPANY 500 S. BUENA VISTA ST BURBANK, CA 91521	\$6,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	S.H. HO FOUNDATION 5 QUEEN'S ROAD CENTRAL 33RD FL HONG KONG, CHINA	\$\$125,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MORGAN STANLEY 1300 THAMES STREET WHARF 4TH BALTIMORE, MD 21231	\$7,500.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE BETTIE GORDON NEALE FOUNDATION P.O. BOX 3275 THOUSAND OAKS, CA 91359		Person X Payroll Complete Part II for noncash contributions.)
BAA	TEE:A0702L 08/09/23		 Schedule B (Form 990) (2023)

	B (Form 990) (2023)	le	3 4 Page 2
ASCEN			233822
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
13_	NATIONAL PHILANTHROPIC TRUST		Person X
	165 TOWNSHIP LINE RD SUITE 120	\$100,000.	Noncash []
	JENKINTOWN, PA 19046		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	KAREN SHRODE		Person X
	125 NORTH LINCOLN	\$\$,000.	Payroll U
	BURBANK, CA 91506		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	BARBARA LYNN PERRIER FAMILY TRUST		Person X Payroll
	414 GLENEAGLES PLACE	\$12,000 <u>.</u>	Noncash
	LA CANADA FLINTRIDGE, CA 91011	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	LAZIER FAMILY CHARITABLE FUND		Person X
	610 NEWPORT CENTER DRIVE STE	\$ 75,000.	Noncash [
	NEWPORT BEACH, CA 92660		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_	DARLA LONGO		Person X
	1185 PARKVIEW AVENUE	\$ 10,000.	Payroil
	PASADENA, CA 91103		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	RICHARD AYOOB		Person X
	500 NORTH BRAND BLVD SUITE1870	\$ 10,000.	Noncash
	GLENDALE, CA 91203		(Complete Part II for noncash contributions.)
	TEFA0702L 08/09/23		Schodula B (Form 990) (2023)

4 Page 2

	B (Form 990) (2023)		4 4 Page 2
Name of org		_ · ·	er identification number 233822
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_	DAVID_L_HO 5 QUEEN'S ROAD CENTRAL 33RD FL HONG KONG, CHINA	\$10,000.	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
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
*****		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person [] Payrolf [] Noncash [] (Complete Part II for noncash contributions.)
BAA	TEEA0702L 08/09/23		Schedule B (Form 990) (2023)

TEEA0703L 08/09/23

BAA

Schedule B (Form 990) (2023)

	B (Form 990) (2023)		1 1 Page 4
Name of orga ASCENC			Employer identification number 20 = 4233822
Part III	Exclusively religious, charitable, e	for the year from any one co ompleting Part III, enter the total o (Enter this information once. See i	rations described in section 501(c)(7), (8), ontributor. Complete columns (a) through (e) and f exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parts	N/A		
		(e) Transfer of gift	
	Transferee's name, addres		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, addres		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, addres		Relationship of transferor to transferce
(a) No. from Part!	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
*** *** 12.4			
	<u></u>	(e) Transfer of gift	
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
BAA		TEE:A0704L 08/09/23	Schedule B (Form 990) (2023)

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	h to Form 100 or Form	n 100W. FORM	199				California d	orporati	on number
•							}	•	
	ENCIA	O de la la Para					28511	00	
Pari	Maximum deduction	pense Certain Pro						$\overline{}$	\$25,000
2	Total cost of IRC Sec								423,000
3	Threshold cost of IRC							<u></u>	\$200,000
4	Reduction in limitation	n. Subtract line 3 t	rom line 2. If zero	or less, enter -0			4	ī ,	· · · · · · · · · · · · · · · · · · ·
5	Dollar limitation for ta							;	
6		Description of property		(b) Cost (business t	I	(c) Elected			
					,				
	·								
7	Listed property (elec								
8	Total elected cost of	IRC Section 179 pt	roperty. Add amou	nts in column (c), l	ine 6 and lir	ne 7	<u> _</u> 8		
9	Tentative deduction.								
10	Carryover of disallow	ed deduction from	prior taxable years	\$,,,				
11	Business income lim								
12	IRC Section 179 exp Carryover of disallow				f 7"				
Par		d Election of Additi					56	!	
14		(b)	(c)	(d)	(e)	(f)	(g)		(h)
14	(a) Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreciation		Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this yea	ar	year depreciation
				earlier years					depreciation
EOI	JIPMENT	9/01/2010	5,670.	5,670.	S/L	5			
	JIPMENT	7/12/2011	8,908.	8,908.	S/L	5			
	APUTER EQIPME	4/03/2013	22,721.	22,721.	S/L	5			
	1PUTER SOFTWA	9/01/2006	2,053.	2,053.	S/L	5			
	APUTER SOFTWA	9/01/2008	7,468.	7,468.	S/L	3			
	Add the amounts in	column (a) and col	umn (b). The total	of column (h) may	not exceed				
	\$2,000. See instruct						183,	969.	
Par	t III Summary								
16	Total: If the corporat	tion is electing:		Con 15 calculate (a)	\ _ u				
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	unt on line 12 and R&TC Section 243	iline 15, column (g. 356, add the amour) or its on line 1:	5, columns ((q) and (h) <u>ወ</u>	r	
	Depreciation (if no e	dection is made), e	nter the amount fro	om line 15, column	(g)		,,., 🧶) 16	
17	Total depreciation of) 17	
18	Depreciation adjustm Form 100W, Side 1,	nent, If line 17 is g	reater than line 16	, enter the difference	ce here and o	on Form 10 on Form 100	0 or		
	Form 100W, Side 2.	line 12, (If Californ	na depreciation an	nounts are used to	getermine n	ięt income b	eiore	,	
	state adjustments or	n Form 100 or Form	n 100W, no adjustr	nent is necessary).	<u> </u>	· · · · · · · · · · · · · · · · · · ·		18	
Par						1			
19	(a) Description	(b) Date acquire	d (c) Cost o	r Amori	(d) lization	(e) R&TC	(f) Period ar	.	(g) Amortization
	of property	(mm/dd/yyyy			r allowable	Section	percentage		for this year
				in earli	er years	(see instr)			
						1			
	41.								
						<u> </u>	l		
20	Total. Add the amou						<u> </u>	0	
21	Total amortization of							1	
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter the differen	ce here and	Lon Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 2,	inde o. ir iine ∠ir is Tine 12.	iess than line 20,	enter the unterent	e nere and (💿 2	2	
							• •		

FTB 3885 2023

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	ch to Form 100 or Fo	rm 100W. FOR	M 199						
Corpo	ration name						Califor	mia corpor	ation number
ASC	CENCIA						285	1188	
Par		xpense Certain Pro							
1	Maximum deduction	under IRC Section	179 for California.					1	\$25,000
2	Total cost of IRC Se							2	
3	Threshold cost of IR	RC Section 179 prop	perty before reducti	ion in limitation				3	\$200,000
4	Reduction in limitati			,				4	
5_	Dollar limitation for	taxable year. Subti	act line 4 from line	1. If zero or less,	enter -0	<u> </u>		5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost		
]	
								Ì	
	.,_,_,_,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							1	
					- 1 11 1 - 1111111			1	
7	Listed property (elec	cted IRC Section 17	79 cost)	l	7 7			{	
8	Total elected cost of					ne 7		8	
9	Tentative deduction.							9	
10	Carryover of disallov							10	
11	Business income fin							11	
12	IRC Section 179 exp							12	
13	Carryover of disallov								
Parl				reciation Deduction			56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(0	n)	(h)
• •	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Deprecia		
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this	year	year
				allowable in earlier years					depreciation
CON	PUTER SOFTWA	7/01/2010	5,399.	5,399.	S/L	,			
VAN		9/02/2008		25,590.		3			
			25,590.		S/L	5		015	
	LDING- 1911	10/28/2013	1,097,666.	323,483.	S/L	28		9,915	
	LDING- 181 T	· - · - · - ·	<u>1,681,6</u> 02.	416,807.	S/L	39	4	3,118	•
LAN	D- TYBURN	10/28/2013	400,000.	l <u>- — — — — — — — — — — — — — — — — — — </u>		0			
15	Add the amounts in \$2,000. See instruct	column (g) and co ions for line 14, co	umn (h). The lotal lumn (h)	of column (h) may	not exceed	15			
Part			····			!	•		
16	Total: If the corporal	lion is electing:						: T	<u></u>
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g)	or				
	Additional first year Depreciation (if no e	depreciation under dection is made), e	nter the amount for	oo, add the amoun	is on line is	o, columns (g) and (n	6 16	
17	Total depreciation of							(a) 17	
	•		,	· ·				<u> </u>	
	Depreciation adjusts Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	here and o	n Form 100	or		
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	iia dépreciation am	iounts are used to d	determine n	et income be	efore	18	
Part		Troini 100 or roini	r rouvy, no adjustii	tent is necessary).	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
19			(a)	1 ·	.51	Γ*·····			
15	(a) Description	(b) Date acquire	d (c) d Costo		đ) zation	(e) R&TC	(f) Period	or	(g) Amortization
	of property	(mm/dd/yyyy) other bas	sis allowed or	allowable	Section	percenta		for this year
				in earlic	er years	(see instr)			
									
20	Total. Add the amou	ints in column (a)					<u> </u>	20	
	Total amortization cl							21	
		•							
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	here and o	n Form 100	or _	Ì	
	Form 100W, Side 2,	line 12	· · · · · · · · · · · · · · · · · · ·	<u></u>	· · · · · · · · · · · · · · · · · · ·		💿	22	

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FTB 3885 2023

2023 C	orporation Dep	reciation an	nd Amortizati	on				3885
Attach to Form 100 or Fo	orm 100W. FORM	199				California co	rnoralin	number
Corporation name						\		
ASCENCIA		1 11 1 100 0	4: 170			285118	0	
Part I Election To I Maximum deduction	Expense Certain Propon under IRC Section	179 for California	ection 179			<u></u>	T —	\$25,000
	Section 179 property p						 	, = - ;
3 Threshold cost of I	IRC Section 179 prop	erty before reduction	on in limitation			3	<u> </u>	\$200,000
4 Reduction in limita	ition, Subtract line 3 f	rom line 2. If zero	or less, enter -0			4	<u></u>	
5 Dollar limitation fo	r taxable year. Subtra	ct line 4 from line	1. If zero or less, e	enter -0				
6 (a) Description of property		(b) Cost (business E	ise only)	(c) Elected	cost		
			, 	_				
	···							
	1 4 IDO C	2*		. 1 7				
7 Listed property (el	ected IRC Section 17 of IRC Section 179 pa	operly Add amou	nts in column (c) I		ne 7	- 8	η—	
8 Total elected cost9 Tentative deduction	n. Enter the smaller	of line 5 or line 8.	ms in column (c), i	,,		9	 	
	owed deduction from						<u> </u>	
11 Business income I	limitation, Enter the s	maller of business	income (not less th	han zero) or	line 5,	11	<u> </u>	
	xpense deduction. Ad					12		
13 Carryover of disall	owed deduction to 20	24. Add line 9 and	l line 10, less line 1	2	3 1 242		<u> </u>	
Part II Depreciation	and Election of Additi	onal First Year Dep		.,			-	
14 (a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Depreciation	for	(h) Additional first
of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this year		year
			allowable in earlier years					depreciation
LAND- GARDENA	10/28/2013	465,000.			0			
FURNITURES AND		6,220.	6,220.	S/L	7			
FURNITURES AND		10,661.		S/L	7	20		
FURNITURES AND		11,087.		S/L	7			
EQUIPMENT	10/28/2013	18,975.		S/L	5			,
15 Add the amounts	in column (a) and col	umn (h). The total	of column (h) may	not exceed	1			
	actions for line 14, col							
Part III Summary								
16 Total: If the corpo	ration is electing: expense, add the amo	unt on line 12 and	Lline 15 column (a) or				
Additional first ver	ar deoreciation under	R&TC Section 243	356, add the amoun	its on line 1	5, columns :	(g) and (h) or		
Depreciation (if no	o election is made), e	nter the amount fr	om line 15, column	ı (g)			16	·····
17 Total depreciation	claimed for federal p	surposes from fede	eral Form 4562, line	3 ZZ	on Form 10		17	
18 Depreciation adju	1 line & If line 17 is	less than line 16.	enter the difference	e nere and d	on Form IUU	or		
Form 100W, Side	2. line 12. (If Californ	iia depreciation an	nounts are used to	determine n	iet income b	etore	18	
Part IV Amortizatio	on Form 100 or Form	1 100W, no adjusti	nericis necessary)			············		
19 (a)	(b)	(c)		(d)	(e)	(1)		(g)
Descriptio	n Date acquire	d Cost o	or Amori	tization	R&TC	Period or		Amortization
of property	y (mm/dd/yyys) other ba		r allowable i er vears	Section (see instr)	percentage		for this year
·			, can		(· · · · · · · · · · · · · ·		-	
		· ·			 	- ""	·	
	<u>_</u>	·					- -	
		— 					 -	
	_ · -							
20 Total. Add the an	nounts in column (g).					20		
	n claimed for federal i						\mathbf{I}^{T}	
22 Amortization adir	ctmont If line 21 is a	reater than line 20) enter the differen	ce here and	Lon Form 10	00 or		
Form 100W, Side	: 1, line 6. If line 21 is	iless than line 20,	enter the difference	e nere and o	on Form 100	, or	,	
Form 100W, Side	2, line 12	<u> </u>			<u></u>	💿 22	·	

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	ch to Form 100 or Fo	rm 100W. FOR	M 199			.,.	California c	orootal	ind number
A C	CENCTA							•	OT NOTIBES
Par	CENCIA	wasaa Castala Bu					28511	88	
1	Maximum deduction	xpense Certain Pro			·		1		
2	Total cost of IRC Se								\$25,000
3	Threshold cost of IR							_	2200 000
4	Reduction in limitati								\$200,000
5	Dollar limitation for	tavable voar Subti	act line 4 from line	o 1. If zero or less	anlar -0-	- · · · · · · · · · · · · · · ·	5	l	··
-6		Description of property	act into 4 none into	(b) Cost (business		(c) Electe			
		Constitution of Property		(b) 6837 (66311633	use only)	CO Election			
				1-					
	· · · · · · · · · · · · · · · · · · ·			_					
· - 				-					
	Listed property (elec	stad IPC Castion 1	70 ann						
8	Total elected cost of					no 7		_	
9	Tentalive deduction.	Foter the smaller	of line 5 or line 8	ints in colonin (c),	ше в апод	ne z			<u> </u>
10	Carryover of disallov								
11	Business income lin								
12	IRC Section 179 exp							J	
13	Carryover of disallov						1.1.1.1		
Par	t II Depreciation a			reciation Deduction			356	<u>-</u> l	
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(in)
	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreciation	n for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this year	r	year
				allowable in earlier years					depreciation
BIII	LDING- TYBUR	10/28/2013	325,287.	80,629.	S/L	39	<u></u> 2 3	41.	
	LDING- GARDE		11,238.	3,272.	S/L	28		09.	
	LEPHONE SYSTE	5/01/2015	15,698.		S/L			09.	
		6/15/2015			 	5		~~	
	BURN IMPROVEM		3,585.	736.	S/L	39		92.	
	RDENA IMPROVE	6/15/2015	625,169.	181,864.	S/L	28	22,7	33.	
	Add the amounts in \$2,000. See instruct	column (g) and col ions for line 14, col	umn (h). The total umn (h)	of column (h) may	not exceed	15			
Par									
16	Total: If the corporal	lion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	unt on line 12 and R&TC Section 243	iline 15, column (g) 356, add the amoun) Or its on line 11	5 columns (a) and (h) or		
	Depreciation (if no e	lection is made), e	nter the amount fro	om line 15, column	(g)			16	
17	Total depreciation of							17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is gr	eater than line 16,	enter the difference	e here and	on_Form_100) or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. It line 174\$ Jine 12 (If Californ	less than line 16, d	onler the difference	there and o	n Form 100 et income bo	or efore		
	state adjustments or	Form 100 or Form	i 100W, no adjustn	nent is necessarv).		et income be		18	
Part			· - ··		•		<u> </u>		
19	(a)	(b)	(c)	(0	d)	(e)	(f)	_1_	(g)
	Description	Date acquire	d Cost o	r Amorti	zation	R&TC	Period or		Amortization
	of property	(mm/dd/yyyy) other bas	sis allowed or in earlie		Section ((see instr)	percentage		for this year
				iii centic	n years	(see man)		+	
				- 				 	
	. ,								
									
