** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

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OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

ч г	OI LITE	2023 Calendar year, or tax year beginning	and	a enuning								
	heck if	C Name of organization			D Employer	identific	cation number					
	Addre	ACUMEN FUND, INC.										
	Name chang	- · · ·			13-4	16622	28					
	Initial return	Number and street (or P.O. box if mail is not del	livered to street address)	Room/suite	1							
]Final return/	10 MOBUH CUBEEU	,	303		566-8						
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipt	s\$	56,017,223.					
	Ameno return	NEW TORK, NI TOOLS			H(a) Is this a	group re	turn					
	Application	F Name and address of principal officer: JAC	QUELINE NOVOGRA	TZ	for subc	rdinates	? Yes X No					
	pendir	SAME AS C ABOVE			H(b) Are all sub-	ordinates in	cluded? Yes No					
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 52°	7 If "No,"	attach a	list. See instructions					
	Vebsit				H(c) Group e							
K F	orm of	organization,	sociation Other	L Yea	r of formation: 2	001 N	State of legal domicile: NY					
Ра	rt I	Summary	477									
ø	1	Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU	JLE O							
Activities & Governance							<u> </u>					
ern												
હુ		Number of voting members of the governing body			13 12							
æ		Number of independent voting members of the gov			133							
ties		Total number of individuals employed in calendar y Total number of volunteers (estimate if necessary)				··· 🗖	13					
ţį		Total unrelated business revenue from Part VIII, col			0.							
Ac		Net unrelated business taxable income from Form					0.					
		Net unrelated business taxable moome nom rom	550 1, 1 art 1, iii 10 11		Prior Year		Current Year					
-	8	Contributions and grants (Part VIII, line 1h)			59,141,	180.	50,322,993.					
nne		5			954,		1,172,013.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			1,345,		1,207,116.					
Ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		-324,		506,626.						
		Total revenue - add lines 8 through 11 (must equal			61,117,		53,208,748.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,806,	288.	2,988,413.					
	14	Benefits paid to or for members (Part IX, column (A			0.	0.						
S		Salaries, other compensation, employee benefits (F			12,935,		15,528,716.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0.	118,863.					
xbe		Total fundraising expenses (Part IX, column (D), line	'									
ш		Other expenses (Part IX, column (A), lines 11a-11d,			14,128,		11,578,327.					
		Total expenses. Add lines 13-17 (must equal Part I)			28,870,		30,214,319.					
		Revenue less expenses. Subtract line 18 from line	12		32,247,		22,994,429.					
Net Assets or -und Balances					eginning of Curre		End of Year					
Sset Bala	20			<u> </u>	<u>187,205,</u> 10,806,		210,817,310.					
let A ind	21	Total liabilities (Part X, line 26)	lin = 00		176,308,	365	196,250,739.					
	rt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		170,390,	303.	190,230,739.					
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	nents, and to the h	est of my	knowledge and helief it is					
		t, and complete. Declaration of preparer (other than office				-	Knowlodge and bollof, it is					
,	001100	, and completel Deciaration of propares (canon man emoc	.,, 10 24004 011 411 111 011 114 114 11 01 1	····o·· propare		.90.						
Sigr	1	Signature of officer			Date							
Her		CARLYLE SINGER, PRESIDENT										
		Type or print name and title										
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN					
Paid		KAREN LO										
rep	arer	Firm's name RSM US LLP			Firm's	s EIN 4	2-0714325					
Jse	Only	Firm's address 80 CITY SQUARE										
		BOSTON, MA 02129			Phone	e no.61'	7-912-9000					
Иαν	the IF	RS discuss this return with the preparer shown about	ve? See instructions				X Yes No					

Form 990 (2023) ACUMEN FUND, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	_
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			ا
	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			l
	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			l
	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,			l
	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			ا
	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	3		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3,7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
D	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	444	Х	
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b	21	
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	15	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	21	
10		16		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		125
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	х	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢'′	- 22	
10		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		 ^
IJ	,	19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	16 D. C. D.	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	J			

			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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	304		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			X
	5-1		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	(manalalis a) unimpirare to maine unimpure?	1c	Х	
	(gambling) winnings to prize winners?	_ IU	000	<u> </u>

