			** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fro		oome Tax	OMB No. 1545-0047	
For	_ Q	90	. .			、	
		50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co Do not enter social security numbers on this form as it				
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
_			ar year, or tax year beginning $JUL 1, 2022$ and end	ding J	UN 30, 2023		
B	Check if applicab	le: C Name o	forganization		D Employer identific	cation number	
	Addre		nd College Prep				
F	Name	e	usiness as		85-143572	25	
	Initial			om/suite	E Telephone number		
	 Final returr	1650	Telstar Drive 11		719-368-0		
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	759,304.	
	Amer		rado Springs, CO 80920		H(a) Is this a group re	turn	
	Appli tion		nd address of principal officer: Karin McWhorter		for subordinates	? Yes X No	
	pend	same	as C above		H(b) Are all subordinates in	cluded? Yes No	
<u> </u>	Tax-ex	empt status:		527	lf "No," attach a	list. See instructions	
	Vebs		ndcollegeprep.com	· · · · ·	H(c) Group exemption		
			X Corporation Trust Association Other	L Year (of formation: 2020 N	State of legal domicile: CO	
Pa	art I	Summary	• · · · · · · · · · · · · · · · · · · ·	0.1	1	1.1.!	
ė	1		e the organization's mission or most significant activities: Ascend		lege Prep 1s	s a public	
Governance			ry school for 11th-12th grade studer				
ern	2	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets					
20	3 Number of voting members of the governing body (Part VI, line 1a)				8		
			lependent voting members of the governing body (Part VI, line 1b)			2	
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			0	
itivi	72		of volunteers (estimate if necessary)			0.	
A	'a				70 7b	0.	
		Not an clated		<u> </u>	Prior Year	Current Year	
	8	Contributions	and grants (Part VIII, line 1h)		42,149.	38,191.	
onu	9		ce revenue (Part VIII, line 2g)		344,962.	713,736.	
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		32.	201.	
ě	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,247.	7,176.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		392,390.	759,304.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		80,738.	95,871.	
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.	
ad x	. ь	Total fundrais	ing expenses (Part IX, column (D), line 25) 14,500	•			
Û	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		325,897.	665,899.	
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		406,635.	761,770.	
	19	Revenue less	expenses. Subtract line 18 from line 12		-14,245.	-2,466.	
t Assets or				Be	ginning of Current Year	End of Year	
sset	20	Total assets (F			214,481.	574,246.	
Net As	21		(Part X, line 26)		227,614.	589,845.	
			fund balances. Subtract line 21 from line 20		-13,133.	-15,599.	
	art II			d atotare -	nto and to the best of more	Inourladas and balled it '-	
UIIC	er heu	annes or perjury,	I declare that I have examined this return, including accompanying schedules an	iu statemie	ms, and to the best of My	KIIUWIEUYE AIIU DEIIEI, IL IS	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
Here	Karin McWhorter, Principa	l & Director					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	Thomas G. Sistare	Thomas G. Sistare			200356968		
Preparer	Firm's name Hoelting & Company			Firm's EIN 30-0)514455		
Use Only	Firm's address 31 East Platte Av	enue, Suite 300					
	Colorado Springs,	CO 80903		Phone no. (719)	630-1091		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-13	32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)						

Form	Ascend College Prep	85-1435725	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	<u></u>	<u>L</u>
1	Briefly describe the organization's mission: Ascend College Prep is a public secondary school for	11+h-12+h arad	<u>م</u>
	students	IICH-IZCH GIAU	<u> </u>
	56446465		
2	Did the organization undertake any significant program services during the year which were not listed or		
	prior Form 990 or 990-EZ?	Ye	es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	es X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service service the amount of around $EO1(a)(4)$ and $EO1(a)(4)$ around $EO1(a)(4)$ a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations revenue, if any, for each program service reported.	to others, the total expenses,	and
4a	(Code:) (Expenses \$538,988. including grants of \$) (Bevenue \$ 720	,912.)
	At Ascend, we want our students to ask "why" we wan	t them to dig	<u>,</u>)
	deeper into the material instead of simply replicati		У
	have been shown during a class. True learning is abo		
	than memorizing formulas and steps. We will focus on	the underlying	
	concepts behind the mechanics in each course as a wa		
	understand the content. Our small class sizes and ap		
	curriculum allow us to tailor instruction to each st		ual
	interests and needs. In a traditional classroom, all		
	required to work at the same pace; this does a disse		
	students who would like to work faster, or those who		
	help. We will work with students, on an individual b	asis, to custom	ıze
41	their educational experience.	<u> </u>	<u>`</u>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 538,988.		990 (2022)