						L <u>l</u> .			
20	Total. Add the amou	•••					20	_	
21	Total amortization cl	aimed for federal p	urposes from feder	ral Form 4562, line	44		21		
22	Amortization adjustm	ent. If line 21 is gr	eater than line 20,	enter the difference	e here and	on_Form_100	or		_
	Form 100W, Side 1,	ime 6. If line 21 is:	iess than line 20, e	enter the difference	here and o	n F orm 100			
	Form 100W, Side 2,	mic 12		<u> </u>	<u> </u>	<u> </u>	🕑 22		_ ·

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	ch to Form 100 or Form	m 100W. FORM	199				California	corporatio	n number
							28511	•	
Par	ENCIA	pense Certain Pro	norty Unday IDC S	notion 170	 -		20011	.00	
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Sec							2	120,000,
3	Threshold cost of IR0							3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t							5	
-6		Description of property		(b) Cost (business		(c) Elected			
							- 7.1,7		
-									:
	The state of the s								•
	···								•
7	Listed property (elec	ted IRC Section 17	9 cost)		7				
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	nts in column (c),	line 6 and lin	ne 7		8	
9	Tentative deduction.							9	
10	Carryover of disallow						_	0	
31	Business income lim							1	
12	IRC Section 179 exp						<u> </u>	2	
13	Carryover of disallow	ved deduction to 20	24. Add line 9 and	l line 10, less line 1	2	13			
Par		nd Election of Additi		r 		T			
14	(a)	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Depreciati	on for	(ħ) Addilional first
	Description of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this ye		year
				allowable in			-		depreciation
	THE THE PARTY OF THE	C/15/001C	1 000	earlier years				49.	
	BURN IMPROVEM	6/15/2016	1,900.	347.	S/L	39		288.	
	RDENA IMPROVE	6/15/2016	7,923.	2,040.	S/L	28	•		
	RNITURE AND F	2/15/2017	33,029.	30,274.	S/L	- 7	2,	755.	
	BURN IMPROVEM		22,258.	5,124.	S/L	28	-	809.	
TUI	BURN IMPROVEM		6,210.	1,431.	S/L	28		226.	
15	Add the amounts in \$2,000. See instruct	column (g) and col ions for line 14, co	umn (h). The total lumn (h)	of column (h) may	not exceed	15			
Par	t III Summary							,	
16	Total: If the corporat	tion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo depreciation upder	unt on line 12 and R&TC Section 243	Hine 15, column (g 356, add the amour	i) or ats on line 1.	5. columns ((a) and (h) o	or	
	Depreciation (if no e	election is made), e	nter the amount fr	om line 15, column	(g)		·······•		
17								17	
18	Depreciation adjustn	nent, If line 17 is g	reater than line 16	, enter the differen	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 12. (If Californ	ness man interro, nia depreciation an	nounts are used to	determine n	et income b	efore	. !	
	state adjustments or) 18	
Par	t IV Amortization			·····					
19	(a)	(b)	(c)		(d) tization	(e) R&TC	(f) Period o	,	(g)
	Description of property	Date acquire (mm/dd/yyyy			uzauon rallowable	Section	percentac		Amortization for this year
	proposity		,		er years	(see instr)			
						<u></u>			
									····-
						J,			
20	Total. Add the amou							20	
21	Total amortization o	laimed for federal j	ourposes from fede	eral Form 4562, line	e 44			21	
22	Amortization adjustr Form 100W, Side 1,								
	Form 100W, Side 1,	, line 6, If line 21 iš	less than line 20,	enter the difference	e here and o	on Form 100	or	,,	
_	Form 100W, Side 2,	iine IZ						r.c. 1	

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Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORI	4 199			· · · · · · · · · · · · · · · · · · ·	Califor	nia corporali	on number
70.50	CENCIA							1188	
Par	_	opense Certain Pro	perty Linder IRC S	ection 179			1200	1100	
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se							2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in limitation.				3	\$200,000
4	Reduction in limitalia		•					4	
5	Dollar limitation for l	taxable year. Subtr	act line 4 from line	1. If zero or les	ss, enter -0			5	
6	(a)	Description of property		(b) Cost (busin	ess use only)	(c) Electe	d cost		
7	Listed property (elec	ted IRC Section 17	9 cost)		7				
8	Total elected cost of		•			line 7		8 T	
9	Tentative deduction,							9	· · · ·
10	Carryover of disallov							10	
11	Business income lim		•					11	
12	IRC Section 179 exp	ense deduction. Ad	d line 9 and line 1	0, but do not er	nter more tha	n line 11,		12	
13	Carryover of disallov					13			
Par	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation Deduct	ion Under R&	TC Section 24	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(ç	1)	(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	ın Life or	Deprecia	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this	year	year depreciation
				earlier years					осргестация
TYE	BURN IMPROVEM	6/15/2017	13,968.	3,09	0. S/L	28		508.	
	BURN CONSTRUC	3/15/2017	10,052.			0			
	NKLESS WATER	7/12/2017	8,070.	8,07	0. S/L	5			
	CURITY SYSTEM	2/28/2018	17,677.	17,67		5			
		11/01/2017	4,033.	58		39		103.	
		···································						103.	
	Add the amounts in \$2,000. See instruct	column (g) and col ions for line 14, col	umn (h). The total umn (h)	of column (h) n	nay not excee	ed 15			
Par									
16	Total: If the corporat IRC Section 179 exp	ion is electing:	المحمد 12 ممثل ممارس	line 15 eaterna	(4)				
	Additional first year	ense, aud me amo depreciation under	unt on line 12 and R&TC Section 243	inne 15, column 56, add the am	ounts on line	15, columns o	(g) and (h)	or	
	Depreciation (if no e	lection is made), e	nter the amount fro	om line 15, colu	mn (g)			16	
17	Total depreciation of	aimed for federal p	urposes from feder	ral Form 4562, I	line 22			⊙ [17]	
18	Depreciation adjustn	ient. If line 17 is gr	eater than line 16,	enter the differ	ence here an	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is line 12. (If Californ	iess than line 16, d ia depreciation am	enter the differe Jounts are used	nce nere and to determine	on Form 100 net income b	or efore		
	state adjustments or	Form 100 or Form	i 100W, no adjustn	nent is necessar	(V)			18	
Par									· · ·
19	(a)	(b)	(c)		(d)	(e)	(f)	//] //	(g)
	Description	Date acquire	d Cost of		orlization	R&TC	Period		Amortization
	of property	(mm/dd/yyyy) other bas		l or allowable arlier years	Section (see instr)	percenta	age	for this year
						(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		· · · · · · · · · · · · · · · · · · ·							
		· · · · · · · ·	·						
				<u> </u>		_			
	***		l						
20	Total. Add the amou						1	20	
21	Total amortization of	aimed for federal p	urposes from feder	ral Form 4562, I	ine 44			21	
22	Amortization adjustm Form 100W, Side 1,	line 6. If line 21 is	less than line 20, e	enter the differe	nce here and	on Form 100	or _	22	
	Form 100W, Side 2,	ane 12				• • • • • • • • • • • • • • • • • • • •	🕑	44	

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2023	Corb	oration Dep	n ceranon ar	IU AIIIOEUZUU				
Attach to Form 10	00 or Form	100W. FORM	199				California corpora	ation number
•							2851188	
ASCENCIA Bart I Floati	on To Even	nea Cartain Duar	nady Under IDC S	ection 179			12001100	
			perty Under IRC Se 179 for California	ection 175			1	\$25,000
3 Threshold of	ost of IRC	Section 179 prop	erty before reduction	on in limitation			3	\$200,000
				or less, enter -0				
				1. If zero or less, e				
6		scription of property		(b) Cost (business u		(c) Elected		
			4.					
7 Listed prop	erty (elected	d IRC Section 17	9 cost)		7			
8 Total electe	d cost of IF	RC Section 179 pr	roperty. Add am <mark>ou</mark>	nts in column (c), I	ine 6 and lir	ne 7	8	
				\$				
				income (not less the				
				0, but do not enter			12	
	of disallowed	d deduction to 20	24. Add line 9 and	l line 10, less line 1	2	5 C-4:4-242		
	eciation and			reciation Deduction				1 (4)
14 (a) Descrip	tion	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Depreciation for	(h) r Additional first
of prope		(mm/dd/yyyy)	other basis	allowed or	method	rate	this year	year
- 11-	1	` '		allowable in earlier years				depreciation
		0.400.40010	165 005		C /T	39	4,252	
SOLAR UPGR		2/28/2018	165,825.	22,677.	S/L		160	
FURNITURE		2/12/2018	1,120.	733.	S/L	7		
VEHICLE -		8/24/2018	27,997.	27,062.	S/L	5	935	
9 COMPUTER		4/01/2021	10,857.	4,885.	S/L	5	2,171	
VEHICLE -		<u>2/10/2021</u>	<u>34,979.</u>	11,077.	<u>s/</u> ե		6,996	
15 Add the an \$2,000. Se	nounts in co e instruction	olumn (g) and col ns for line 14, col	umn (h). The total lumn (h)	of column (h) may	not exceed	15		
Part III Sumi	mary							
16 Total: If the	e corporatio	n is electing:		Librar 15 - Antonio Ant	\			
IRC Section Additional	n 179 exper first vear de	nse, add the amo epreciation under	unt on line 1∠ and R&TC Section 243	l line 15, column (gi 356, add the amour) or its on line 1!	5, columns ((g) and (h) or	
Depreciation	on (if no ele	ction is made), e	nter the amount fr	om line 15, column	· (g)			<u> </u>
				eral Form 4562, line			• <u>17</u>	<u>' </u>
18 Depreciation	on adjustme	ent. If line 17 is g	reater than line 16	, enter the difference enter the difference	ce here and	on Form 10	0 or	
Form 100M	/ Side 2 lir	ne 12. /lf Califord	ría depreciation an	nounts are used to	determine n	et income b	etore _ l	
state adjus	tments on f	Form 1 <mark>0</mark> 0 or Forn	n 100W, <mark>no adjustr</mark>	ment is necessary)				<u> </u>
Part IV Amo	rtization							
19	(a)	(b)	(c)		d) ization	(e) R&TC	(f) Period or	(g)
	scription property	Date acquire (mm/dd/yyy)			ization r allowable	Section	percentage	Amortization for this year
01 1	roperty	(1.11.11.00.3777)	´ •••••	in earli	er years	(see instr)	, , , , , , , , , , , , , , , , , , , ,	
						L		
		-						
	***************************************				·-··			
20 Total, Add	the amount	ts in column (a)					20	A12
				eral Form 4562, line				
), enter the differen				
22 Amortization Form 100V	on aujustme V, Side 1, li	ine 6. If line 21 is g	less than line 20,	enter the difference	e here and	on Form 100	or all	
				<u> </u>				

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	ch to Form 100 or For	rm 100W. FOR	M 199						"I Californ	nia corporal	ion number
7.07	TENCTA										
	CENCIA	0.1.0				· - · · · - · · · - · · · - ·	····		1285.	1188	
Par 1	Maximum deduction	xpense Certain Pro							_T	,	
										2	\$25,000
2	Total cost of IRC Se									3	6200 000
3	Threshold cost of IR									4	\$200,000
4 5	Reduction in limitation									5	
$\frac{-3}{6}$	Dollar limitation for I		act line 4 from line	_ · · · · · · · · · · · · · · · · · · ·		$\overline{}$					
	(9)	Description of property		(b) Cos	t (business i	use only)	(c) E	ected	cost		
				ļ	·-·						
											
											
						•					
7	Listed property (elec	ted IRC Section 17	⁷ 9 cost)			7					
8	Total elected cost of	FIRC Section 179 p	property. Add amou	ints in col	umn (c), I	line 6 and li	ne 7			8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.						[9	
10	Carryover of disallov	wed deduction from	prior taxable year	s					[10	
11	Business income lin	nitation. Enter the s	smaller of business	income ((not less t	han zero) oi	r line 5			11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but do	not enter	more than	line 11			12	
13	Carryover of disallov										
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation I	Deduction	Under R&TO	Section 3	2435	56		
14	(a)	(b)	(c)	(4	d)	(e)	(0)		(g	i)	(h)
	Description	Date acquired	Cost or		ciation	Depreciation	Life	r	Deprecia		Additional first
	of property	(mm/dd/yyyy)	other basis		ed or able in	method	rate		this	/ear	year depreciation
					years						depreciation
VE	HICLE - SIENN	12/20/2021	46,959.	1	4,088.	S/L		5		,392.	
	HICLE-KIA	3/10/2023	25,989.		1,733.	S/L		5		,198.	
	HICLE-DODGE V	7/19/2022	25,676.		4,707.	S/L	ļ	5		,135.	
	COMPUTERS	6/21/2023	82,181.		-,,,,,,	S/L		5		,436.	
	JIPMENT-ETHER	9/07/2022	2,584.		431.	S/L		5		517.	
							<u></u>	. 7			
	Add the amounts in \$2,000. See instruct	column (g) and col ions for line 14, co	lumn (h). The total lumn (h)	of column	n (h) may	not exceed	1	5			
Par											· · · · · · · · · · · · · · · · · · ·
16	Total: If the corporat IRC Section 179 exp Additional first year Depreciation (if no e	ense, add the amo depreciation under dection is made), e	R&TC Section 243 Inter the amount from	856, add tl om line 15	he amoun 5, column	ts on line 1! (g)				16	
17										● 17	
18	Depreciation adjustn Form 100W, Side 1, Form 100W, Side 2, state adjustments or	line 12. (If Californ	ria depreciation am	iounts are	used to a	determine n	et incom	e be	fore	18	
Par		i i omi Too or nom	TOOM, HO adjustif	nem is ne	cessary).	,				18	l
19			(6)	· · · · · · · · · · · · · · · · · · ·		47	(0)	$\overline{}$	70		(a)
פו	(a) Description of property	(b) Date acquire (mm/dd/yyyy	d (c) Cost o other bas		Amorti	allowable	(e) R&TC Sectio (see ins	า [(f) Period percenta		(g) Amortization for this year
							L		·		
20	Total. Add the amou	nts in column (g).								20	
21	Total amortization of	laimed for federal p	urposes from fede	ral Form	4562, line	44			[21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20, less than line 20,	, enter the enter the	difference difference	e here and here and o	on Form n Form	100 1 0 0 (or or	22	
	Form 100W, Side 2,	mie 12		<u> </u>	<u> </u>	<u> </u>		<u></u> .		22	