Form 990 (2023) ACUMEN FUND, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 133	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	-	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).			77
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			7.7
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		^
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	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			
3	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	4		
	Enter the amount of reserves on hand	1		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	1	-
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			\ _v
	excess parachute payment(s) during the year?	15		X
6	If "Yes," see the instructions and file Form 4720, Schedule N.	46		X
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		Α
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
•	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI				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 1a	13								
	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	12								
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	n								
	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?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х					
6	Did the organization have members or stockholders?		6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?		7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?		7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?		8a	X						
b	Each committee with authority to act on behalf of the governing body?		8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X						
b			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done		12c	X						
13	Did the organization have a written whistleblower policy?		13	X						
14	Did the organization have a written document retention and destruction policy?		14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official		15a	X						
b	Other officers or key employees of the organization		15b	X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?		16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1								
	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 CA, CO, CT, DC, DE, FL, IL, M	ID,MA,	MN,	NJ,	, NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	501(c)(3)s	only)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicy, and	financ	cial						
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	CARLYLE SINGER, PRESIDENT - 212-566-8821									
	40 WORTH STREET, 303, NEW YORK, NY 10013									

13-4166228

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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	Position (do not check more than one				200	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week	officer and a di		recto	r/trus	tee)	from	from related	other	
	(list any	recto						the	organizations	compensation
	hours for	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	related organizations	ruste	l trus		ee	ubeu		1099-NEC)	1099-NEO)	organization and related
	below	dual t	ntiona		nploy	st cor	-	1000 1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			9
(1) JACQUELINE NOVOGRATZ	39.50									
CEO & DIRECTOR	0.50	Х		Х				373,288.	0.	35,257.
(2) CARLYLE SINGER JONES	39.50									
PRESIDENT	0.50			Х				334,865.	0.	22,772.
(3) LYNN ROLAND	35.00									
BOARD SECRETARY/GENERAL COUNSEL	5.00			Х				250,065.	0.	49,248.
(4) JACQUELINE WOO	39.50									
CHIEF FINANCIAL OFFICER	0.50			Х				252,096.	0.	45,684.
(5) YASMINA ZAIDMAN	40.00								_	
CHIEF OF DEVELOPMENT & PARTNERSHIPS	0.00				Х			252,052.	0.	41,006.
(6) MICHELLE OSORIO	0.00									
INVESTMENT DIR., KAWISAFI VENTURES	40.00					Х		0.	241,066.	47,541.
(7) CATHERINE C. NANDA	0.00									
DIRECTOR, ACUMEN AMERICA	40.00				Х			240,008.	0.	40,843.
(8) AMRITA BHANDARI	40.00									
CHIEF OF INSIGHTS & STRATEGY	0.00				Х			257,830.	0.	8,138.
(9) WILLIAM CHARNOCK	40.00									
CHIEF OF MARKETING (UNTIL 6/30/23)	0.00				Х			240,774.	0.	16,653.
(10) AMON ANDERSON	0.00									
DIRECTOR, ACUMEN AMERICA	40.00				Х			214,064.	0.	40,381.
(11) JOANNA MCQUADE	40.00									
DIRECTOR, TALENT	0.00				Х			231,674.	0.	19,918.
(12) ALEXANDRA TRABULSI	40.00									
DIRECTOR, PHILANTHROPY	0.00					X		195,286.	0.	6,262.
(13) SARAH BIEBER	40.00									
DIRECTOR, DEVELOPMENT & PARTNERSHIPS	0.00					X		190,575.	0.	6,120.
(14) SABRINA LEE ORTEGA SANCHEZ	40.00									
HEAD OF BUSINESS DEV., FOUNDATION	0.00					Х		170,972.	0.	19,623.
(15) KEVIN LEHMAN, ASSOCIATE	40.00									
DIRECTOR, FUNDRAISING (UNTIL 12/7/23	0.00					Х		171,667.	0.	16,160.
(16) MARGO ALEXANDER	1.00									•
DIRECTOR	0.00	X					_	0.	0.	0.
(17) KATHLEEN CHEW WAI LIN	1.00	,,							_	•
DIRECTOR	0.00	X						0.	0.	0.