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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	37	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	37
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		- 11
19		19		x
20-	complete Schedule G, Part III	19 20a		X
20а ь	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		- 11
	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
		<u> </u>		

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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		
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			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			<u></u>
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
		-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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Га	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		N	
20	Enter the number of employees reported on Form W.2. Transmittal of Wage and Tay Statements		Yes	No
Za	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 2			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
		3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e				
f				
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8				
9	sponsoring organization have excess business holdings at any time during the year?	8		
э а		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	55		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b				
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	-		
С	Enter the amount of reserves on hand			
14a		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
<i></i>	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	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a r	esponse or note to ar	v line in this Part VI	

X

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	8		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
74	more members of the governing body?	7a		x
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
D		7b		x
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		- 23
8		80	х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
<u> </u>	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Δ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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?	10b	37	
	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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	()s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	, y)		
	X Own website Another's website 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, ar	nd finan	rial	
13	statements available to the public during the tax year.			
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	The Organization - 719-368-6936			

1650 Telstar Drive, 110, Colorado Springs, CO 80920

Form 990 (2022)	Ascend College Prep	85-1435725 Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employe	es, and Independent Contractors						
Check if Sc	hedule O contains a response or note to any line in this Part VII						
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Emp	loyees					
	for all persons required to be listed. Report compensation for the calend anization's current officers, directors, trustees (whether individuals or org	, , ,					

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)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both r/trus	n an	compensation	compensation	amount of
	week				reciu	i/irus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	ndividual trustee or director	Institutional trustee	er	anplo	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) Karin McWhorter	40.00									
Principal and Director				Х				58,000.	0.	0.
(2) Mary Szucs	2.00									
Vice President		Х		Х				45,001.	0.	0.
(3) William Frost	2.00									
President		Х		Х				0.	0.	0.
(4) Cody Dozier	1.00									
Secretary		Х		Х				0.	0.	0.
(5) Martha Turobiner	1.00									
Treasurer		Х		Х				0.	0.	0.
(6) David Vollmer	1.00									
Member		Х						0.	0.	0.
(7) Catherine Dunham	1.00									
Member		Х						0.	0.	0.
(8) Frank Cannizzaro	1.00									
Member		Х						0.	0.	0.
(9) Eric Shipley	1.00									
Member		Х						0.	0.	0.
		•								
					<u> </u>					
				<u> </u>	-	-				
		-								

							Page 8				
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		· ,		
(A) Name and title	(B) Average hours per week	box,	not cl unles	heck i ss per	ition more rson i:	than o s both r/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	n amount of	
	(list any hours for related organizations below	ndividual trustee or director	nstitutional trustee		ployee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fro orga and	pensation om the anization I related
	line)	Individ	Instituti	Officer	Key employee	Highest employ	Former			orga	nizations
										_	
										_	
1b Subtotal					L	L		103,001.	0	•	0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 103,001.	0	_	0.
2 Total number of individuals (including but n										•	
compensation from the organization											0 Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-		•	•	-		Ŭ	• •	•	3	x
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		
and related organizations greater than \$150Did any person listed on line 1a receive or a	,		•							4	X
rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ich r	oers	on .				5	X
1 Complete this table for your five highest co										sation fro	m
(A)	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)										
Name and business	address	NC	ONE	2			_	Description of s	ervices	Comper	nsation
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lin	nited	to	thos C		ted	above) who received mo	ore than		