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Attach to Form 100 or For Corporation name	m 100W. FORM	<u> 19</u> 9				Califor	nia cerporat	on number
ASCENCIA						285	1188	
	pense Certain Prop	erty Under IRC Se	ection 179			1200		
1 Maximum deduction							1 "-	\$25,00
2 Total cost of IRC Se							2	
3 Threshold cost of IR							3	\$200,00
4 Reduction in limitation							4	
5 Dollar limitation for t							5	
	Description of property	1	(b) Cost (business ((c) Elected			<u> </u>
			_ ,,,,,, ,,,					
W							ı	
7 Listed property (elec	ted IRC Section 179	cost)		7				
8 Total elected cost of					ne 7		8	
9 Tentative deduction.	Enter the smaller of	of line 5 or line 8.					9	
10 Carryover of disallov							10	
11 Business income lin							11	
12 IRC Section 179 exp	ense deduction. Ad	d line 9 and line 1	0, but do not enter	more than I	line 11		12	
13 Carryover of disallow	ved deduction to 20	24. Add line 9 and	line 10, less line 1	2 1	13			
Part II Depreciation a	nd Election of Addition	nal First Year Dep	reciation Deduction	Under R&TC	Section 243	56		
14 (a)	(b)	(c)	(d)	(e)	(1)	<u> </u>)	(h)
Description	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Depreci this	ation for vear	Additional first year
of property	(miniadi/yyyy)	Other pasis	allowable in	Inculot	, and	,,,,,	yea	depreciation
			earlier years					
DELL COMPUTER	10/12/2022	5,050.	758.	S/L	5		1,010.	
DELL COMPUTER	11/12/2022	4,509.	601.	S/L	5		902.	
FRONT DOORS	1/11/2024	16,974.		S/L	7		1,212.	
23 SINGLE BEDS,	5/31/2024	20,109.		S/L	7		239.	
VIDEO INTERCOM,	3/14/2024	7,105.		S/L	5	ļ. <u>-</u>	474.	
15 Add the amounts in	column (a) and colu	umn (h). The total	of column (h) may	not exceed	. 1			
\$2,000. See instruct	ions for line 14, col	umn (h)	<u></u>		15	L		
Part III Summary							·· ·· ···	
16 Total: If the corpora	tion is electing:		C - 15 1 1	\				
IRC Section 179 exp Additional first year	sense, add the amou depreciation under	unt on line 12 and R&TC Section 243	iline 15, column (g 856. add the amour) or its on line 1:	5. columns	(a) and (h) or	
Depreciation (if no	election is made), or	nter the amount fro	om line 15, column	(g)			16	
17 Total depreciation of							17	
18 Depreciation adjusti	ment. If line 17 is gr	eater than line 16,	, enter the different	ce here and	on Form 10	0 or		
Form 100W, Side 1, Form 100W, Side 2,	line 6. It line 17 is Jine 12. (If Californ	iess than line 16, ia depreciation am	enter the difference founts are used to	determine n	et income b	efore		
state adjustments o							18	
Part IV Amortization						.		
19 (a)	(b)	(c)		d)	(e)	(f)		(g)
Description of properly	Date acquired (mm/dd/yyyy)			iization r allowable	R&TC Section	Period percent		Amortization for this year
or property	(mindayyyy)) Other da		er years	(see instr)	porcorr	i.c.go	tor this year
					· · · · · · · · · · · · · · · · · · ·			
					T.,			
					1			
								
20 Total, Add the amo	unts in column (g)						20	·
							21	
21 Total amortization of								

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	ch to Form 100 or For pration name	rm 100W. FORM	199				Lesido	mia corpora	lan number
								-	DOT HUMBEI
Par	CENCIA	vacate Carlain Bras	and a line does IDC C	action 170			285	1188	 · · · · · · · · · · · · · · · · ·
7	Maximum deduction	xpense Certain Prop Lunder IRC Section						1 7 7	\$25,000
2	Total cost of IRC Se							2	9237000
3	Threshold cost of IR							3	\$200,000
4	Reduction in limitati		•					4	
5	Dollar limitation for	taxable year. Subtra	ct line 4 from line	1. If zero or less,	enter 0.			5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost		
								1	
		******* =]	
		· · · · · · · · · · · · · · · · · · ·						ļ	
								ļ	
_	Listed property (elec								
8	Total elected cost of							8	
9	Tentative deduction.							9	
10 11	Carryover of disallow Business income lin		,					11	
12	IRC Section 179 exp							12	
13	Carryover of disallov							 	
Par		nd Election of Additio					356		
14	(a)	(b)	(c)	(d)	(e)	(f)	[(d	g)	(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreci	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	tnis	year	year depreciation
				earlier years					deprecional
INI	DOOR/OUTDOOR	10/31/2023	19,605.		S/L	5		2,614.	
VEI	HICLE-TOYOTA	6/30/2024	27,806.	24,562.	S/L	5			
COI	PIER	7/01/2023	53,053.	4,496.	S/L	5		6,980.	
15	Add the amounts in	column (g) and colu	mn (h). The total	of column (h) may	not exceed				
	\$2,000. See instruct	ions for line 14, colu	mn (h)	<u> </u>		15			
	t III Summary							y	
16	Total: If the corporating IRC Section 179 exp	tion is electing:	nt on line 12 and	line 15 column /o	1) 04			İ	
	Additional first year	depreciation under f	R&TC Section 243	56, add the amour	nts on line 1	5, columns ((g) and (h) or	
	Depreciation (if no e			·					
	Total depreciation of							● <u>17</u>	
18	Depreciation adjustr Form 100W, Side 1,	nent, If line 17 is gre Tine 6. If line 17 is I	rater than line 16, ess than line 16 i	, enter the difference enter the difference	ce hore and e here and o	on Form 100 n Form 100	U or or		
	Form 100W, Side 2,	Tine 12. (If Californi	a depreciation am	iounts are used to	determine n	et income b	efore		
<u> </u>	state adjustments or	n Form 100 or Form	100W, no adjustn	nent is necessary)	<u> </u>		<u> </u>	18	
Par						1 7			
19	(a) Description	(b) Date acquired	(c) Cost or		(d) tization	(e) R&TC	(f) Period	Lor	(g) Amortization
	of property	(mm/dd/yyyy)	other bas	sis allowed or	r allowable	Section	percent		for this year
			_	in eartie	er years	(see instr)			
								_	
	_		+						
						<u> </u>			
20	Total. Add the amou	1-7						20	
21	Total amortization of		•	•				21	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is greating 8. If line 21 is 1	ater than line 20,	enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 2.	line 12	ين بين بين المال عمر المال عمر المال عمر المال عمر المال عمر المال المال عمر المال المال المال المال المال الم	Since the difference	s nere and t			22	

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CALIFORNIA STATEMENTS PAGE 1					
	ASCENCIA			20-4233822	
STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME PROGRAM SERVICE REVENUE			TOTAL \$	122,797. 122,797.	
STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, I	DIRECTORS, TRUSTEES AND KEY	/ EMPLOYEES			
CURRENT OFFICERS: NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER	
GEORGE ASSADOURIAN 1851 TYBURN STREET GLENDALE, CA 91204	SECRETARY 4.00		\$ 0.8	1	
ARBELLA AZIZIAN 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 1.00	0.	0.	0.	
BARBARA PERRIER 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 2.00	0.	0.	0.	
DANIEL VALDEZ 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 0.50	0.	0.	0.	
ISABEL REYES 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 1.00	0.	0.	0.1	
DAN MURPHY 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 1.00	0.	0.	0.	
BRYAN LONGPRE 1851 TYBURN STREET GLENDALE, CA 91204	PRESIDENT 4.00	0.	0.	0.	
SAAD Y PANJA 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 1,00	0.	0.	0.	
MARVEL FORD 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 0.50	0.	0.	0.	
SUE SON 1851 TYBURN STREET GLENDALE, CA 91204	TREASURER 1.00	0.	0.	0.	

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CALIFORNIA STATEMENTS

PAGE 2

ASCENCIA

20-4233822

STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHN SADD 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 1.00			
STEPHEN RINKA 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 0.50	0.	0.	0
RYAN KIM 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 1.00	0.	0.	0.
PHIL AMBROSE 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 1.00	0.	0.	0.
GREGORY STANOVIC 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 2.00	0.	0.	0.
RONALD SCOTT 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 1.00	0.	0.	0.
RON BAKER 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 2.00	0.	0.	0.
TERRY WALKER 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 4.00	0.	0.	0.
TES BARADAS 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 1.00	0.	0.	0.
SARA CATANIA 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 1.00	0.	0.	0.
SAMONA CALDWELL 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 0.50	0.	0.	0.
PAULETTE RAMSEY WOOD 1851 TYBURN STREET GLENDALE, CA 91204	VICE PRESIDENT 1.00	0.	0.	0.

202	23
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CALIFORNIA STATEMENTS

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20-4233822

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

A115	T	OFFI.	CERS:
3 11114	PMNI	1 1 - 1 - 1	

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- <u>SATION</u>	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LAURA DUNCAN 1851 TYBURN STREET GLENDALE, CA 91204	EXECUTIVE DIR. 40.00	\$ 147,258.	\$ 0.	\$ 0.
KYLEE LOLLA 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 0.50	0.	0.	0.
JANE WINTER 1851 TYBURN STREET GLENDALE, CA 91204	BOARD MEMBER 1.00	0.	0.	0.

TOTAL <u>\$ 147,258.</u> <u>\$ 0.</u> <u>\$ 0</u>

STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

BANK AND PAYROLL FEES 38,706. BUILDING AND MAINTENANCE 149,894. CLIENT EXPENSE 331,151. CLIENT EXPENSE-GIFTS IN-KIND 22,472. INSURANCE 134,659. MISCELLANEOUS 8,256. OFFICE EXPENSE 221,394. OFFICE EXPENSE - GIFTS IN-KIND 2,280. OTHER EMPLOYEE BENEFIT. 460,128. OTHER FEES. 462,048. PENSION PLAN CONTRIBUTIONS. 59,595. RECRUITMENT AND STAFFING 12,507. SPECIAL EVENT EXPENSES. 41,785. TELEPHONE 84,725. TRAVEL 88,748. UTILITIES 75,579. TOTAL \$ 2,340,319.	MAINTENANCE 149,894. SE 331,151. SE-GIFTS IN-KIND 22,472. 134,659. 8,256. SE 221,394. SE - GIFTS IN-KIND 2,280. SE BENEFIT. 460,128. CONTRIBUTIONS 462,048. AND STAFFING 12,507. I EXPENSES. 41,785. 84,725. 88,748. 75,579.
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STATEMENT 4 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES	114,056.
RIGHT OF USE ASSETS SECURITY DEPOSIT.	11,037. 23 705
TOTAL	\$ 148,798.

22	22
70	23

CALIFORNIA STATEMENTS

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20-4233822

STATEMENT 5 FORM 199, SCHEDULE L, LINE 16 BONDS AND NOTES PAYABLE

OTHER NOTES PAYABLE

BALANCE DUE

LENDER'S NAME: DATE OF NOTE:

CITY OF GLENDALE

MATURITY DATE:

7/27/2010 7/27/2030

REPAYMENT TERMS: SECURITY PROVIDED: PURPOSE OF LOAN:

PAYABLE UPON NON PERFORMANCE REAL ESTATE-1851 TYBURN ST TO ACQUIRE AND REHAB PROPERTY

ORIGINAL AMOUNT:

BALANCE DUE:

2,097,392.

1,301,328.

LENDER'S NAME: DATE OF NOTE: MATURITY DATE: INTEREST RATE: SECURITY PROVIDED:

CATHAY BANK 10/23/2014 $\bar{1}1/30/2019$

PURPOSE OF LOAN:

ASSETS OF ORGANIZATION

LINE OF CREDIT

400,000.

ORIGINAL AMOUNT:

BALANCE DUE:

TOTAL OTHER NOTES PAYABLE \$ 1,301,328.

TOTAL NOTES AND BONDS PAYABLE \$ 1,301,328.

STATEMENT 6 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

CITEMO DEMONI DEDOCTO	11 500
CLIENT RENTAL DEPOSIT	11,529.
CLIENT SAVINGS DEPOSIT PAYABLE	5,405.
DEFERRED REVENUE	
DEPERRED REVENUE.	60,663.
FINANCE LEASE LIABILITIES -CURRENT.	10,250.
FINANCE LEASE LIABILITIES-NONCURRENT	26,899.
ODEDAGING IPACE LIABILITATES SUPPRIM	
OPERATING LEASE LIABILITIES-CURRENT	9,187.
SECURITY DEPOSIT	15.550.
SETTLEMENT PAYABLE, CURRENT PORTION	60,000.
SETTIBETED INTERPRETATION	
SETTLEMENT PAYABLE, NET OF CURRENT ASSET	60,000.
TOTAL S	259,483.

STATE OF CALIFORNIA RRF-1 (Rev. 01/20/2024) IN

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or lines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE	
(For Registry Use Only)	

L				Check if:			
ASCENCIA		_,		Change of	address		
Name of Organization				Amended r	report		
List all OBAs and names the organization uses or	has used	11/.		Organizatio	on requests email notifications		
1851 TYBURN STREET Address (Number and Street)				State Charity	Registration Number 129469		
GLENDALE, CA 91204 City or Town, State, and ZHP Code				Corporation of	r Organization No. 2851188		
(818) 246-7900 Telephone Number	LDUNCA Email Addre	N@ASCENCIACA.O	RG	·	over ID No. 20-4233822		
ANNUAL REGIS	TRATION R	ENEWAL FEE SCHEDU Make Check Payable to	JLE (11 (Departi	al. Code Regs	s. sections 301-307, and 310)		
Total Revenue	Fee	Total Revenue		Fee	Total Revenue	Fe	<u></u> 1
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$50	Between \$250,801 and Between \$1,000,001 an Between \$5,000,001 an	d \$5 mili	ion \$200	Between \$20,000,001 and \$100 millio Between \$100,000,001 and \$500 millio Greater than \$500 million	on \$1	
PART A - ACTIVITIES							
For your most recent full accou	unting perio	d (beginning 7/	01/23	ending	6/30/24) list:		
Total Revenue \$ (including noncash contributions)6	,030,694	Noncash Contribut	tions \$	189,	940. Total Assets \$ 5,745	5,73	<u>5.</u>
Program Expens	ses \$	0.		Total Expense	s \$ 6,558,955.		
PART B - STATEMENTS RE	GARDING	ORGANIZATION I	DURING	THE PERI	OD OF THIS REPORT		
Note: All questions must be answer	red. If you a I details for	nswer "yes" to any of the ach "yes" response. P	he quest lease re	ions below, your iew RRF-1 ins	u must attach a separate page structions for information required.	Yes	No
During this reporting period, were there any trustee thereof, either directly or with an en	contracts, loan	is, leases or other financial tra y such officer, director or trus	ansactions stee had an	between the organi y financial interest	ization and any efficer, director or ?		X
2 During this reporting period, was there any	theft, embezzle	ment, diversion or misuse of	the organiz	ation's charitable p	property or funds?		X
3 During this reporting period, were	any organiz	ation funds used to pay	y any pei	nally, fine or ju	idgment?		X
4 During this reporting period, were coventurer used?	the services	s of a commercial fundraiser	r, fundrai	sing counsel fo	or charitable purposes, or commercial		X
5 During this reporting period, did the	ne organizat	ion receive any governi	mental fu	ınding? 	SEE STATEMENT 1	X	
6 During this reporting period, did to	ne organizat	ion hold a raffle for cha	aritable p	urposes?			X
7 Does the organization conduct a v	vehicle dona	tion program?		··			X
Did the organization conduct an in generally accepted accounting pri	ndependent inciples for l	audit and prepare audit his reporting period?	ted finan	cial statements	s in accordance with	X	
9 At the end of this reporting period	d, did the org	ganization hold restricted	net assets	, while reportin	g negative unrestricted net assets?		X
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.							
	LAUF	RA DUNCAN		EXECUTIVE			
Signature of Authorized Agent	Printed			Title	Date		

ASCENCIA

20-4233822

STATEMENT 1
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING

CITY OF GLENDALE-HOUSING AUTHORITY OF THE CITY OF GLENDALE 141 N GLENDALE AVE, #202, GLENDALE CA 91206
PETER ZOVAK, DEPUTY DIRECTOR OF HOUSING 818 548-3936

CITY OF GLENDALE-COMMUNITY SERVICES AND PARKS 613 E BROADWAY, #120, GLENDALE CA 91206 ONNIG BULANLKIAN, DIRECTOR 818 548-2000

