Information submitted via Top Hat Plan Statement Online Filing System to U. S. Department of Labor under 29 CFR 2520.104-23

Date Completed: 2/13/2024 9:02 PM EST

Confirmation Number: 12754
Amended Confirmation Number:

Employer Information

Name:	Ascendus
Address:	25 Broadway, 10th Floor
City:	New York
State:	NY
Zip Code:	10004

Plan Administrator Information

Name:	Ascendus
Address:	25 Broadway
City:	New York
State:	NY
Zip Code:	10004
Phone:	6468334526
Email:	employeesuccess@ascendus.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1 Plan Name: Ascendus 457b Plan Number of Employees: 1

Additional Information:

U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 12754. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.