D-13/11	1 0112 / 1110	_								 . age -
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average	(do	not cl	Posi			one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		Lei an	uau	recto	i/irus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		99	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	rtio na	_	nploy	st cor	-	1000 1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.9424
(18) MATTHEW COUREY	1.00									
DIRECTOR (AS OF 4/27/2023)	0.00	Х						0.	0.	0.
(19) C. HUNTER BOLL	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(20) NATHAN LAURELL	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(21) CRISTINA LJUNGBERG	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(22) KIRSTEN NEVILL-MANNING	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(23) KAREN PATERSON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(24) THULASIRAJ RAVILLA	1.00									
DIRECTOR (AS OF 4/27/2023)	0.00	Х						0.	0.	0.
(25) ANDREA SOROS COLOMBEL	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(26) HANS TAPARIA	1.00									
DIRECTOR	0.00	Х						0. 3,375,216.	0. 241,066.	0.
1b Subtotal	1b Subtotal									415,606.
c Total from continuation sheets to Par	rt VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								3,375,216.	241,066.	415,606.
2 Total number of individuals (including b	ut not limited to th		lioto	d 0h		ا مر	0 r0	soived more than \$100	000 of roportable	

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

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
60 DECIBELS, INC., 205 E. 42ND STREET,		
20TH FL, NEW YORK, NY 10018	IMPACT MEASUREMENT	379,807.
WALL STREET IT MANAGEMENT	IT MANAGEMENT	
40 WEST 37TH STREET, NEW YORK, NY 10018	SERVICES	264,768.
RSM US LLP, 30 S. WACKER DRIVE, SUITE		
3300, CHICAGO, IL 60606	ACCOUNTING SERVICES	203,469.
BRITEWEB	DESIGN, BRAND, & WEB	
195 MONTAGUE ST., BROOKLYN, NY 11201	SERVICES	179,128.
BRIDGE PARTNERS LLC, 27 UNION SQUARE WEST,		
SUITE 502, NEW YORK, NY 10003	RECRUITING	172,816.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 11		

30

Form 990 ACUMEN FO	UND, INC	•							13-416	0220	
Part VII Section A. Officers, Directors, Tru	nplo	yee	s, aı	nd H	lighe	est (
(A) Name and title	(B) Average hours	Average hours (check						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(27) MARK TERCEK DIRECTOR (UNTIL 5/1/2023)	1.00	Х						0.	0.	0	
(28) SHAIZA RIZAVI BOARD CHAIR	1.00	Х		Х				0.	0.	0	

13-4166228

		Check if Schedule O contains a response	or note to any line	in this Part VIII			
		Officer if Octreduce O contains a response	Or Hote to arry line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
nts nts		Federated campaigns1a					
3ra Iou		Membership dues 1b					
s, (Am		Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
ini	е	Government grants (contributions) 1e	2,483,936.				
igu	f	All other contributions, gifts, grants, and					
the state		similar amounts not included above 1f	47,839,057.				
Ę Ġ	g	Noncash contributions included in lines 1a-1f	766,866.				
Se	h	Total. Add lines 1a-1f		50,322,993.			
			Business Code				
ø.	2 a	PGM RELATED LOAN INCOME	900099	1,007,567.	1,007,567.		
Program Service Revenue	b	DROGRAM FEEE	900099	164,446.	164,446.		
ser iue		-					
m S	C						
gra Re	d						
Š	е	·					
<u> </u>		All other program service revenue		1 150 010			
	g	Total. Add lines 2a-2f		1,172,013.			
	3	Investment income (including dividends, inter					
		other similar amounts)		1,476,941.			1476941.
	4	Income from investment of tax-exempt bond p	oroceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	2538650.				
	h	Less: cost or other basis					
ø)	b		2808475.				
ğ		and sales expenses 7b Gain or (loss) 7c	-269,825.				
Revenue		. ,	'	260 025			260 025
		Net gain or (loss)		-269,825.			-269,825.
ther	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	1				
	b	Less: direct expenses 8t					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses 9t					
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances <u>10</u>	a				
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	1				
\dashv		moone or goody norm dated or inventory	Business Code				
Sn	11 ^	REIMBURSEMENT/OTHER	900099	500,626.			500,626.
Miscellaneous Revenue			900099	6,000.			6,000.
llar	b	-	,,,,,	0,000.			0,000.
Sce	C						
Ξ		All other revenue		E06 606			
		Total. Add lines 11a-11d		506,626. 53 208 748.	1 172 013.	0.	1713742.
	12	Total revenue See instructions	l l	שט 2 עט 748 ו	1 172 013	. ()	1/13/42