CITY OF GLENDALE~ 613 E BROADWAY, #200, GLENDALE CA 91206 YASMIN K. BEERS, INTERIM CITY MANAGER 818 548-2080

CITY OF BURBANK 275 E OLIVE AVE PO BOX 6459 BURBANK, CA 91510 PATRICK PRESCOTT 818 238-5176

LOS ANGELES COUNTY 500 W TEMPLE ST ROOM 493 LOS ANGELES, CA 90012 MICHAEL CASTILLO

WEST HOLLYWOOD 8300 SANTA MONICA BLVD WEST HOLLYWOOD, CA 90069 PAUL AREVALO

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

2023

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

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

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

Open to Public

OMB No. 1545-0047

, 20 2024 For the 2023 calendar year, or tax year beginning 7/01 , 2023, and ending 6/30D Employer identification number Check it applicable: 20-4233822 Address change ASCENCIA E Telephone number 1851 TYBURN STREET Name change GLENDALE, CA 91204 (818) 246-7900 Initial return Final return/terminated G Gross receipts \$ 6,072,479. Amended return Yes H(a) is this a group return for subordinales? F Name and address of principal officer: Application pending H(b) Are all subordinates included? If "No," attach a list. See instructions SAME AS C ABOVE 501(c) (4947(a)(1) or X 501(c)(3) (insert no.) Tax-exempt status: Website: WWW.ASCENCIACA.ORG H(c) Group exemption number Form of organization: X Corporation Trust M State of legal domicile: CA Other L Year of formation: 2006 Association Part I Summary Briefly describe the organization's mission or most significant activities: TO LIFT PEOPLE OF OUT HOMELESSNESS ONE PERSON, ONE FAMILY AT A TIME. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 24 5 80 Total number of volunteers (estimate if necessary)...... 6 13 7a Total unrelated business revenue from Part VIII, column (C), line 12....... 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 5,472,193 5,944,695. Program service revenue (Part VIII, line 2g)..... 128,619 122,797. 4,777 4,987. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10 -41,785. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... -86,20311 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 5,519,386 6,030,694. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4).... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,488,961 3,793,587. 15 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 2,350,234. 2,723,583. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 5,839,195 6,517,170. -319,809-486,476. Revenue less expenses. Subtract line 18 from line 12..... Beginning of Current Year End of Year 6,332,435. 5,745,735. 20 21 2,015,620 1,915,396. Net assets or fund balances, Subtract line 21 from line 20..... 4,316,815. 3,830,339 22 Signature Block Part II 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 (alter than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign EXECUTIVE DIR Here LAURA DUNCAN Type or print name and title Date Print/Type preparer's name Preparer's signature P00190659 4/21/25 setf-employed FRANK M SAITO, CPA Paid LEE, SPERLING, HISAMUNE/ACCOUNTANCY CORP Preparer Firm's name Use Only 500 N. BRAND BOULEVARD SUITE 850 Firm's EIN 953308709 Firm's address 8185076645 GLENDALE, CA 91203 No May the IRS discuss this return with the preparer shown above? See instructions

TEEA0101L 08/23/23

Forn	m 990 (2023) ASCENCIA	20-4233822	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	TO LIFT PEOPLE OF OUT HOMELESSNESS, ONE PERSON, ONE FAMILY AT A '	TIME.	
		····	

2	Did the organization undertake any significant program services during the year which were not listed on the pri-	ior	
	Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes	X No
·	If "Yes," describe these changes on Schedule O.	10031	A 110
4	16	iona, na managerad by a	un annaa
7	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	is to others, the total ex	penses,
4a	a (Code:) (Expenses \$5,393,821 , including grants of \$) (Fig. 2)	Revenue \$ 122	2,797.)
	SEE SCHEDULE O		
			··
			~~
			·
	100 to 10		
		. 	
	Market 14 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
4b	o (Code:) (Expenses \$ including grants of \$) (R	Revenue \$)
		·	
	AT 173 178 178 178 178 178 178 178 178 178 178		
	The second secon		
	: (Code:) (Expenses \$ including grants of \$) (R	Revenue \$	<u> </u>
70	(2000) (Cappended 4 Incidently grants of 4) (M	,	·/
		· · · · · · · · · · · · · · - ·	
			
4d	Other program services (Describe on Schedule O.)	-	
	(Expenses \$ including grants of \$) (Revenue \$)	
Δe	Total program service expenses 5 393 821		

Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1 1	Yes	No
2	Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	,- ,	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	The state of the s	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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 Schedute D. Part VI.	11a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
đ	i Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
Ŀ	o Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ —	Х
ŧ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u></u>	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Paris III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Ic and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20 a	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ı	of "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

	n 990 (2023) ASCENCIA 20-423382	22	F	age 4
Par	t IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
	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		х
b	Did the organization invest any proceeds of tax-exempl bonds beyond a temporary period exception?	24b		
c	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 L	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 t	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 It	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 I., Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
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 figuidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	1		, -
	Check if Schedule O contains a response or note to any line in this Part V			┆.
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners? TEEA0104L 08/23/23	1c	X	2000
BAA	TGG AOTOIG OOZAZZA	Form	990 (ZUZ3)

Page 5 20-4233822 Form 990 (2023) ASCENCIA Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes Nο 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-80 ments, filed for the calendar year ending with or within the year covered by this return Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?...... 2b Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... За 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?..... 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible?.... Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7a services provided to the payor?..... 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided?...... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7c Form 8282?..... d If "Yes," indicate the number of Forms 8282 filed during the year..... 7d Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... Х 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g as required?..... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C?.... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?......... 9h 10 Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... 11a b Gross income from other sources. (Do not net amounts due or paid to other sources 11b against amounts due or received from them.)..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412. 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year..... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans..... c Enter the amount of reserves on hand 14a Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?....... b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. . . . 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ 15 excess parachute payment(s) during the year?.... If "Yes," see the instructions and file Form 4720, Schedule N. X 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?..... If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would 17

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result in the imposition of an excise tax under section 4951, 4952, or 4953?.....

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management No 25 **b** Enter the number of voting members included on line 1a, above, who are independent..... 1b 24 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 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?..... Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X 5 6 Did the organization have members or stockholders?..... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Χ 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8a b Each committee with authority to act on behalf of the governing body?..... Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Νo 10a Did the organization have local chapters, branches, or affiliates?..... 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... 11a Χ b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х 12c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. . SEE . SCHEDULE . O. 15a b Other officers or key employees of the organization..... X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CASection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 SEE SCHEDULE O the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. LAURA DUNCAN 1851 TYBURN STREET GLENDALE CA 91204 (818) 246-7900

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Form 990 (2023) ASCENCIA

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

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

Check this box if neither the organization nor any rela	ted organiz	ation	con	nper	nsate	d any o	current officer, direct	or, or trustee.	
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	hox.	unle	heck ss oe	ition more rson i	than one are income as both are income as both are income are income as the income are income as the income are income as the income are income as the income are income as the income are income as the income are income as the income are income as the income are income as the income are income as the income are income are income as the income are income are income as the income are income as the income are income as the income are income as the income are income as the income are income as the income are income are income are income as the i	n Reportable	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NFC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LAURA DUNCAN	40	 	1						
EXECUTIVE DIR.		1		Х			147,258.	0.	0.
(2) GEORGE ASSADOURIAN	4	1	ļ			T			
SECRETARY	0	X		Х			0.	0.	0.
(3) ARBELLA AZIZIAN	1			Γ					
BOARD MEMBER	0	X		L.,		<u> </u>	0.	0.	0_
(4) BARBARA PERRIER	2								
BOARD MEMBER	0	X		<u>L</u> .	<u> </u>	<u> </u>	0.	0.	0.
(5) DANIEL VALDEZ	0.5	.				Ιi			
BOARD MEMBER	0	<u>X</u>		┖	ļ	<u> </u>	0.		0.
(6) ISABEL REYES	1	. [_	_
BOARD MEMBER	0	X_			<u> </u>	<u> </u>	0.		
(7) DAN MURPHY		.]	1						
BOARD MEMBER	0	X	_			<u> </u>	0_	0.	0.
(8) BRYAN LONGPRE	4	.		-					
PRESIDENT	0	X	┺	X		1	0.	0.	0.
(9) SAAD Y PANJA	1 1	.	1						
BOARD MEMBER	0	<u>X</u>	╄	\perp	.	- -	0.	0.	0.
(10) MARVEL FORD	0.5	-		1					
BOARD MEMBER	0	<u> </u>	+	-	╁.	. -	0.	0.	0.
(11) SUE SON	1			١,,				_	1
TREASURER	0	<u>X</u>	- -	X	-	-¦ -	0.		0.
(12) JOHN SADD	1 1	- ,,					_	0.	0.
BOARD MEMBER	0	X	·		+	+	0		+
(13) STEPHEN RINKA	0.5	5,					0	0.	.] 0.
BOARD MEMBER	$\frac{0}{1}$	X		+-	+	+			·
(14) RYAN KIM	···	-					0	. 0.	.] o.
BOARD MEMBER	0	$-\Gamma_{V}$	丄	<u> </u>				· <u>I </u>	

Part VII Section A. Officers, Directors, I	rustees,	Key	En	npi	oye	es,	an	d Highest Com	pensated Empl	oyee	S (cont	linued)
				((C)							
(A)	(B)	(40	nol c	Pos heck	ition	: than c	one	(D)	(E)		(F)	
Name and title	Average	box.	, unle	ss pe	rson	is both or/trust	ап	Reportable compensation from	Reportable compensation from	Estu	mated am of other	
	per week	1	_			_	÷	the organization (W-2/1099-	related organizations (W-2/1099-	comp	organiza organiza	from
	(list any hours for related	<u>or director</u>		Officer	Key employee	age of	Former	MISC/1099-NEC)	MISC/1099-NEC)		organiza end relate ganizațio	:d
	organiza-	8 2	5	٦		yee st co	"			LFI	Hannsauc	*15
	lians below	ે કૂ	a)ye	Įặ						
	dotted line)	🕏	Institutional trustee		"	Highest compensated employee						
		L	i6_			<u> </u>						
(15) PHIL AMBROSE	11					Ι	ļ <u> </u>					
BOARD MEMBER	2	X	<u> </u>		l			0.	0.			0.
(16) GREGORY STANOVIC	2						l ,					
BOARD MEMBER	0	X				<u> </u>		0.	0.			0
(17) RONALD SCOTT	11					1		j	1			
BOARD MEMBER	0	X						0.	0.			0.
(18) RON BAKER	2	1		1	1							
BOARD MEMBER	0	X	L_					0.	0.			_0.
(19) TERRY WALKER	4	1										
BOARD MEMBER	0	X						0.	0.			_ 0,
(20) TES BARADAS	11											
BOARD MEMBER	. 0	X				<u> </u>		0.	0.			0.
(21) SARA CATANIA	11		İ									
BOARD MEMBER	0	Х				<u> </u>		0.	0.			0.
(22) SAMONA CALDWELL	0.5_]				li						
BOARD MEMBER	0	X	<u>L</u> .	,.			Щ	0.	0.			0.
(23) PAULETTE RAMSEY WOOD	11				ļ			İ				
VICE PRESIDENT	0	X		<u>X</u>			_	0.	0.	- ·		. 0
(24) KYLEE LOLLA	0.5_											
BOARD MEMBER	0	X			L			0.	0.			0.
(25) JANE WINTER	1											
BOARD MEMBER	0	X		اــــ	l		!	0.	0.			0.
1b Subtotal								147,258.	<u>0.</u>			_0.
c Total from continuation sheets to Part VII, Sect								0.	0			0.
d Total (add lines 1b and 1c).								147,258.	0.			<u> 0 </u>
Total number of individuals (including but not limite from the organization	d to those (isted	abor	ve) v	who	recen	/edi	more than \$100,000	of reportable compe	ensatio	ın	
nom the organization 1			·								T.V	T 51.
										r-	Yes	No
3 Did the organization list any former officer, dire on line 1a? If "Yes,"complete Schedule J for su	ctor, truste ch individu	e, ke al	y ei	nple	byee	e, or l	nigh	iest compensated e	employee	3	 	X
,										۴	+	
4 For any individual listed on line 1a, is the sum of the organization and related organizations great	of reportabl ter than \$1.	e coi 50.00	mpe າດ?	nsa #"Y	tion Yes	∈and <i>" con</i>	othe anto	er compensation fr ele Schedule I for	om			
such individual							,,,,			4		X
5 Did any person listed on line 1a receive or accru	ue compen	salio	n fre	om a	any	unre	late	d organization or in	ndividual			
for services rendered to the organization? If "Ye	es," comple	≀te S	chec	dule	J fo	or suc	ch p	erson		5		_ X
Section B. Independent Contractors			11				14	; · - ,,-	4300 000 (
Complete this table for your five highest compe- compensation from the organization. Report compe	nsation for I	the ca	aem alend	cor dar y	mac /ear	endir	ınaı 19 W	t received more tha with or within the orga	in şirou,uuu or anization's lax year.			
										- ((C)	
(A) Namo and business add	dress							(B) Description of	services (Comp	ensatio	'n
RAKESH PATEL 12963 VENTURA BLVD STUDJO CI	TY, CA 91	604						RENTAL			252,4	170.
BPM LLP 3800 KILROY AIRPORT WAY, SUITE 25			, Ci	A 90	080	6		ACCOUNTING			171,8	
												<u>-</u>

2 Total number of independent contractors (including		ted to	tho	se li	sted	abov	/e) v	who received more (I	nan			
\$100,000 of compensation from the organization	1 2											

•		Check if Schedule O contains a resp	oonse or note to any	line in this Part VIII	<u></u>	<u> </u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
พ ัพ	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
٤٥	c	Fundraising events 1c	391,092.				
ij β	d	Related organizations 1d					
O E	е	Government grants (contributions) 1e	5,052,992.				
Š ž	f	All other contributions, gifts, grants, and					
基基		similar amounts not included above 1! Noncash contributions included in	500,611.				
E G	g	lines 1a-1f	189,940.				
유	h	Total, Add lines 1a-1f		5,944,695.			
활			Business Code				
됩	2a	RENTAL INCOME	624200	119,398.	119,398.		_
æ	þ	OTHER INCOME	900099	<u>3,399.</u>	<u>3,399.</u>		<u> </u>
.je	¢						<u></u>
Program Service Revenue	d						
뼕	e						· [
g		All other program service revenue				·	<u> </u>
<u> </u>		Total. Add lines 2a-2f		122,797.			
	3	Investment income (including dividends, other similar amounts)	interest, and	4,987.	4,987.		
	A	Income from investment of tax-exemp		4,507.	3,0071		
	5	Royalties	ì				
ļ	•	(i) Real	(ii) Personal			-	
	6a	Gross rents 6a			1		•
		Less: rental expenses 6b					1
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					<u>.</u>
	7a	Gross amount from (1) Securities	(ii) Other				
		sales of assets					İ
	b	Less: cost or other basis			İ		
		and sales expenses 7b			ı		
		Gain or (loss) 7c					
	d	Net gain or (loss)	· 				
학	8a	Gross income from fundraising events					
enne		(not including \$ 391,092. of contributions reported on line 1c).					
ě			8a	i			:
노	١.	·	8b 41,785.				
Other Rev	1	Net income or (loss) from fundraising		-41,785.	-		
O		·		41,709.		··-	
	9a	Gross income from gaming activities. See Part IV, fine 19	9a				
	b	· .	9b	İ			
	١	: Net income or (loss) from gaming ac	livities				
	100	Gross sales of inventory, less			***	•	
	1	returns and allowances	0a	ŀ			
		· <u>-</u>	0b	ļ. <u> </u>			
	_ c	: Net income or (loss) from sales of in					
12		110	Business Code				
8 4	112) 					
scellaneo	t	'				··· ····· ·	
<u>e</u> §	"	All all and a second					 -
Miscellaneous Revenue	1 -	d All other revenue		 			
	•	Total, Add lines 11a-11d Total revenue, See instructions		6 030 604	127 704	0	0.
	12	rotal revenue, See instructions	<u></u>	6,030,694.	127,784.	<u> </u>	<u>, , </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (D) Fundraising (B) (C) (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefils paid to or for members Compensation of current officers, directors, trustees, and key employees 147,258 95,718. 14,726 36,814. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)..... 2,878,574 2,510,581 227,773. 140,220. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 59,595 48,952 4,837 5,806. Other employee benefits 460,128 399,365 23,879. 36,884. 10 Payroll taxes..... 248,032 216,252 15,625 16,155. Fees for services (nonemployees): a Management..... c Accounting..... <u>146,392.</u> 138,497 7,895. d Lobbying..... e Professional fundraising services. See Part IV. line 17.... f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 462,048. 424,222 16,937 20,889. (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion..... 13 Information technology..... 15 Royalties..... 16 Occupancy..... 690,435 676,112 14,323 17 71,759 88,748 16,380. 609. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 Interest 20 70,368 60,672 5,321 4,375. 21 Payments to affiliates...... 22 Depreciation, depletion, and amortization ... 183,969 158,620 13,910 11,439. 23 134,659. 105.442 22,152 7,065. 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 Q.) a CLIENT EXPENSE 331,151 <u>331,151</u> b OFFICE EXPENSE <u>221,394</u> 93<u>,576</u> 83,736 44,082. · BUILDING AND MAINTENANCE 149,894 80,324 64,128 5,442. d TELEPHONE 2,502. 84,725. 35,192 47,031 e All other expenses..... 159,800 85,883 67,619 6,298. 25 Total functional expenses, Add lines 1 through 24e. 6,517,170 5,393,821 776,874 <u>346,475.</u> Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. if following Check here SOP 98-2 (ASC 958-720).....