	n 990 (ź		end Colle	ege Prep			85-1435	725 Page 9
Pa	rt VII	I Statement of Re	venue					
		Check if Schedule O o	contains a respon	se or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
សូ	1 a	Federated campaigns	1a					
ran	b	Membership dues						
۲ ۵	с	Fundraising events	1c					
ar <i>I</i>	d	Related organizations						
s, 0	е	Government grants (contr	ibutions) 1e	25,568.				
r Si	f	All other contributions, gifts,	grants, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included		12,623.				
ontr of	g				20 101			
<u>о</u> р	h	Total. Add lines 1a-1f			38,191.			
		Den Dunil Den		Business Code				
ice	2 a	Per Pupil Rev		$- \frac{611110}{611110}$	669,563. 44,173.	669,563. 44,173.		
er v	b	0			44,1/J.	44,1/3.		
m S Ven	C L							
Program Service Revenue	d			_				
Pro	e f	All other program service	revenue	_				
_					713,736.			
	3	Investment income (includ						
				·	201.			201.
	4	Income from investment of						
	5	Royalties	. <u></u>					
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses \dots	6b					
		Rental income or (loss)	6c					
		Net rental income or (loss)		(1) (2)				
	7 a	Gross amount from sales of	(i) Securitie	s (ii) Other				
		assets other than inventory	7a					
đ	a	Less: cost or other basis	71					
venue	~	and sales expenses	7b 7c					
O		Net gain or (loss)						
Other Ro		Gross income from fundraisi	r					
Gt	• -	including \$						
-		contributions reported on						
		Part IV, line 18		8a				
	b	Less: direct expenses		8b				
		Net income or (loss) from		s				
	9 a	Gross income from gamin	-					
		Part IV, line 19		9a				
		Less: direct expenses	L	9b				
		Net income or (loss) from	r					
	10 a	Gross sales of inventory, I		10-				
	h	and allowances Less: cost of goods sold		10a 10b				
		Net income or (loss) from	····· C					
			callos of inventory	Business Code				
Snc	11 a	Miscellaneous	Revenue	611110	7,176.	7,176.		
nec	b							
Miscellaneous Revenue	с							
Aisc B	d	All other revenue						
2	е	Total. Add lines 11a-11d			7,176.			
	12	Total revenue. See instruction	ons		759,304.	720,912.	0.	201.

Page **9**

	Check if Schedule O contains a respon	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	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,		27 700	E 000	14 500
•	trustees, and key employees	58,000.	37,700.	5,800.	14,500.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	31,058.	27,952.	3,106.	
7 0	Other salaries and wages Pension plan accruals and contributions (include	JI,UJU.	41,334.	5,100.	
8					
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
9 10	Payroll taxes	6,813.	6,132.	681.	
11	Fees for services (nonemployees):	0,0101	0,2021		
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	100.	85.	15.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	59,805.	50,834.	8,971.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20 270	24 1 21	1 257	
20	Interest	28,378.	24,121.	4,257.	
21	Payments to affiliates	100 500		100 500	
22	Depreciation, depletion, and amortization	122,590. 24,840.	21,114.	122,590.	
23	Insurance Other expenses. Itemize expenses not covered	24,040.	41,114.	5,120.	
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Other Purchased Service	312,881.	265,949.	46,932.	
b	Authorizer Purchased Se	34,331.	29,181.	5,150.	
c	Instructional Supplies	21,052.	21,052.		
d	Purchased Services	18,836.	16,011.	2,825.	
	All other expenses	43,086.	38,857.	4,229.	
25	Total functional expenses. Add lines 1 through 24e	761,770.	538,988.	208,282.	14,500.
26	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

 Form 990 (2022)
 Ascend College Prep

 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).