Form 990 (2023) ACUMEN FUND, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon	se or note to any line in			X				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	1,140,722.	1,140,722.						
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	1,847,691.	1,847,691.						
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	3,049,003.	2,290,307.	425,871.	332,825.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	319,807.	319,807.						
7	Other salaries and wages	9,711,213.	6,208,829.	1,200,847.	2,301,537.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	389,501.	242,721. 624,221.	64,499.	82,281.				
9	Other employee benefits	982,815.	624,221.	157,576.					
10	Payroll taxes	1,076,377.	665,293.	180,647.	230,437.				
11	Fees for services (nonemployees):	444 4							
а	Management	136,355.	82,141. 204,328.	23,823.	30,391.				
b	Legal	266,201.	204,328.	61,872.	1.				
С	Accounting	152,342.	79,911.	60,149.	12,282.				
d	Lobbying	110 060			110 062				
е	Professional fundraising services. See Part IV, line 17	118,863.			118,863.				
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,	2 026 600	2 110 072	242 412	262 404				
	column (A), amount, list line 11g expenses on Sch O.)	3,826,689. 267,526.	3,119,873. 244,507.	343,412.	363,404. 797.				
12	Advertising and promotion	310,471.	193,659.	59,879.	56,933.				
13	Office expenses	911,322.	514,356.	275,747.	121,219.				
14	Information technology	711,522.	J14, JJ0.	2/3,/4/•	121,217.				
15	Royalties	775,767.	538,221.	125,089.	112,457.				
16 17	Occupancy	552,889.	401,625.	61,047.	90,217.				
18	Travel Payments of travel or entertainment expenses	33270031	101/025	01/01/1	3072174				
10	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	257,350.	185,319.	23,023.	49,008.				
20	Interest	,	,	-,					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	63,544.	61,838.	1,360.	346.				
23	Insurance	58,093.	29,811.	19,404.	8,878.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)								
а	INTERCOMPANY PROGRAM SE	3,663,939.	3,663,939.						
b	PROV FOR PORTFOLIO LOSS	205,030.	205,030.						
C	CORPORATE TAXES/OTHER	94,013.	85,765.	421.	7,827.				
d	MISCELLANEOUS	36,796.	9,838.	14,890.	12,068.				
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	30,214,319.	22,959,752.	3,121,778.	4,132,789.				
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)				5 QQQ (2000)				

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			548,169.	1	40,038.
	2	Savings and temporary cash investments			60,756,429.	2	82,695,708.
	3	Pledges and grants receivable, net			32,493,939.	3	21,305,972.
	4	Accounts receivable, net			2,246,013.	4	3,124,194.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net			1,062,429.	7	1,217,011.
Assets	8	Inventories for sale or use				8	
ĕ	9	B			314,044.	9	416,451.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	488,767. 404,553.			
	b	Less: accumulated depreciation	131,564.	10c	84,214.		
	11	Investments - publicly traded securities			1,654,126.	11	
	12	Investments - other securities. See Part IV, line	398,740.	12	633,740.		
	13	Investments - program-related. See Part IV, line	85,143,089.	13	95,429,016.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			2,456,494.	15	5,870,966.
	16	Total assets. Add lines 1 through 15 (must eq			187,205,036.	16	210,817,310.
	17	Accounts payable and accrued expenses		2,672,192.	17	3,245,349.	
	18	Grants payable	204 266	18	206 500		
	19	Deferred revenue	384,366.	19	226,509.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
<u> </u>		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	-	•	7,750,113.	05	11,094,713.
	06	of Schedule D Total liabilities. Add lines 17 through 25			10,806,671.	26	14,566,571.
	26	Organizations that follow FASB ASC 958, ch		• X	10,000,071.	20	14,500,571.
S		and complete lines 27, 28, 32, and 33.	ieck ner	21			
2	27	Net assets without donor restrictions			108,403,215.	27	128,942,100.
ala	28	Net assets with donor restrictions	67,995,150.	28	67,308,639.		
ē	20	Organizations that do not follow FASB ASC	01/330/2001	20	07700070051		
Ξ		and complete lines 29 through 33.	500, CHC	ok nere			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	s			29	
ets	30	Paid-in or capital surplus, or land, building, or		30			
Ass	31	Retained earnings, endowment, accumulated				31	
et.	32	Total net assets or fund balances			176,398,365.	32	196,250,739.
Z	33	Total liabilities and net assets/fund balances			187,205,036.	33	210,817,310.
					,		' ' ' '