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year (B) End of year 1 400,321. 1,187,677. Cash — non-interest-bearing..... 2 185,059. 127,100. Savings and temporary cash investments..... 3 Pledges and grants receivable, net..... 4 1,150,262. 849,851 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(8)..... 7 Notes and loans receivable, net.... 8 Inventories for sale or use..... Prepaid expenses and deferred charges..... 94.714 9 114,056. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 5,453,495. 10c 3,919,254. 10b 1,534,241. 3,992,859 b Less: accumulated depreciation..... 11 11 Investments – publicly traded securities..... 12 12 Investments – other securities. See Part IV, line 11...... 13 13 Investments - program-related. See Part IV, line 11...... 14 Intangible assets. 22,275 15 34,742. Other assets. See Part IV, line 11..... 16 5,745,735. 16 Total assets. Add lines 1 through 15 (must equal line 33)..... 6,332,435 417,991 17 354,585. Accounts payable and accrued expenses...... 17 18 Grants payable 18 19 60,663. 56,439. 19 Deferred revenue 20 Tax-exempt bond liabilities Escrow or custodial account liability, Complete Part IV of Schedule D. 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 1<u>,331</u>,589 23 1,301,328. Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 198,820. 209,601 2,015,620 26 915,396. Total Rabilities. Add lines 17 through 25..... 26 Organizations that follow FASB ASC 958, check here X Fund Bajances and complete lines 27, 28, 32, and 33. 3,223,719. 27 Net assets without donor restrictions..... 3,929,085 28 606,620. 387,730 Net assets with donor restrictions..... Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ģ 29 Capital stock or trust principal, or current funds..... Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds...... Total net assets or fund balances..... 4,316,815 32 3,830,339. 32 6,332,435. 33 5,745,735. Total flabilities and net assets/fund balances..... 33 TEEA0111L 08/23/23 Form 990 (2023)

orm 990 (2023) ASCENCIA	20-4233822		Р	age 1
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part	XI			٠
Total revenue (must equal Part VIII, column (A), line 12)		6,0	030,	<u>694</u>
2 Total expenses (must equal Part IX, column (A), line 25).		6,5	<u>517, </u>	170
3 Revenue less expenses. Subtract line 2 from line 1		4	<u> 186, </u>	476
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, co.)		4,3	316,	815
5 Net unrealized gains (losses) on investments				
6 Donated services and use of facilities				
7 Investment expenses				
8 Prior period adjustments				
9 Other changes in net assets or fund balances (explain on Schedule O)	9			(
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Parallern (PN))	art X, line 32,			
column (B))		3, {	330 _/	333
· · · · ·				
Check if Schedule O contains a response or note to any line in this Part	XII			
			Yes	N
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 "Otl	hav " avalaia			
on Schedule O.	ner, expiain			
2a Were the organization's financial statements compiled or reviewed by an indepe	endent accountant?	2a	İ	Τī
If "Yes," check a box below to indicate whether the financial statements for the	vear were compiled or reviewed on a			1
separate basis, consolidated basis, or both.				
Separate basis Consolidated basis Both consolidated and s	eparate basis			
b Were the organization's financial statements audited by an independent account	lant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the				
basis, consolidated basis, or both.				İ
X Separate basis Consolidated basis Both consolidated and s	separate basis			L
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsely, or compilation of its financial statements and selection of an independent of the compilation of the compil	nsibility for oversight of the audit,	2c	x	
If the organization changed either its oversight process or selection process dur		20		-
on Schedule O.	SĒE SCHÉDULE O		ļ	
3a As a result of a federal award, was the organization required to undergo an aud	it or audits as set forth in the Uniform			
Guidance, 2 C.F.R, Part 200, Subpart F?		3a	X	<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization	did not undergo the required audit			
or audits, explain why on Schedule O and describe any steps taken to undergo	such audits	3b	X	l
AA TEEA0112L 08/23/23			990	

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of	lite	organization					Employer identificat	MI Halliber
ASCE	NO	CIA					20-4233822	
Part		Reason for Public Char	rity Status, (All or	rganizations must d	comple	te this	part.) See instruct	ions.
The or	gai	nization is not a private founda	ation because it is: (F	or lines 1 through 12, or	check on	ly one b	oox.)	
1	Ň	A church, convention of churche	s, or association of ch	urches described in secti	ion 170(b)(1)(A)(i)).	
2	H	A school described in section						
3	Н	A hospital or a cooperative ho	spital service organia	zation described in sec	tion 170	(b)(1)(A))(iii).	
4		A medical research organizat name, city, and state:	ion operated in conju	nction with a hospital d	lescribed	in sect	iion 170(b)(1)(A)(iii). En	iter the hospital's
5		An organization operated for	the benefit of a colleg		or opera	ted by a	governmental unit des	cribed in
6	۱. ا	section 170(b)(1)(A)(iv). (Cor A federal, state, or local gove	•	ntal unit described in s	ection 17	⁷ 0(b)(1)((A)(v).	
7	X	An organization that normally re in section 170(b)(1)(A)(vi). (0	eceives a substantial of					lic described
8		A community trust described		A)(vi). (Complete Part I	l.)			
9		An agricultural research organiz or university or a non-land-gran university:	tation described in sect I college of agriculture	tion 170(b)(1)(A)(ix) opera (see instructions). Enter	ated in co the nam	njunctio e, city, a	n with a land-grant colleg and state of the college of	ge r
10		An organization that normally from activities related to its e investment income and unrel June 30, 1975, See section 5	xempt functions, subj ated business taxable	ject to certain exception e income (less section :	ns: and ((2) no m	nore than 33-1/3% of its	s support from gross
11		An organization organized an			ety. See	section	509(a)(4).	
12		An organization organized an or more publicly supported or lines 12a through 12d that de	vanizations describer	d in section 509(aV1) o	r sectioi	า 509(ลา	(2). See section 509(a)	t the purposes of one (3). Check the box on
a		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervised	d or controlled by its sun	norted or	nanizati	on(s) Ivoically by giving	the supported in. You must
Ь		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in one A and C.	the same persons that of	ontrol or I	manage	the supported organization	on(s). You
С		Type III functionally integrated, organization(s) (see instruction	A supporting organizat ons), You must comp	ion operated in connection stete Part IV, Sections a	n with, an A, D, and	d function	onally integrated with, its s	supported
d		Type III non-functionally integrated. The constructions). You must comp	ated A supporting org	anization operated in con	nection v	with its s	supported organization(s)	that is not
e		Check this box if the organization of the character of the control of the character of the	ation received a writte nctionally integrated:	en determination from t supporting organization	the IRS t 1.	hat it is	a Type I, Type II, Type	
f q		nter the number of supported covide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your g decun	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				.	Yes	No		
(A)								
(^)							- 1.74	
(B)								
(C)								31
(D)			-					
					 		JII.3.5	
(E)								
Total			I	1	1	ı	I	I

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.)

5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5	<u> 5ec</u>	tion A. Public Support		7				
### ### ### ### ### ### ### ### ### ##			(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) ⊺otal
2 Tax revenues levided for the organization's benefit and either paid to or expended or page organization without charge. 3 The value of services or a facilities furnished by a governmental unit to the organization without charge. 4 Total, Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit to the organization without charge. 5 The portion of total contributions by each person (other than a governmental unit to the organization includes on line 1 that exceeds 7% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. 7 Amounts from line 4. 8 Gross income from intenst, dividends, payments received on securities layers, enter the page of the page	1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,556,557.	4,365,703.	4,943,134.	5,265,011.	5,754,755.	23,885,160.
3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total, Add lines 1 through 3 3,556,557. 4,365,703. 4,943,134. 5,265,011. 5,754,755. 23,885,160. 5 The portion of fotal contributions by each person unit or publicly supported unit or publicly supported unit or publicly supported unit or publicly supported unit or publicly support of the amount shown on line 11, column (f). 6 Public support, Subtract line 5 from line 4. 7 Amounts from line 4. 8 Cross income from interest dividence by support supp	2	organization's benefit and either paid to or expended						
4 Total. Add lines 1 through 3. 3,556,557. 4,365,703. 4,943,134. 5,265,011. 5,754,755. 23,885,160. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount (1). 6 Public support. Subtract line 5 Section B. Total Support Calendar year (or fiscal year beginning in). 7 Amounts from line 4. 3,556,557. 4,365,703. 4,943,134. 5,265,011. 5,754,755. 23,885,160. 8 Gross income from interest dividends, payments received no securities loans, rentles, royaltics, and income from similar sources. 1,174. 358. 164. 4,777. 4,967. 11,460. 9 Net income from unrelated business survivities, whether or not the business is regularly carried on. Do not include again or loss from the sale of part VI.). 11 Total support. Add lines 7 Inrogent 10. 12 Gross receipts from related activities, etc. (see instructions). 12 3,896,620. 13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) and stop there. The organization did not check the box on line 13 and line 14 is 33-1/3% or more, check this box and stop here. The organization did not check a box on line 13 and line 14 is 33-1/3% or more, check this box and stop here. The organization did not check he box on line 13 and line 14 is 33-1/3% or more, check this box and stop here. The organization did not check he box on line 13 and line 14 is 33-1/3% or more, check this box and stop here. The organization did not check he box on line 13 and line 14 is 33-1/3% or more, check this box and stop here. The organization did not check he box on line 13 and line 14 is 16, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. He organization did not check he box on line 13 or 16a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. He organization did not check he box and stop here. Explain in Part VI how the organization mee	3	facilities furnished by a governmental unit to the						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported line 1 that exceeds 7% of the amount shown on line 11, column (f). 6 Public support, Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 8 Gross income from interest, dividence by support secretary or secretary or secretary secretary or secretary secretary or secretary secretary or secretary secretary or secretary secretary or secretary secretary secretary or secretary secre	4	Total. Add lines 1 through 3	3,556,557.	4,365,703.	4,943,134.	5,265,011.	5,754,755.	23,885,160.
Section B. Total Support	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						0.
Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 3, 556, 557. 4, 365, 703. 4, 943, 134. 5, 265, 011. 5, 754, 755. 23, 885, 160. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources. 8 Jet income from unrelated business activities, whether or not the business is regularly carried on. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 1,174. 358. 164. 4,777. 4,987. 11,460. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2023 (line 6, column (f), divided by line 11, column (f)). 15 Public support percentage from 2023 Schedule A, Part II, line 14. 16 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13 and line 15 is 33-1/3% or more, check this box or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization of and stop bere are and if the org	6					:		23,885,160.
peginning in) 7 Amounts from line 4	Sec	tion B. Total Support						
8 Gross income from interest, dividends, payments received on securities loans, reatis, royalties, and income from similar sources. 1,174. 358. 164. 4,777. 4,987. 11,460. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 11 Total support. Add lines 7 through 10. 23,896,620. 12 Gross receipts from related activities, etc. (see instructions). 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage for 2023 (tine 6, column (f), divided by line 11, column (f)). 15 Public support percentage from 2022 Schedule A, Part II, line 14. 16 33-1/3% support test—2023. If the organization did not check he box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization unders. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI ho	Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
dividends, payments received on securities loans, rents, royaltics, and income from similar sources. 1,174. 358. 164. 4,777. 4,987. 11,460. Net income from unrelated business is regularly carried on. 1,174. 358. 164. 4,777. 4,987. 11,460. Net income from unrelated business is regularly carried on. 0.10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 12 0. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2032 (line 6, column (f), divided by line 11, column (f)). 15 Public support percentage for 2032 (line 6, column (f), divided by line 14. 16 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meels the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how or more, and if the organization meels the facts-and-circumstances test, check this box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the facts-and-circumsta	7	Amounts from line 4	3,556,557.	4,365,703.	4,943,134.	5,265,011.	5,754,755.	23,885,160.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8	dividends, payments received on securities loans, rents, royalties, and income from	1,174.	358.	164.	4,777.	4,987.	11,460.
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 5, column (f), divided by line 11, column (f)). 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)). 16 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here, Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here, Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here, Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here, Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check thi	9	business activities, whether or I not the business is regularly	·					
through 10	10	gain or loss from the sale of capital assets (Explain in						0.
12	17							
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)). 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 99.96 % 16a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 15 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check line box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check line box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualif	12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)). Public support percentage from 2022 Schedule A, Part II, line 14 15 99, 95 % 16a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. X	13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	
Public support percentage from 2022 Schedule A, Part II, line 14	Sec	tion C. Computation of Pul	blic Support P	ercentage				
16a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check line box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.								99.95%
and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	15	Public support percentage from 2	2022 Schedule A,	Part II, line 14		· · · · · · · · · · · · · · · · · · ·		99.96%
and stop here. The organization qualifies as a publicly supported organization	16a	33-1/3% support test—2023. If If and stop here. The organization	he organization di qualifies as a pub	d not check the ballicly supported or	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	b	33-1/3% support test—2022. If th and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported or	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	heck this box
or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	17a	or more, and if the organization i	meets the facts-ar	nd-circumstances	test, check this b	ox and stop here	s. Explain in Part Y	VI how
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		or more, and if the organization organization meets the facts-and	meets the facts-ar I-circumstances to	nd-circumstances est. The organizati	test, check this b ion qualifies as a	oox and stop here publicly supporte	. Explain in Part of organization	VI how the
	18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions

Saha	dule A (Form 990) 2023	ASCENCIA				20-4233822	Page 3
Par			s Described i	Section 509	(a)(2)	20 1200022	
1.21	(Complete only if you check	ed the box on tir	ne 10 of Part Lor	if the organization	n failed to qualify	under Part II. If the	e organization
	fails to qualify under the tes	its listed below, p	olease complete i	art II.)			
	tion A. Public Support				r		(O.T.)
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions, merchandise sold or services 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 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						. , ,
	governmental unit to the organization without charge		<u></u>				
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					г. —	
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6				1		

(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
			,,,		
or the organizati stop here	on's first, second.	, third, fourth, or t	fifth tax year as a	section 501(c)(3)	
	or the organizati	or the organization's first, second	or the organization's first, second, third, fourth, or stop here.	or the organization's first, second, third, fourth, or fifth tax year as a stop here.	or the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) stop here.

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023

15

18

19a 33-1/3% support tests-2023. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.......... b 33-1/3% support tests-2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))......

Public support percentage from 2022 Schedule A, Part III, line 15.....

Investment income percentage from 2022 Schedule A, Part III, line 17......