College	Prep	

orm	990 (2 t X	2022) Ascend College Balance Sheet	Prep)		85-1	435725 Page 11
rai	1	Check if Schedule O contains a response or note	to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			47,413.	1	84,925.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	270.
	5	Loans and other receivables from any current or					
	-	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disgualifi	•				
	-	under section 4958(f)(1)), and persons described		· ·		6	
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As:	9					9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	648,319.			
	b	Less: accumulated depreciation	10b	174,151.	154,683.	10c	474,168.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			12,385.		14,883
	16	Total assets. Add lines 1 through 15 (must equa			214,481.		574,246
	17	Accounts payable and accrued expenses			11,236.		30,501.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or forme					
tie		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelat	·	· · · · · · · · · · · · · · · · · · ·	216,378.	_	559,344.
	24	Unsecured notes and loans payable to unrelated				24	0.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	,			25	
	26				227,614.	26	589,845.
		Organizations that follow FASB ASC 958, check		X	·		
es		and complete lines 27, 28, 32, and 33.					
anc	27				-28,133.	27	-37,599.
Bal	28	Net assets with donor restrictions			15,000.	28	22,000.
pu		Organizations that do not follow FASB ASC 95					
Εn		and complete lines 29 through 33.	,				
o,	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			-13,133.	32	-15,599.
~	33	Total liabilities and net assets/fund balances			214,481.	33	574,246.

Form 990 (2022)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part IX, column (A), line 12) 1 759, 304. 2 Total expenses (must equal Part IX, column (A), line 25) 2 761, 770. 2 Total expenses (must equal Part IX, column (A), line 25) 2 761, 770. 2 Total expenses (must equal Part IX, column (A), line 25) 2 761, 770. 2 Total expenses Subtract line 2 from line 1 3 -2, 4666. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -13, 133. 5 Net urrealized gains (losses) on investments 6 6 -7 6 0 7 8 9 0. -15, 599. 2 Part XII Financial Statements and Reporting -15, 599. -15, 599. 2 Check if Schedule O contains a response or note to any line in this Part XII X Yea No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Yea No 1 Accounting	Form	1990 (2022) Ascend College Prep	85-143	5725	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 759, 304. 2 Total expenses (must equal Part IX, column (A), line 25) 2 761, 770. 3 Revenue less expenses. Subtract line 2 from line 1 3 -2, 466. 4 4 -13, 133. 5 5 Net unrealized gains (losses) on investments 6 6 6 6 7 7 7 8 9 0. 9 Otter changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 H* Yes, 'toekc A bob low to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Yes No 11 Accounting method used to prepare the Form 990:	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 761,770. 3 Revenue less expenses. Subtract line 2 from line 1 3 -2,466. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -13,133. 5 Net unrealized gains (losses) on investments 6 7 6 0onated services and use of facilities 7 7 7 1 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -15,599. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Consolidated basis 2b X 2b X <td></td> <td>Check if Schedule O contains a response or note to any line in this Part XI</td> <td></td> <td></td> <td></td> <td></td>		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 761,770. 3 Revenue less expenses. Subtract line 2 from line 1 3 -2,466. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -13,133. 5 Net unrealized gains (losses) on investments 6 7 6 0onated services and use of facilities 7 7 7 1 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -15,599. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Consolidated basis 2b X 2b X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
3 Revenue less expenses. Subtract line 2 from line 1 3 -2,466. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -13,133. 5 B 6 6 7 8 6 7 8 9 0. 6 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -15,599. Part XII Financial Statements and Reporting X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X Yes No 1<	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 -13,133. 5 Net unrealized gains (losses) on investments 6 0onated services and use of facilities 7 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) -15,599. Part XII Financial Statements and Reporting -15,599. Column (8) Xes Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1f H* organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1f "Yes, 'heck a box below to indicate whether the financial statements for the year were compiled on a separate basis, or both: 2b X 1f "Yes,' heck a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis, or both: 2b X 16 Separate basis Consolidated basi	2	Total expenses (must equal Part IX, column (A), line 25)	2	761	L,7'	70.
5 Net unrealized gains (losses) on investments 6 6 7 8 9 9 0 9 0 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 1 Accounting method used to prepare the Form 990: 2a 2a X If Yee, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization is financial statements audited by an independent accountant? If 'Yee,'' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization is financial statements audited by an independent accountant? If 'Yee,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both: Image: Separate basis Consolidated basis If 'Yee,'' check a box below to indicate and selection of an independent accountant? If 'Yee,'' check	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 7 investment expenses 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -15,599. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2a X If 'Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis, or consolidated basis b Were the organization's financial statements and selection of an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements and selection of an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis consolidated basis, or both: X Separate basis Consolidated basi	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-13	3,1:	33.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Separate basis, or both: X Separate basi	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -15,599. Part XII Financial Statements and Reporting 10 -15,599. Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Oconsolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X I If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X I If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Both consolidated and separate basis 2b <td>6</td> <td>Donated services and use of facilities</td> <td>6</td> <td></td> <td></td> <td></td>	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -15,599. Part XII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, " explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, " explain on Schedule O. 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Image: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X Image: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X Image: Separate basis Consolidated basis Both consolidated and separate basis C Image: Separate basis Consolidated basis Both consolidated and separate basis C	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) -15,599. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," the che a abasis Consolidated basis Both consolidated and separate basis 2b X If "Y	8	Prior period adjustments	8			
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Form **990** (2022)