Form **990** (2023)

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	53	,20	8,7	48.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,21		
3	Revenue less expenses. Subtract line 2 from line 1	3		,99		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,39		
5	Net unrealized gains (losses) on investments	5		,46		
6	Donated services and use of facilities	6		•	-	
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-6	,61	0,8	16.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				-	
	column (B))	10	196	, 25	0,7	39.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	ţ			
	ar audita, avalain why an Cahadula O and describe any stans taken to undergo auch audita			26		I

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Inspection

Employer identification number ACUMEN FUND, INC. 13-4166228

Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	\bigcap	A church, convention of ch	•		-	•	I)(A)(i).	
2	\Box	A school described in sect				` ` ` ` `		
3	一	A hospital or a cooperative		· ·		/b)(1)(A)(ii	ii).	
4	一	A medical research organiz						the hospital's name
•	ш	city, and state:	anon operated in con	njanotion with a noophal	GCCCTIDGG	000110	11 11 0(B)(1)(A)(III). Entor	the respitate riams,
_		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	wernmental unit describe	ed in
5				nege of university owned	or operati	ed by a go	Werninental unit describe	eu III
_		section 170(b)(1)(A)(iv). (C						
6	\	A federal, state, or local gov	-					
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general i	public described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	he function	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supr	orted org	anization(s), typically by	giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_		
		organization. You must o			, ,			3
b		Type II. A supporting org	-		ion with its	s supporte	ed organization(s), by hay	/ina
		control or management o	•					-
		organization(s). You mus			arric perso	110 11101 001	ntion of manage the supp	portod
c		☐ Type III functionally inte			in connect	tion with	and functionally integrate	ad with
	· L	its supported organization	-				• •	ou with,
d		Type III non-functionally		•				zation(e)
·	'	that is not functionally int	•					* *
		•	-		•			veness
_		requirement (see instructi	•					
е		☐ Check this box if the orga					Type I, Type II, Type III	
	F1	functionally integrated, or		nally integrated supporting	ig organiz	ation.		
	f Enter the number of supported organizations g Provide the following information about the supported organization(s).							
	(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other							
	organization (described on lines 1-10 in your governing document? support (see instructions) support (see instructions)						support (see instructions)	
	above (see instructions)) Yes No							
Tota	al l							

332021 12-21-23

		COMEN FUN.		0	-\/d\/A\/:\	13-410	
Pa	rt II Support Schedule for	_		-			-
	(Complete only if you checke			-	n failed to qualify t	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part I	11.)			
Se	ction A. Public Support			T	T		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	25402570.	<u>24665203.</u>	28704639.	59141180.	50322993.	188236585
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	25402570.	24665203.	28704639.	59141180.	50322993.	188236585
	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)						45013206.
6	Public support. Subtract line 5 from line 4.						143223379
	ction B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	25402570.	24665203.	28704639.	59141180.	50322993.	188236585
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	284,685.	216,162.	64,783.	361,136.	1476941.	2403707.
9	Net income from unrelated business		•				
	activities, whether or not the						
	business is regularly carried on		29,290.				29,290.
10	Other income. Do not include gain		, - , -				,
	or loss from the sale of capital						
	assets (Explain in Part VI.)	491,207.	833,789.	280,350.	337,394.	506,626.	2449366.
11	Total support. Add lines 7 through 10	,	, , , , , , , , , , , , , , , , , , , ,	, , , , , ,	,		193118948
	Gross receipts from related activities,	etc. (see instruction	nns)			12	
	First 5 years. If the Form 990 is for the	•	,				_
	organization, check this box and sto	-		•			
Se	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	74.16 %
	Public support percentage from 2022		•	***			68.81 %
	33 1/3% support test - 2023. If the						-
	stop here. The organization qualifies						T
ŀ	33 1/3% support test - 2022. If the		-				
_	and stop here. The organization qual						
47.	10% -facts-and-circumstances test						

and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

Schedule A (Form 990) 2023

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or 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, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 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 2a 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. 2b 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. За 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.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions).