Section D. Computation of Investment Income Percentage

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

	ction A. All Supporting Organizations		Γύ	,
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.	1	Yes	No
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).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
1	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.	3b		
,	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.	3 c		
4	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.	4a		
1	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.	4b		
(bid the organization support any toreign 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.	4c		
52	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).	5a		
ł	Type For Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
ď	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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 I. (Form 990).	7		
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 Lof Schedule L. (Form 990).	8		
92	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.	9a		•
Ł	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.	9b		
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.	9с		
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)? If "Yes," answer line 10b below.	10a		
t.	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.)	10b		

Pai	t l	V Supporting Organizations (continued)		· ₁	
		as the organization accepted a gift or contribution from any of the following persons?		Yes	No_
	Α	person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, be governing body of a supported organization?	11a		
Ł		family member of a person described on line 11a above?	11b		
		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		
		on B. Type I Supporting Organizations			
360	·uc	Sit B. Type 1 Supporting Organizations		Yes	No
1	oi oi ti	id the governing body, members of the governing body, officers acting in their official capacity, or membership of one in more supported organizations have the power to regularly appoint or elect at least a majority of the organization's efficers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported reganization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more none supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers turing the tax year.	1		:
2	ll b	id the organization operate for the benefit of any supported organization other than the supported organization(s) nat operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such enefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the upporting organization.	2		
Sec	tic	on C. Type Il Supporting Organizations			
				Yes	No
1	O.	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees f each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		:
Sec	ctic	on D. All Type III Supporting Organizations			
	_	the last day of the fifth month of the		Yes	No
1	O V	bid the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax ear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	_	Vere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	v	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se		on E. Type III Functionally Integrated Supporting Organizations			
1	(Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).			
	a [The organization satisfied the Activities Test. Complete line 2 below.			
	ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (sec	e instr	uctior	ıs).
2	1	Activities Test, Answer lines 2a and 2b below.		Yes	No
	8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	1	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	_2b		
3		Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a !	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	ьl	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3 b		

7	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization			n Part VI), See through E.
Sec	ction 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		- 5.7.2
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		
Sec	ction 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	16		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e 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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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-functionally integrated (see instructions).	grated	Type III supporting or	ganization
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Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued	<u>) </u>				
Section D - Distributions		Current Year					
	Amounts paid to supported organizations to accomplish exempt purposes						
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	s,	2					
3 Administrative expenses paid to accomplish exempt purposes of su	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3					
4 Amounts paid to acquire exempt-use assets			4				
5 Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5				
6 Other distributions (describe in Part VI). See instructions.			6				
7 Total annual distributions. Add lines 1 through 6.			7				
8 Distributions to attentive supported organizations to which the organization	in is responsive (provide	details					
in Part VI). See instructions.			8				
9 Distributable amount for 2023 from Section C, line 6			9				
10 Line 8 amount divided by line 9 amount			10				
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023			
Distributable amount for 2023 from Section C, line 6	<u></u>						
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required – explain in Part VI). See instructions.							
3 Excess distributions carryover, if any, to 2023				·			
a From 2018							
b From 2019			_	<u></u>			
c From 2020	<u> </u>						
d From 2021							
e From 2022	-,,,,	<u> </u>					
f Total of lines 3a through 3c							
g Applied to underdistributions of prior years							
h Applied to 2023 distributable amount							
i Carryover from 2018 not applied (see instructions)							
j Remainder, Subtract lines 3g, 3h, and 3i from line 3f.							
4 Distributions for 2023 from Section D, fine 7:							
a Applied to underdistributions of prior years							
b Applied to 2023 distributable amount							
c Remainder. Subtract lines 4a and 4b from line 4.							
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7 Excess distributions carryover to 2024. Add lines 3j and 4c.	_						
8 Breakdown of line 7:							
a Excess from 2019							
b Excess from 2020							
c Excess from 2021							
d Excess from 2022		1					
e Excess from 2023							
E LACOUS HOUR ECCO			 :				

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Schedule A (Form 990) 2023

Part VI

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

Schedule B (Form 990)

Schedule of Contributors

OM8 No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

CIA	<u> </u>	20-4233822
ition type (check one)		
:	Section:	
or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	527 political organization	
0-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
		pecial Rule. See instructions.
Rule		
or more (in money or	r property) from any one contributor. Complete Parts I and II. See instructions for de	ns totaling \$5,000 Itermining
Rules		
regulations under sec 16b, and that receiv	tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, I red from any one contributor, during the year, total contributions of the greate.	ne 13, 16a, or r of (1) \$5,000; or
contributor, during t	he year, total contributions of more than \$1,000 <i>exclusively</i> for religious, char nal purposes, or for the prevention of cruelly to children or animals. Complete	itable, scientific,
contributor, during the contributions totaled during the year for General Rule applications.	the year, contributions exclusively for religious, charitable, etc., purposes, but d more than \$1,000. If this box is checked, enter here the total contributions t an exclusively religious, charitable, etc., purpose. Don't complete any of the p es to this organization because it received nonexclusively religious, charitable.	no such nat were received arts unless the etc., contributions
	or 990-EZ or 990-EZ or or ganization is covered a section 501(c)(7) Rule For an organization or more (in money or a contributor's total a contributor's total a contributor and that receives (2) 2% of the amount of the contributor, during the contributor, during the contributor, during the contributor, during the contributor, during the contributor, during the contributor, during the contributor, during the contributor, during the contributor, during the contributor of the contrib	Section: Section: Section: 1 or 990-EZ

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 1, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

	e B (Form 990) (2023)	- -	<u>1</u> <u>1</u> Page 2
Name of or ASCEN	-	' '	er identification number 233822
	Contributors (see instructions). Use duplicate copies of Part Lif additional		233022
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	S.H. HO FOUNDATION 5 QUEEN'S ROAD CENTRAL 33RD FL HONG KONG, CHINA	\$ 125,000.	Person X Payrol! Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNIHEALTH FOUNDATION 800 WILSHIRE BLVD # 1300 LOS ANGELES, CA 90017	\$\$200,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
· · · · · · · · · · · · · · · · · · ·		 ^{\$}	Person [] Payroll [] Noncash [] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·		\$\$	Person [] Payroll [] Noncash [] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 ^{\$}	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$	Person Payroll Complete Part II for
BAA	TEEA0702L 08/09/23	·-	noncash contributions.)

ASCENCIA

Employer identification number

20-4233822

Part II Noncas	sh Property (see instructions). Use duplicate copies of Part II if add	fitional space is needed.	,,,,,,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/A			
			_
(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 !	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· · · •		\$\$	
(a) No. from Part !	(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
			
		\$s	
BAA	TEEA07031. 08/09/23	Schedule	B (Form 990) (20:

	B (Form 990) (2023)		1 1 Page 4
Name of orga ASCENC			Emplayer identification number 20-4233822
Part III	Exclusively religious, charitable, et	or the year from any one co impleting Part III, enter the total of (Enter this information once, See i	ations described in section 501(c)(7), (8), ontributor. Complete columns (a) through (e) and fexclusively religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 -	N/A		
		(2) True (4 - 10)	
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
			··· · · · · · · ·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		· · · · · · · · · · · · · · · · · · ·	
		(e) Transfer of gift	
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee
·····			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	, and Z!P + 4	Relationship of transferor to transferee
BAA		TEE.A0/04L 08/09/23	Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ASC:	ENCIA				<u> 20-4233</u>	3822	
Parl	Organizations Maintaining Donor Adv	rised Funds or Oth	er Similar F	unds or Ac	counts		
	Complete if the organization answered						
		(a) Donor advised fur	nds	(b) Fu	nds and o	ther acco	unts
		,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
	Did the organization inform all denors and denor advise are the organization's property, subject to the organizat	tion's exclusive legal co	introl2			Yes	No
6	Did the organization inform all grantees, donors, and defor charitable purposes and not for the benefit of the doing permissible private benefit?	onor advisors in writing onor or donor advisor, c	that grant fund or for any other	ds can be use purpose conf	d only erring	Yes	No
Par						,	
+ C11	Complete if the organization answered	d "Yes" on Form 99	0, Part IV, Ii	ine 7.			
1	Purpose(s) of conservation easements held by the orga						
•	Preservation of land for public use (for example, recrea		_	on of a histor	ically impo	ortant Jane	d area
	Protection of natural habitat	•	Preservati	on of a certifi	ed historic	structure	}
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contrib	bution in the for	m of a conserv	alion easo	ment on th	e
_	last day of the tax year.				315		
					eld at the	End of the	e Tax Year
	Total number of conservation easements						
	Total acreage restricted by conservation easements						
C	Number of conservation easements on a certified histo	ric structure included or	n line 2a	2c			
ć	Number of conservation easements included on line 2d a historic structure listed in the National Register			20			
3	Number of conservation easements modified, transferred, r tax year			he organization	n during the	e	
4	Number of states where property subject to conservation			_			
5	Does the organization have a written policy regarding t	the periodic monitoring,	inspection, ha	ndling of viola	itions,	Yes	□No
	and enforcement of the conservation easements it hold	Js?			يا ٠٠٠٠٠٠		
6	Staff and volunteer hours devoted to monitoring, inspecting), handling of violations, a	and entorcing co	inservation eas	æmen(s au	ining the ye	sar
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and ϵ	enforcing conser	vation easeme	nts during	the year	
8	Does each conservation easement reported on line 2d and section 170(h)(4)(B)(ii)?	above satisfy the requi	rements of sec	tion 170(h)(4)	(B)(i) [Yes	[No
9	In Part XIII, describe how the organization reports con include, if applicable, the text of the footnote to the organization.					J	\Box
<u> </u>	conservation easements.						
_	Complete if the organization answere	d "Yes" on Form 99	90, Part IV, I	line 8.	,,		
1a	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pu Part XIII the text of the footnote to its financial statem	blic exhibition, educatio	m, or research	tatement and in furtherance	balance s of public	sheet work service, (ks of art, provide in
Ł	If the organization elected, as permitted under FASB / historical treasures, or other similar assets held for public following amounts relating to these items.	exhibition, education, or i	research in furth	erance of publ	ic service,	provide th	e
	(i) Revenue included on Form 990, Part VIII, line 1				\$		
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X				\$		
	If the organization received or held works of art, historical amounts required to be reported under FASB ASC 958	treasures, or other simila 8 relating to these items	ir assets for fina s,	ncial gain, pro	vide the fol	lowing	
á	Revenue included on Form 990, Part VIII, line 1				\$		
	Assets included in Form 990, Part X				\$		

Part III Organizations Main	itaining Collection	ons of Art, Hi	storical Treasures,	or Other Similar A	Assets (continued)
 Using the organization's acquisition items (check all that apply). 	n, accession, and othe	r records, check a	any of the following that n	nake significant use of its	s collection
a Public exhibition		đ 🗂 Loan	or exchange program		
b Scholarly research		e Other			
c Preservation for future gener	rations	- []	4		
4 Provide a description of the organiz		d explain how the	y further the organization'	s exempt purpose in	
Part XIII. 5 During the year, did the organiza	ation solicit or receiv	e donations of a	rt historical treasures r	or other similar assels	_
to be sold to raise funds rather to Part IV Escrow and Custod	han to be maintaine	d as part of the o	organization's collection	?	Yes No
Complete if the orga	anization änswer na 21	ed "Yes" on F	•		
1a Is the organization an agent, true on Form 990, Part X?	stee, custodian, or o	ther intermediary	y for contributions or oth	ner assets not included	Yes No
b If "Yes," explain the arrangement in	n Part XIII and comple	ete the following ta	able.		
Manipulina hali					Amount
c Beginning balance					
d Additions during the yeare Distributions during the year					
f Ending balance				1f	
2a Did the organization include an a				1 1	Yes No
b If "Yes," explain the arrangemen				-	
		·	· 		1 1
Part V Endowment Funds					
Complete if the orga	anization answer	ed "Yes" on F	form 990, Part IV, I	ine 10.	
	(a) Corrent year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions		<u> </u>			
c Net investment earnings, gains, and losses					
d Grants or scholarships			·		11-8186
e Other expenditures for facilities and programs		77. 11.			
f Administrative expenses					
g End of year balance	···				
2 Provide the estimated percentage	e of the current year	end balance (lin	e 1g, column (a)) held	as:	
a Board designated or quasi-endov	vment	8			
b Permanent endowment	<u>-8</u>				
c Term endowment	o's				
The percentages on lines 2a, 2b, ar	nd 2c should equal 10	0%.			
3a Are there endowment funds not in t	he possession of the	organization that a	ere held and administered	for the	
organization by:					Yes No
(i) Unrelated organizations?(ii) Related organizations?					. 3a(i)
b If "Yes" on line 3a(ii), are the reli					3a(ii)3b
4 Describe in Part XIII the intended	•-				. 30
Part VI Land, Buildings, and			one rangs.		
Complete if the organization		i Form 990, Part	IV, line 11a, See Form 9	90, Part X, line 10.	
Description of property	(a) Cos	l or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	· - · · · · · · · · · · · · · · · · · ·		865,000.	maps seems of the	865,000.
ъ Buildings			3,115,793.	924,959.	2,190,834.
c Leasehold improvements			860,923.	249,491.	611,432.
đ Equipment			472,069.	254,689.	217,380.
e Other			139,710.	105,102.	34,608.
Total, Add lines 1a through 1e. (Colum	ın (d) must equal Fo	rm 990, Part X, I	ine 10c, column (B))		3,919,254.
BAA				Sched	lule D (Form 990) 2023

Part VII	Investments - Other Securities	N/A	
410	Complete if the organization answered "Yes" on Form 990, Part IV, line tion of security or category (including name of security) (b) Book value	(c) Method of valuation: Cost or end-of-ye	nar market value
	dell' di salari y	(C) Method of Vandation, Cost of end-or-ye	
	derivativeseld equity interests.		
(3) Other	leki equity interests.		··
(A) –	· _ · · · · · · · · ·	·	
(B)			
<u>(c)</u>			
(O)			
(E)			
(F)		NIFA.	
(G)		14.414	.,
(H) _			
(l)	7.5		
	n (b) must equal Form 990, Part X, line 12, column (B))	N/A	
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-of	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		1111	
(8)			
<u>(9)</u>			
	n (b) must equal Form 990, Part X, line 13, column (B))		
Part IX	Other Assets N/	A	
·	Complete if the organization answered "Yes" on Form 990, Part IV, lin (a) Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1)	(a) Description		
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
(10)			
Total. (Coll	umn (b) must equal Form 990, Part X, line 15, column (B))		
Part X	Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, Iin	a 11a or 11f See Form 990 Part Y line 25	
1.	(a) Description of liability	e Tre of Tri. See Corn 330, Fare X, Tille 20	(b) Book value
	al income taxes		
(2) CLII	INT RENTAL DEPOSIT		11,529.
	ENT SAVINGS DEPOSIT PAYABLE		5,405.
	ANCE LEASE LIABILITIES -CURRENT		10,250. 26,899.
	ANCE LEASE LIABILITIES-NONCURRENT RATING LEASE LIABILITIES-CURRENT		9,187.
	JRITY DEPOSIT		15,550.
(8) SET	FLEMENT PAYABLE, CURRENT PORTION		60,000.
(9) SET	FLEMENT PAYABLE, NET OF CURRENT ASSET		60,000.
(10)			
(11)			
Total. (Colu	ımn (b) must equal Form 990, Part X, line 25, column (B))		198,820.
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII	financial statements that reports the organization's li	lability for uncertain
tax positions t	HIDEL EWOD WOO TAN' CHECK LISTS II HIG TEXT OF THE LOOKINGS 1920 DEGLED DICAMENT IN LAST VIII		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
Total revenue, gains, and other support per audited financial statements	1	6,030,694.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	\neg	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	6,030,694.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c. Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,030,694.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2a 2b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). 2	1	6,517,170.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1	6,517,170.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab Other (Describe in Part XIII.)	1 2e 3	6,517,170.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2e 3	6,517,170.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab Other (Describe in Part XIII.)	2e 3	6,517,170.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line &a.