SCH	EDU	ILE	A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Ascend College Prep 85-1435725 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v), operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally rec	ber							
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 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investmen income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 								
 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investmen income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 								
 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
 university:								
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12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on								
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on								
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting								
organization. You must complete Part IV, Sections A and B.								
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having								
control or management of the supporting organization vested in the same persons that control or manage the supported								
organization(s). You must complete Part IV, Sections A and C.								
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,								
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.								
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)								
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness								
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III								
functionally integrated, or Type III non-functionally integrated supporting organization.								
Enter the number of supported organizations								
Provide the following information about the supported organization(s).								
(i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (described on lines 1-10) (v) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other								
organization (described on lines 1-10 above (see instructions)) Yes No support (see instructions) support (see instructions)	ns)							
Total								
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22 Schedule A (Form 990) 2	022							

	A (Form 990) 20
Part II	Support S

8	5-	1	43	5'	72	5	Page 2
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(Form 990) 2022 Ascend College Prep 85-1435 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.)

See	ction A. Public Support	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(a) 2010	(6) 2013	(0) 2020	(0) 2021	(e) 2022	
8	Gross income from interest,						
0	·						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	,	•	,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publi			(7)			
	Public support percentage for 2022 (I		•	(77)		14	%
	Public support percentage from 2021					15	. %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o				l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	v supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s

Schedule A (Form 990) 2022

Schedule A	(Form	990	202

 Schedule A (Form 990) 2022
 Ascend College Prep

 Part III
 Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	, ,						
-	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) org	anization,
	check this box and stop here	-			-		
Sec	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021		-			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ino 13 column (f))		17	%
18	Investment income percentage from			an line 14 and line		18	d line 17 is not
198	a 33 1/3% support tests - 2022. If the						
_	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions .	<u></u>

Ascend College Prep

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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Part IV	Supporting	Organizations (cont	tinued)	

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>			
	supported organizations and what conditions or restrictions if any applied to such powers during the tay year	1 1		

ep

	supported organizations and what conditions of restrictions, if any, applied to such powers during the tax year
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	l. or controlle	d the supporti	ng organization.	
Section C. Ty	ype II Sup	porting Or	ganizations	

			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 exercise (s)	1		

	porteu orga		
Section D	. All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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		

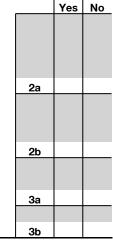
Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* line 3 *below*.

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- 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.
- 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.**
- **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.*



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

Schedule A (Form 990) 2022

instructions).