	dule A (Form 990) 2023 ACUMEN FUND,		nizationa / w		3-4100220 P	age 7
Par	, ,	aj(s) Supporting Orga	nizations (continu	<u>ied)</u>		
Secti	on D - Distributions			Т	Current Year	
1	Amounts paid to supported organizations to accomplish exer	<u> </u>		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	Г	Г	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 202	3
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
С	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2023

e Excess from 2023

13-4166228 Page 8 ACUMEN FUND, INC. Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER FEES/INCOME 78,100. 2022 AMOUNT: \$ REIMBURSEMENT/OTHER 2019 AMOUNT: \$ 41,207. 2020 AMOUNT: \$ 8,096. 2021 AMOUNT: \$ 280,350. 2022 AMOUNT: \$ 236,294. 500,626. 2023 AMOUNT: \$ DEVELOPMENT COST REIMBURSEMENT 450<u>,000</u>. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 825,693.

DILIGENCE COST REIMBURSEMENT

23,000. 2022 AMOUNT: \$

2023 AMOUNT: \$ 6,000.

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

A	CUMEN FUND, INC.	13-4166228				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 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					
	n 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 Ru	le. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one				
contributor, durir literary, or educa	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.					
year, contribution is checked, enter purpose. Don't c	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\$					
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).	•				

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

ACUMEN FUND, INC.

13-4166228

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$_6,400,216.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$4,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ACUMEN FUND, INC.

13-4166228

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- \$\1,826,958.	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
9		\$\frac{1,250,000.}{}	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll 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 Occupate Part II for noncash contributions.)

Name of organization Employer identification number

ACUMEN FUND, INC.

13-4166228

Part I STOCK STOCK	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
\$ 400,000. 12/21/2. (a) No. If the part I	No. from		FMV (or estimate)	(d) Date received
(a) No. from Description of noncash property given See instructions. (d) Date receiver See instructions. (e) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date receiver See instructions. (e) Date receiver See instructions. (for more part I for more	7	STOCK		
No. from Part I Description of noncash property given			\$\$	12/21/23
(a) No. from Part I Description of noncash property given See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received from Part I Description of noncash property given (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received from Description of noncash property given (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (d) Date received from Description of noncash property given (See instructions.)	No. from		FMV (or estimate)	(d) Date received
No. from Part I Description of noncash property given See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date receiver. (d) Date receiver. (d) Date receiver. (e) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date receiver.			\$	
(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date receiver (see instructions.) (d) Date receiver (see instructions.) (d) FMV (or estimate) (See instructions.) (d) Date receiver (see instructions.) (a) No. FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date receiver (See instructions.) (d) Date receiver (See instructions.) (d) Date receiver (See instructions.)	No. from		FMV (or estimate)	(d) Date received
No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (C) FMV (or			\$	
(a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received \$ (a) No. from Description of noncash property given (b) FMV (or estimate) (c) FMV (or estimate) (d) Date received (d) Date received	No. from		FMV (or estimate)	(d) Date received
No. from Description of noncash property given Part I (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) FMV (or estimate) (See instructions) (d) Date received (d) Date r			\$	
(a) No. from Description of noncash property given (c) FMV (or estimate) (See instructions) Date received	No. from		FMV (or estimate)	(d) Date received
No. (b) FMV (or estimate) (d) from Description of noncash property given (See instructions) Date received			\$	
	No. from		FMV (or estimate)	(d) Date received
			\$	

Page 4 Name of organization **Employer identification number** ACUMEN FUND, 13-4166228 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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 gift Transferee's name, address, 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 gift Transferee's name, address, 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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ACUMEN FUND, INC.