OMB No. 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization					Employer identifi	cation number
ASCENCIA					20-42338	22
Part I Fundraising Activities. Comple	te if the organiz	ation answe	ered "Yes" o	on Form 990, Part IV, lin	e 17.	
1 Indicate whether the organization	raised funds th	rough any	of the follo	owing activities. Check	all that apply.	75
a Mail solicitations			e	CTT T		
b Internet and email solicitation	S		f	Solicitation of gove	rnment grants	
c Phone solicitations			g	Special fundraising	j events	
d 🛅 in-person solicitations						
2 a Did the organization have a written of employees listed in Form 990, Pa	or oral agreemen	it with any i	ndividual (i	ncluding officers, directo	rs, trustees, or key	Yes X No
b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the	viduals or entitie	s (fundraise	ers) pursuai	nt to agreements under v	which the fundraiser is t	
	<u> </u>	T	fundraiser	# 3 A	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custor of contri	ly or control ibutions?	(iv) Gross receipts from activity	`(or retained by) fundraiser listed in column (i)	(or relained by) organization
		Yes	No			
1						
			ļ			
2						
•						
3						
		+				
4				t.		
•		<u> </u>				
						İ
5						
			 	····		
6						
		<u> </u>				
7						
			 		<u> </u>	
8		ļ				
						
9						
		 -				
10						
			<u>L</u>			
Total						0
3 List all states in which the organiza				contributions or has been	n notified it is exempt fr	
or licensing.						-
						
	 – – – – –					
	. – – – – –				· 	
	- ···· - ···			 		

			eipts greater than : (a) Event #1 GALA (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts			(total number)	201 000
Re		Less: Contributions				
						391,092
	3					
	4	Cash prizes				
,,	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	I			39,660
X	7	Food and beverages		<u></u>		
ğ	8	Entertainment	2,125.			2,125
מ	9	Other direct expenses				
	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro	om line 3, column (d)			-41,785
rar	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, line	tion answered "Yes e 6a,	s" on Form 990, Pa	rt IV, line 19, or re	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
∝	1	Gross revenue				
ses	2				·	
ž Po	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses		T 1.		
		Volunteer labor	Yes %	Yes %	Yes 8	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			- 1 3001313-3-3-4-3-3-4-4-4-4-4-4-4-4-4-4-4-4-4
	8	Net gaming income summary, Subtract lin	ne 7 from line 1, column	n (d)	· · · · · · · · · · · · · · · · · · ·	
a	Is th	er the state(s) in which the organization colle re organization licensed to conduct gaming lo," explain:	activities in each of the	s: ese stales?		
		e any of the organization's gaming license es," explain:				

)-4233822	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:	1 1	
а	The organization's facility	13a	ક
Ł	An outside facility.	13b	ુ ક
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	•	
	Name	_ -	··· ··· · · · · · · · · · · · · · · ·
	Address	. . – – – – –	_
ł	Does the organization have a contract with a third party from whom the organization receives gaming revenue of f "Yes," enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ the start of the third party and address of the third party.		No
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year\$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, coand Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	lumns (iii) and ıy additional	(v);

TEEA3703I, 06/08/23

BAA

Schedule G (Form 990) 2023

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Schedule M (Form 990) 2023

Employer identification number ASCENCIA 20-4233822 Part I Types of Property (a) (b) (c) (d) Chèck if Number of Noncash contribution Method of determining applicable contributions or amounts reported noncash contribution amounts items contributed on Form 990, Part VIII, line 1g Art - Historical treasures Art -- Fractional interests..... 3 Books and publications..... 4 5 Clothing and household goods...... 6 Cars and other vehicles..... 7 Boats and planes..... Intellectual property..... 8 9 Securities - Publicly traded..... Securities - Closely held stock..... 10 Securities - Partnership, LLC, or trust interests . 11 12 Securities - Miscellaneous..... Qualified conservation contribution -Qualified conservation contribution - Other..... 15 Real estate – Residential 16 17 Real estate — Other..... 18 19 Food inventory..... 20 21 Taxidermy..... 22 Historical artifacts 23 Scientific specimens..... 24 Archeological artifacts..... 25 Other (KIND SERVICE 86,567 26 Other 103,373 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement..... Yes Νo 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a Х b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?. 31 Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or self noncash contributions? 32 a Х b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ASCENCIA

Employer identification number 20-4233822

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

·THE ACCESS CENTER SERVES AS THE COORDINATED ENTRY SYSTEM (CES) FOR ALL CLIENTS IN THE GLENDALE CONTINUUM OF CARE BY PROVIDING STANDARDIZED ASSESSMENT OF ALL CLIENTS THAT PRIORITIZES THE MOST VULNERABLE FOR HOUSING PLACEMENT. SERVICES INCLUDE STREET OUTREACH, COMPREHENSIVE SCREENING AND ASSESSMENT OF CLIENT NEEDS, AND CASE MANAGEMENT WITH SPECIALIZATIONS IN MENTAL HEALTH, SUBSTANCE USE DISORDERS, HOUSING LOCATION, EMPLOYMENT, FINANCIAL LITERACY, OCCUPATIONAL THERAPY, TELE-PSYCHIATRY, AND VETERANS' SERVICES. SERVICES BASED AT THE ACCESS CENTER ARE CLIENT-CENTERED AND USE A TRAUMA-INFORMED APPROACH TO SUPPORT CLIENT USE OF SERVICES. THE ORGANIZATION'S OUTREACH TEAMS CANVASS STREETS TO OFFER SERVICES TO HOMELESS PEOPLE, RESPOND TO CALLS FROM THE COMMUNITY TO HELP HOMELESS PEOPLE AND PROVIDES ESSENTIAL TRANSPORTATION TO CONNECT CLIENTS TO NEEDED SERVICES. THE ACCESS CENTER CASE MANAGEMENT STAFF CONDUCTS A THOROUGH REVIEW OF EACH PERSON'S SOCIAL, ECONOMIC AND HEALTH NEEDS AND TAILORS A PLAN FOR CONTINUING SERVICES AT THE ORGANIZATION OR A RESPONSIBLE REFERRAL TO AN APPROPRIATE PROVIDER. CASE MANAGERS ASSIST CLIENTS BY HELPING THEM CLARIFY PRIORITIES, IDENTIFY RESOURCES, AND FACILITATE SHORT AND LONG-TERM PLANNING. THE ON-SITE TELE-PSYCHIATRIC SERVICES AND TRAUMA THERAPISTS GIVE CLIENTS ACCESS TO ESSENTIAL MENTAL HEALTH SERVICES, AND VOLUNTEERS PROVIDE ADDITIONAL SERVICES INCLUDING BLOOD PRESSURE SCREENING AND HAIRCUTS. ASCENCIA LEADS THE GLENDALE CES, AND SUPPORTS THE CES IN THE EAST SAN FERNANDO VALLEY, NORTHEAST LOS ANGELES, HOLLYWOOD, AND WEST HOLLYWOOD.

*EMERGENCY HOUSING FOR 60-90 DAYS FOR SINGLE ADULTS AND 120 DAYS FOR FAMILIES
WITH MINOR CHILDREN TO HELP PEOPLE ADDRESS AN IMMEDIATE CRISIS. ENTERING ADULT
CLIENTS MUST PASS A MEGAN'S LAW CHECK, COMMIT TO SAVING MONEY, AND PARTICIPATE IN CASE
MANAGEMENT SERVICES, WHICH ARE PROVIDED THROUGH THE ACCESS CENTER. THE 45-BED

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

ARE PERMITTED. VOLUNTEERS PROVIDE SUBSTANTIAL ENRICHMENT TO THE PROGRAM; FOR EXAMPLE, SCHOOL AGE CHILDREN RECEIVE TUTORING FROM SCHOOL ON WHEELS, AND VOLUNTEERS AND GUEST CHEFS PURCHASE, PREPARE AND SERVE MEALS FOR THE RESIDENTS EACH NIGHT BY UTILIZING OVER 800 VOLUNTEERS A YEAR FROM RELIGIOUS ORGANIZATIONS, BUSINESSES, AND SERVICE CLUBS.

•SCATTERED SITE PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS FAMILIES

AND SINGLE ADULTS PROVIDES A PERMANENT HOME WITH SOCIAL SERVICES SUPPORT TO ENSURE

HOUSING STABILITY. THE PROGRAM FOCUSES ON HELPING FAMILIES AND INDIVIDUALS WITH

DISABILITIES AND HISTORIES OF EXTENDED OR REPEATED HOMELESSNESS OVERCOME THE PHYSICAL

AND EMOTIONAL SETBACKS OF HOMELESSNESS. THIS PROGRAM, WHICH CONVERTED FROM A FAMILY

TRANSITIONAL HOUSING PROGRAM, IN 2014, ENCOUNTERED DIFFICULTIES FINDING FAMILIES THAT

MET THE HUD CRITERIA FOR CHRONIC HOMELESSNESS. AS A RESULT, SOME OF THE UNITS

CONVERTED TO SINGLE PERSON HOUSEHOLDS. THE PROGRAM IS CURRENTLY SERVING TWELVE

HOUSEHOLDS INCLUDING 16 ADULTS AND 8 CHILDREN.

*NEXT STEP PERMANENT SUPPORTIVE HOUSING PROVIDES A CRITICAL HOUSING
OPPORTUNITY FOR SINGLE CHRONICALLY HOMELESS ADULTS IN RECOVERY FROM ALCOHOL OR DRUG
ADDICTION. CLIENTS IN THIS PROGRAM HAVE COMPLETED RESIDENTIAL REHABILITATION BUT
NEED MORE TIME TO ESTABLISH THEIR SOBRIETY AND REPAIR THE SUBSTANTIAL DAMAGE DONE TO
THEIR CREDIT, EMPLOYABILITY AND PERSONAL RELATIONSHIPS FOLLOWING LONG-TERM ALCOHOL
AND/OR DRUG ABUSE AND HOMELESSNESS. AS A PERMANENT HOUSING PROGRAM, CLIENTS HAVE THE
OPPORTUNITY TO WORK AT THEIR OWN PACE TO REBUILD THEIR LIVES, AND THE ORGANIZATION
STAFF PROVIDE THE SUPPORT AND GUIDANCE TO HELP THEM. SERVICES INCLUDE FINANCIAL
LITERACY TRAINING, RECOVERY SUPPORT GROUPS, SMALL GRANTS FOR EDUCATION, GUIDANCE ON
CREDIT REPAIR, AND REFERRALS FOR LEGAL SERVICES.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

•HOUSING NOW PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS SINGLE

ADULTS. PROGRAM, A 14-UNIT, SCATTERED SITE PROGRAM PROVIDES A PERMANENT HOME WITH

SOCIAL SERVICES SUPPORT TO ENSURE HOUSING STABILITY. THE PROGRAM FOCUSES ON HELPING

INDIVIDUALS WITH DISABILITIES AND HISTORIES OF EXTENDED OR REPEATED HOMELESSNESS

OVERCOME THE PHYSICAL AND EMOTIONAL SETBACKS OF HOMELESSNESS.

*H.E.L.P. PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS FAMILIES AND SINGLE ADULTS PROVIDES A PERMANENT HOME WITH SOCIAL SERVICES SUPPORT TO ENSURE HOUSING STABILITY. THE PROGRAM FOCUSES ON HELPING FAMILIES AND INDIVIDUALS WITH DISABILITIES AND HISTORIES OF EXTENDED OR REPEATED HOMELESSNESS OVERCOME THE PHYSICAL AND EMOTIONAL SETBACKS OF HOMELESSNESS. THE PROGRAM IS CURRENTLY SERVING 20 HOUSEHOLDS INCLUDING 15 SINGLE ADULTS AND FIVE FAMILIES WITH CHILDREN.

*FOUNDATION GRANTS SUCH AS DIGNITY HEALTH FOUNDATION, AND PROVIDENCE HEALTH HAVE ENABLED US TO CONTINUE TO PROVIDE SUPPORTIVE HOUSING FOR VULNERABLE, HIGH-COST USERS OF HOSPITAL SERVICES SINCE THE SOCIAL INNOVATION FUND 5-YEAR GRANT ENDED IN 2017. ORIGINALLY KNOWN AS THE 10TH DECILE PROJECT, ASCENCIA STAFF WORK WITH LOCAL HOSPITALS TO IDENTIFY ELIGIBLE PATIENTS. SERVICES INCLUDE ASSISTING CLIENTS IN CONNECTING TO HOUSING AND A MEDICAL HOME, AND NAVIGATING NEEDED HEALTH, NUTRITION EDUCATION, ASSISTANCE WITH DAILY LIVING, FINANCIAL LITERACY, OCCUPATIONAL THERAPY, AND OTHER SERVICES TO STABILIZE THEM IN PERMANENT SUPPORTIVE HOUSING AND TO REDUCE THEIR IMPACT ON EMERGENCY SERVICES.

•ASCENCIA'S HOMELESS SERVICES LIAISON POSITION SERVED AS ASCENCIA'S LIAISON TO

LOCAL GOVERNMENT, BUSINESS AND OTHER STAKEHOLDERS ON MATTERS RELATED TO HOMELESSNESS

IN BURBANK AND THE EAST SAN FERNANDO VALLEY. THIS INCLUDES REPRESENTING ASCENCIA IN

Employer identification number 20-4233822

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PLANNING INITIATIVES IN THE CITIES OF LOS ANGELES, GLENDALE AND BURBANK, THE COUNTY OF LOS ANGELES, AND THE MULTI-AGENCY PLANNING UNDERWAY RELATED TO THE LOS ANGELES RIVER. WHEN NOT IN THE FIELD, ASCENCIA'S HOMELESS SERVICES LIAISON WAS CO-LOCATED AT THE CITY OF BURBANK COMMUNITY DEVELOPMENT DEPARTMENT. THE POSITION WAS RESPONSIBLE FOR BEING THE POINT OF CONTACT ON ALL HOMELESS-RELATED MATTERS FOR THE CITY OF BURBANK AND COORDINATES CLOSELY WITH ASCENCIA'S STREET OUTREACH TEAM. THIS POSITION WAS ELIMINATED BY THE CITY OF BURBANK DECEMBER 2020.