 Schedule A (Form 990) 2022
 Ascend College Prep

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

_	dule A (Form 990) 2022 Ascend Colleg	e Prep		85	5-1 4 35725 _{Ра}
	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continu	<i>led)</i>	• • • • •
	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 202
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, overlain in				

and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 Ascend College Prep	85-1435725 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Secline 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part 1 (See instructions.)	/, line 1; Part V, Section B, line 1e; Part V,

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

85-1435725

Name of the organization

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Ascend	College	Prep

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X 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 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 for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

85-1435725

Ascend College Prep

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

from

Part I

Name of organization

Part II

(a)

No.

from

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

Description of noncash property given

Ascend College Prep

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)

Employer identification number

(d)

Date received

85-1435725

(c)

FMV (or estimate)

(See instructions.)

FMV (or estimate)

(See instructions.)

\$

Date received

Name of o	organization		Employer identification number
Ascen	d College Prep		85-1435725
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, a	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 gi	[
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gi	[
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gi	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

		Supplement	ol Financial	Statamanta		OMB No. 1545-0047
	HEDULE D n 990)	Supplementa Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered	'Yes" on Form 990,		2022
	ment of the Treasury		ttach to Form 990.			Open to Public Inspection
	I Revenue Service e of the organizat				Emr	bloyer identification number
	Ū	Ascend College Pre	9			85-1435725
Pa		ations Maintaining Donor Advise		er Similar Funds or Ad	coun	ts. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin				
			(a) Donor ac	lvised funds	(b) Fun	ds and other accounts
1		end of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year		a hold in denot advised fun		
5	-	ion inform all donors and donor advisors in v on's property, subject to the organization's	-			Yes No
6		ion inform all grantees, donors, and donor a				
•	•	poses and not for the benefit of the donor o	•	•		
	impermissible priv				•	Yes No
Pa	tll Conserv	vation Easements. Complete if the org				
1	Purpose(s) of con	servation easements held by the organization	on (check all that app	oly)		
	Preservatio	n of land for public use (for example, recrea	tion or education)	Preservation of a hist	orically	important land area
	Protection of	of natural habitat		Preservation of a cert	ified his	storic structure
		n of open space				
2		a through 2d if the organization held a qualif	ied conservation cor	ntribution in the form of a co	nservat	
	day of the tax yea					Held at the End of the Tax Year
					2a	
	•				2b	
		rvation easements on a certified historic stru			2c	
a		rvation easements included in (c) acquired a listed in the National Register			2d	
3		rvation easements modified, transferred, rel				during the tax
-	year		sassa, shangalonsa			
4	Number of states	where property subject to conservation eas	ement is located			
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, ins	pection, handling of		
	violations, and en	forcement of the conservation easements it	holds?			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing conservation	on ease	ments during the year
7	Amount of expension	ses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conservation ea	sement	ts during the year
•					<i>(</i> -)	
8		rvation easement reported on line 2(d) abov	•			
9	and section 170(h	n)(4)(B)(ii)? ibe how the organization reports conservation				
9		ind include, if applicable, the text of the footn		-		
		counting for conservation easements.	lote to the organizati		ai ucso	
Pa		ations Maintaining Collections of	Art, Historical	Treasures, or Other S	imila	r Assets.
	Complete	if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	n elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement and bal	ance sh	neet works
	of art, historical tr	easures, or other similar assets held for pub	olic exhibition, educa	tion, or research in furthera	nce of p	public
	service, provide ir	n Part XIII the text of the footnote to its finar	ncial statements that	describes these items.		
b	If the organization	n elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and balance	e sheet	works of
	art, historical trea	sures, or other similar assets held for public	exhibition, educatio	n, or research in furtherance	e of pub	olic service,
	-	ving amounts relating to these items:				
		uded on Form 990, Part VIII, line 1				\$
~	.,					\$
2	-	n received or held works of art, historical trea		- ·	provide)
	the following amo	ounts required to be reported under FASB A	So and relating to th	1636 1161115.		