- •THE CITY OF WEST HOLLYWOOD CONTRACTS WITH ASCENCIA TO PROVIDE A STREET

 OUTREACH TEAM, CASE MANAGEMENT, RESERVES TEN OF EMERGENCY HOUSING BEDS FOR WEST

 HOLLYWOOD REFERRALS, AND PROVIDES HOUSING RETENTION SERVICES.
- *ASCENCIA PROVIDES SERVICES BY CONTRACTING WITH THE DEPARTMENT OF HEALTH SERVICES TO PROVIDE INTENSIVE SUPPORTIVE CASE MANAGEMENT SERVICES TO 200 CLIENTS PLACED IN PERMANENT SUPPORTIVE HOUSING THROUGH HOUSING FOR HEALTH.
- •THE HOUSING LOCATION NAVIGATOR POSITION SERVES AS ASCENCIA'S CULTIVATOR OF UNITS BY DEVELOPING RELATIONSHIPS WITH PROPERTY OWNERS WHO ARE OPEN TO RENTING PERMANENT HOUSING SPACE TO HOMELESS INDIVIDUALS AND/OR FAMILIES.
- ·ASCENCIA BEGAN PROVIDING STREET OUTREACH AND CASE MANAGEMENT SERVICES FOR THE CITY OF LOS ANGELES IN 2021-22 TO EAST HOLLYWOOD, LOS FELIZ, MIDTOWN, AND KOREATOWN. WHEN COUNCIL DISTRICT BOUNDARIES CHANGED IN 2022, THESE SERVICES CONTINUED IN EAST HOLLYWOOD AND LOS FELIZ.
- ·ASCENCIA IS CONTRACTED WITH CALAIM'S ENHANCED CARE MANAGEMENT (ECM) WITH
 MANAGED CARE PLANS SINCE 2021. ECM IS A BENEFIT FOR MANAGED MEDI-CAL ENROLLEES THAT

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

AIMS TO STABILIZE THE HEALTH OF THE HIGHEST-NEED "POPULATIONS OF FOCUS" WHO HAVE MULTIPLE CHRONIC CONDITIONS. ECM ADDRESSES THE CLINICAL, NON-CLINICAL, AND SOCIAL REQUIREMENTS OF HIGH-NEED INDIVIDUALS BY PROVIDING DEDICATED CARE MANAGERS TO COORDINATE SERVICES AND HELP RECIPIENTS UNDERSTAND, NAVIGATE, AND UTILIZE THE FULL SCOPE OF THEIR BENEFITS. ASCENCIA HAS ONE LEAD CARE MANAGER PROVIDING SERVICES TO MANAGED CARE REFERRED MEDI-CAL ENROLLEES WHO ARE EXPERIENCING HOMELESSNESS

IN ADDITION TO SERVING AS THE LEAD PROVIDER OF HOMELESS SERVICES IN THE GLENDALE CONTINUUM OF CARE AND PARTICIPATION IN THE CONTINUUM'S HOMELESS MANAGEMENT INFORMATION SYSTEM, THE ORGANIZATION IS A SERVICE HUB WITHIN THE LOS ANGELES CONTINUUM OF CARE'S SERVICE PLANNING AREA 2 (SAN FERNANDO VALLEY) COORDINATED ENTRY SYSTEM, AND ITS SERVICE PLANNING AREA 4 (METRO/NORTHEAST LOS ANGELES) COORDINATED ENTRY SYSTEM.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE BOARD OF DIRECTORS SIGNS CONFLICT OF INTEREST FORMS ANNUALLY AND COMPLETES A SURVEY FORM WHERE THEY CAN EXPLAIN ANY CONFLICTS IF APPLICABLE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE BOARD OF DIRECTORS HIRE THE EXECUTIVE DIRECTOR AND DETERMINES THE SALARY BASED UPON A REVIEW OF COMPARABLE DATA AND SALARIES IN THE MARKETPLACE.

THE EXECUTIVE DIRECTOR HIRES EMPLOYEES AND DETERMINES THE SALARY BASED UPON A REVIEW OF COMPARABLE DATA AND SALARIES IN THE MARKETPLACE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE FORM 990 AND 1023 ARE AVAILABLE UPON REQUEST AT THE OFFICE OF ASCENCIA. THE FINANCIAL STATEMENTS ARE SUBMITTED TO CHARITY NAVIGATOR AND TO BE MADE AVAILABLE ASCENCIA

Employer identification number

20-4233822

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

ON THE WEB. THE FORM 990 IS ALSO AVAILABLE ON THIS WEBSITE:

HTTP://FOUNDATIONCENTER.ORG/FINDFUNDERS/990FINDER.

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE BOARD OF DIRECTORS MEETS TO APPROVE THE SELECTION OF THE INDEPENDENT ACCOUNTANT AND OVERSEES THE AUDIT.

Date Accep	oted				DO NOT MAIL	THIS FORM TO THE FTB
TAXABLE	YEAR Califo	ornia e-file R	eturn Autho	orization fo	r	FÓRM
202		ıpt Organiza				8453-EO
Exempt Organ		<u> </u>				Identifying number
ASCENCI	ÍΑ					20-4233822
Part 1 E	<u>lectronic Return l</u>	nformation (whole d	iollars only)			
1 Total	gross receipts or unr	elated business taxat	ble income (Form 19	9, line 4 or Form 10	09, line 5)	1 <u>6,072,479.</u>
2 Total 3 Total	gross income or tota	I tax (Form 199, line :	8 or Form 109, line '	14)	• • • • • • • • • • • • • • • • • • • •	2 <u>6,072,479.</u>
4 Tax d	due (Form 109, line 2	sements (norm 199, 1	iine 9}			3 6,558,955.
5 Overp	payment (Form 109, I	ine 24)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	5
	Settle Your Accou				·-···	· · · · · · · · · · · · · · · · · · ·
r1	irect Deposit of refun				- 1	
7:	lectronic funds withda	•	+	7b Withdra	awal date (mm/dd/y	nau)
rattii 5	chedule of Estimated	1 Tax Payments for 1	axable Year 2024 (T First Payment	hese are NOT installment Second Payme	t payments for the current ent Third Paym	nt amount the exempt organization owes.)
8 Ämou	ınt		TWALL BY THE I	Occord r dynk	I I I I I I I I I I I I I I I I I I I	Tourin ayment
9 Withd	rawal Date					
Part IV	Banking Informat	ion (Have you verific	ed the exempt organ	ization's banking in	formation?)	· · · · · · · · · · · · · · · · · · ·
10 Routin	ng number					
11 Ассол	unt number	-1171	NAME OF THE OWNER OWNER OF THE OWNER OW	12 Type of account	l: 🔲 Checking	Savings
	eclaration of Off					
Lauthorize	the exempt organizat	tion's account to be s	ettled as designated	in Part II. If I check	cPart II, box 6, I de	clare that the bank account
specifica in electronic fi) Part IV for the direct funds withdrawal for th	t deposit refund agree he amount listed on t	es with the authoriza ine 7a and any estin	ition stated on my re	eturn, If I check Pai unts listed on Port	rt II, box 7, I authorize an III, line 8 from the bank
account spe	ecified in Part IV.	TO GITTOUTH HISTORICH	inc 72 drie driy Com	rated payment and	ants listed off art	in, the S roll (ne bank
Under penal	ities of perjury, I declar	e that I am an officer o	if the above exempt or	rganization and that t	he information I prov	rided to my electronic
return origin	nator (ERO), transmit	ller, or intermediate s	service provider and	the amounts in Par	t I above agree with	n the amounts on the and belief, the exempt
organization	's return is true, correc	and complete, if the	exempt organization i	s filing a balance due	st of my knowledge e return. I understand	and belief, the exempt I that if the Franchise
Tax Board	(FTB) does not receiv	e full and timely payr	ment of the exempt	organization's tax lia	ability, the exempt	organization will remain liable
for the tax i	nability and all applications the F	able interest and pen. IB by the EBO Transm	alties. I authorize the litter, or intermediate (e exempt organizati	on return and acco	mpanying schedules and
	yed, I authorize the FTB (
	>		1			
Sign Here	Signature of officer		i		TIVE DIR.	
	Declaration of Ele	ctronic Return C			PAK See instruction	
I declare the	at I have reviewed the	e above exempt organ	nization's return and	that the entries on	form FTB 8453-EC	are complete and correct to
the best of a	my knowledge. (If La	am only an intermedia	ate service provider,	Lunderstand that t	am not responsible	for reviewing the exempt
officer's sign	nis return, i deciare, r nature on form ETB 8	iowever, that form Fit 3453-FO before fransi	IB 8453-EO accurate mitting this return to	ely reflects the data the ETR I have or	on the return.) I ha wided the organiza	ive obtained the organization tion officer with a copy of all
forms and in	nformation that I will:	file with the FTB, and	I have followed all	other requirements	described in FTB P	ub. 1345, 2023 Handbook for
Authorized a	e-file Providers, I will	keep form FTB 8453	-EO on file for four	years from the due	date of the return of	r four years from the date the
under penal	inization return is filed, Ities of perjury, I decl	are that I have exami	i r wiii make a copy av ined the above exem	zanabie to the FTB up ipt organization's re	on request, II I am a eturn and accompar	also the paid preparer, aving schedules and
statements,	and to the best of m	y knowledge and beli	ief, they are true, co	rrect, and complete	. I make this declar	ation based on all information
of which I h	ave knowledge.			Date	ا ما ساما	of PRO'S PTIN
	ERO's signature			4/21/25	Check if also paid X self- preparer X empk	`"
ERO		LEE, SPERLIN	G, HISAMUNE/		<u> [preparer [A] empk</u> CORP	Firm's FEIN
Must Sign	firm's name (or yours if self-employed)		BOULEVARD ST			953308709
	and address	GLENDALE	t t		CA	ZIP code 91203
Under penalties	of perjury, I declare that I I	have examined the above or	ganization's return and acc	companying schedules and	d statements, and to the t	pest of my knowledge and belief, they
are une, correc	ct, and complete. I make thi	is declaration based on all l	intormation of which I hav	e knowledge. Date	1	0
Paid	Paid preparer's signature				Check if	Paid preparer's PTIN
Paid Preparer	aignature *			L	self-employed	
Must	Firm's name (or yours if self.					Firm's FEIN
Sign	employed) and address					ZIP code

6/30/24	202	3 CA	LIFOR	NIA	3001	≺ DEF	PREC!	4TIO	SCH	2023 CALIFORNIA BOOK DEPRECIATION SCHEDULE	1	; 		PAGE 1
					**	ASCENCIA	SIA		ļ			:		20-4233822
NO. DESCRIPTION	DATE ACOUIRED.	DATE SOLO	COST/ RASIS	BUS. BO	CUR SI 179 I	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DFPR.	METHOD_ LIEE	LIEE RATE	CURRENT DEPR.
FORM 199														
AUTO / TRANSPORT EQUIPMENT														•
33 VEHICLE - VAN	8/24/18		27,997							27,997	27,062	T/S	Ş	635
35 VEHICLE - KIA	12/10/21		34,979							34,979	7,00,11	3/L		966'9
36 YEHICLE - SIENNA VAN	12/20/21		46,959							46,959	14,088	S/L		9,392
37 VEHICLE-KIA	3/10/23		25,989							25,989	1,733	3/I	ıo (5,198
38 VEHICLE-DODGE VAN	22/61//		25,676							25,676	4,707	7/S		5,135
47 VEHICLE-TOYOTA SIENNA	6/30/24	1	27,806	1						27,806	24,562	VS		0
TOTAL AUTO / TRANSPORT EQUIP	_		189,406		0	0	0	C	0	365,681	83,229			27,656
BUILDINGS														
8 BUILDING- 1911 GARDENA	10/28/13		1,097,666							1,097,666	323,483	νs	27.5	39,915
9 BUILDING- 181 TYBURN	10/28/13		1,581,602							1,681,602	416,807			43,118
16 BUILDING- TYBURN	10/28/13		325,287							325,287	80,629			8,341
17 BUILDING: GARDENA	10/28/13	'	:1,238	1						11,238	3,272	SY	27.5	409
TOTAL BUILDINGS			3,115,793		0	0	0	€5	O	3,115,793	824,191			91,783
FURNITURE AND FIXTURES														
12 FURNITURES AND FIXTURES	16/25/13		6,220							6,220	6,220	S/L	7	0
13 FURNITURES AND FIXTURES	12/31/13		10,663							10,661	10,661			0
14 FURNITURES AND FIXTURES	1/01/14		11,087							11,087	10,918			٥
23 FURNITURE AND FIXTURES	2/15/17		33,029							33,029	30,274			2,755
32 FURNITURE	12/12/18		1,120							1,120	733			160
43 FRONT DOORS	1/11/24		16,974							16,974		7/S	~	1,212
													١	

6/30/24	20	2023 CALIF	LIFOR	MA E	3001	X DEF	RECI	ATIO	N SC	ORNIA BOOK DEPRECIATION SCHEDULE				PAGE 2
					*	ASCENCIA	γķ		ļ	;	ļ		. 4	20-4233822
NO DESCRIPTION	DATE ACQUIRED	DATE SQLD	COST/ B	BUS. 1	CUR Si 179 C BONUS A	SPECIAL DEPR. ALLOW.	PRIOR 1797 BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDIICT	DEPR. Basis	PRIOR DEPR	METHOD LIFE RATE	RATE	CURRENT DEPR.
44 23 SINGLE BEDS, MATTRESS, DRA	5/31/24	·	20,105			i			j	20,109		S/L 7	_	239
TOTAL FURNITURE AND FIXTURE IMPROVEMENTS			39,200		6	0	0	0	0	99,200	58,805			4,365
10 TVDIIDM IMBDONEMENT	5 6 6		i i c							•	ş			
	6/15/15		3,285 625,169							3,585	736	S/L 39 S/L 27.5	a. :=	22,733
21 TYBURN IMPROVEMENT	6/15/16		1,900							1,900	347			64
	6/15/16		7,923							7,923	2,040	S/L 27.5	,-	288
	3/15/17		22,258							22,258	5,124	S/L 27.5		608
	3/15/17		6,210							6,210	1,431	S/L 27.5		226
	5/15/17		13,968							13,968	3,090	S/L 27.5	4.0	208
	3/15/17		10,052							10,052				0
	11/01/17		4,033							4,033	584	8/1 39	_	103
31 SOLAR UPGRADE	2/28/*8		165,825	ŀ	 					165,825	22,677	8/1 39		4,252
TOTAL IMPROVEMENTS			860,923		¢	0	0	0	G	860,923	217,893			29,060
LAND														
10 LAND. TYBURN	:0/28/13		400,000							400,000				0
11 LAND. GARDENA	10/28/13	•	465,000							465,060				0
TOTAL LAND			865,000		0	చ	0	¢	6	865,000	O			0
MACHINERY AND EQUIPMENT														• ,
1 EQUIPMENT	97/10/6		5,670							5,670	5,670	\$ 1/8		0
2 EQUIPMENT	17.27.71		805'8							8,908	8,908			ಬ
3 COMPUTER EQIPMENT	4/03/13		22,72;							22,72:	127,721	S/L 5		ບ

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6/30/24	7	ZUZS CALIF	ָר ס	4	2	ASCENCIA	Z L	2	- -	ון היי				
							PRIOR	QOI	OAV IAO					
NO. DESCRIPTION	DATE ACQUIRED .	DATE	COST/ BASIS	BUS.	SUK 179 BONUS.	SPECIAL DEPR. ALLOW.	BONUS/ SP. DEPR	DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD LIEE RATE	JEE JRAT	CURRENT DEPR
i5 EQUIPMENT	10/28/13		18,975							18,975	18,975	3/1	ч >	0
:8 TELEPHONE SYSTEM	5/01/15		15,598							15,698	15,638	S/L	'n	0
28 TANKLESS WATER HEATER	7/12/17		8,070							8,970	8,070	1/5	ıc	0
29 SECURITY SYSTEM	2/28/18		17,677							17,677	17,677	\$71	S	ප
34 9 COMPUTERS	4/01/21		10,857							10,857	4,885	31	rs.	2,171
39 39 COMPUTERS	6/21/23		82,183							82,181		S/L	S	16,436
40 EQUIPMENT-ETHERNET	9/07/22		2,584							2,584	431	S/L	ın	517
41 DELL COMPUTER	10/12/22		5,050							5,050	758	SVL	ß	016':
42 DELL COMPUTER	11/12/22		4,509							4,508	60	3/L	ഹ	905
45 VIDEO INTERCOM, CARD READER	3/14/24		7,105							7,105		S/L	5	474
46 INDOOR/OUTDOOR CAMERAS	10/31/23		19,605							19,605		3/1	i,C	2,614
48 COPIER	7/01/23		53,053	1						53,053	4,496	1/8	ro.	086'9
TOTAL MACHINERY AND EQUIPME			282,663		0	0	0	0	0	282,663	108,890			3;,104
MISCELLANEOUS														
4 COMPUTER SOFTWARE	9/01/06		2,053							2,053	2,053	1/S	w	0
5 COMPUTER SOFTWARE	87/10/6		7,468							7,468	7,468	J/S	m	0
6 COMPUTER SOFTWARE	7/01/10		5,399							5,399	5,399	S/L	m	0
y van	9/05/08		25,590	_ '						25,590	25,590	NS/L	45	0
TOTAL MISCELLANEOUS			40,513		0	0	0	0	0	40,510	40,510			Û
TOTAL DEPRECIATION			5,453,495			0	0			5,453,495	1,333,519			183,969
GRAND TOTAL DEPRECIATION			5,453,495	, - 1	٥	0		0	0	5,453,495	1,333,519			183,969