а	Revenue included on Form 990, Part	/III, line 1	\$_
b	Assets included in Form 990, Part X		\$

232051 09-01-22

		College Pr						85-14			ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, o	r Other	Simila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check an	y of the f	ollowing that	t make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	(hange progra						
b	Scholarly research		e 🛄 Oth	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they f	further th	e organizatio	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of				•			_	-		
D	to be sold to raise funds rather than to be ma								Yes		No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi		2						7.4		
,							Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table) :					Amount		
								Amount			
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f 2e	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • •	∟	_	\square	NU
Par											
	Complete	(a) Current year	(b) Prior		(c) Two yea			/ears back	(e) Four	vears b	ack
1a	Beginning of year balance			,			., .		. ,		
b	Contributions										
c	Net investment earnings, gains, and losses										
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 curr		e (line 1g, co	olumn (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organization	ation that ar	e held an	d administer	red for th	е		_		
	organization by:								,	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the	ŭ	wment func	ls.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV, lir	ie 11a. S	ee Form 990						
	Description of property	(a) Cost or o basis (investi		(b) Cost basis (. ,	ccumulate preciation		(d) Book	value	
1a	Land										
b	Buildings										
	Leasehold improvements			63	2,417.		L74,1	51.	458	,26	6.
d	Equipment										
-	Other				5,902.					,90	
Tota	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X. column (<u>B), line 1(</u>)c.)				474	,16	8.

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	Ascend	College	Prep
Part VII Investments - Other Securities.				

85-1435725 Page 3

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end			l-of-year market value	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(1)	
	Description		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 (5.)			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25		
(a) Description of lightlifty			(b) Book value	
(1) Federal income taxes				
(2)				
(3)				
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6)				

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

Sche	Schedule D (Form 990) 2022 Ascend College Prep			435725	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	eturn.		
	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	759,	304.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	759,	304.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	c Add lines 4a and 4b		4c		0.
5	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				304.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Return	.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	761,	770.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	e Add lines 2a through 2d				0.
3	3 Subtract line 2e from line 1			761,	770.
4	4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		0.
5	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			761,	770.
Pa	t 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 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.

SCHEDULE E	
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Department of the Treasury Internal Revenue Service

(Form 990)

Schools

OMB No. 1545-0047

Open to Public

Complete if the organization answered "Yes" on Form 990,	Part IV, line 13,
Form 990-EZ. Part VI. line 48.	

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Inspection Employer identification number

	Ascend Colle	ege Prep
Part I		

inpicyci	Identified ton number
8	5-1435725

or

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	o 1 , , , , , , , , , , , , , , , , , ,	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
_				
5	Does the organization discriminate by race in any way with respect to:	_		v
	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X X
	Educational policies?	5e		
	Use of facilities?	5f		X
	Athletic programs?	5g		X X
h	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
<u> </u>	Deep the experimetion require any financial aid as accistoned from a source state access of	6-	Х	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Δ	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		A
-	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering	-	Х	
	racial nondiscrimination? If "No," explain on Part II			

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

Schedule E (Form 990) 2022

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Line 6 - Explanation of Government Financial Aid:

Per pupil funding and federal grant funding is received through the

Colorado Department of Education.

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.



Employer identification number 85-1435725

Ascend College Prep

Form 990, Part VI, Section B, line 11b:

The Board of Directors reviews the 990 prior to filing.

Form 990, Part VI, Section B, Line 12c:

All board members are required to disclose any time an issue is voted upon

for which they have a conflict of interest and abstain from voting on the

issue. Annually, board members sign a conflict of interest statement.

Form 990, Part VI, Section B, Line 15:

The School reviews salary surveys and other comparable salary information

for like positions. The finance committee discusses the salary and submits

a recommendation to the board. The board approves the authorized salary

for the Executive Director in executive session.

Form 990, Part VI, Section C, Line 19:

The organization provides these documents upon request from the public and publishes on their website.

Form 990, Part XII, Line 2c The board of directors assumes responsibility for the oversight of the audit and selection of an independent accountant. This has not changed from prior years.