Employer identification number 13-4166228

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

ACUMEN	FUND.	INC.
ACOME	і комр,	T 1/1

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Asset	s (continu	ied)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	make sig	nificant u	se of its		
	collection items (check all that apply).									
а	Public exhibition	C	i 🔲 i	Loan or exc	hange progra	am				
b	Scholarly research	6	, 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	n's exem	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the	organizatior	n answered "	Yes" on Fo	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for	contribution	ns or other as	sets not ir	ncluded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						/?	\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds Complete if		swered "	Yes" on For	m 990, Part I					
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administer	ed for the			_	
	organization by:								\	res No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on So	chedule R?					. 3b	
4	Describe in Part XIII the intended uses of the		wment fo	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, lii	ne 10.			
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book	value
		basis (investr	ment)	basis	(other)	depi	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements				1,966.		35,34		6	<u>,622.</u>
d	Equipment				7,132.		13,35			,779.
е	Other			31	9,669.	2	55,85	6.		,813.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part	X. line 10	Oc column	(B))				84	,214.

Schedule D (Form 990) 2023 ACUMEN FUND	, INC.	1:	3-4166228 Page 3
Part VII Investments - Other Securities			
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 er	nd-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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) PROGRAM RELATED DEBT			
(2) INVESTMENTS - NORTH			
(3) AMERICA	1,925,990.	COST	
(4) PROGRAM RELATED DEBT	, ,		
(5) INVESTMENTS - SUB-SAHARAN			
(6) AFRICA	6,754,027.	COST	
(7) PROGRAM RELATED DEBT			
(8) INVESTMENTS - S.ASIA	1,382,765.	COST	
(9)	2/002//001		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	95,429,016.		
Part IX Other Assets	20,122,020		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)	<u>r</u>		
(2)			
(3)			
(4)			+
(5)			+
<u>(6)</u> (7)			
(8)			+
(9)	/ (D))		
Total. (Column (b) must equal Form 990, Part X, line 15, co. Part X Other Liabilities	l. (B))		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	5
(1) 5	on rom 330, rantiv, mie	The of Thi. Geen offin 990, Fart X, line 2	(b) Book value
			(b) Book value
(1) Federal income taxes (2) RETURNABLE GRANT CAPITAL			5 910 200
			5,819,399.
(3) LEASE LIABILITY			5,275,314.
(4)			
(5)			+
(6)			+
<u>(7)</u>			+
101			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

11,094,713.

(9)

Part	XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ie per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1 7	Total revenue, gains, and other support per audited financial statements		1	
2 /	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a l	Net unrealized gains (losses) on investments	2a		
b [Donated services and use of facilities	2b		
	Recoveries of prior year grants			
d (Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			
3 8	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	nvestment expenses not included on Form 990, Part VIII, line 7b			
b (Other (Describe in Part XIII.)	4b		
c A	Add lines 4a and 4b		4c	
5	otal revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	<u>.)</u>	5	
Part	XII Reconciliation of Expenses per Audited Financial St		ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1 7	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	Donated services and use of facilities			
b F	Prior year adjustments	2b		
С (Other losses	l l		
	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
	Add lines 2a through 2d			
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	nvestment expenses not included on Form 990, Part VIII, line 7b			
b (Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18.)	5	
	XIII Supplemental Information			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part X, line 2;	Part XI,
PAR	Г X, LINE 2:			
ACUI	MEN IS RECOGNIZED BY THE INTERNAL REVE	NUE SERVICE (I	RS) AS TAX-EXE	мрт
	ANIZATIONS UNDER SECTION 501(C)(3) OF			
01(02	MIDMITOND ONDER BECTION SUITE (S) OF	TIID THIDINIAND IN	DADUOD CODD. 1	NCOME
EARI	NED IN FURTHERANCE OF THESE ENTITIES'	TAX-EXEMPT PUR	POSES IS EXEMP	<u>'T</u>
FRO	M FEDERAL AND STATE INCOME TAXES. AS S	UCH, NO PROVIS	ION FOR INCOME	TAX
EXPI	ENSE HAS BEEN MADE IN THE ACCOMPANYING	CONSOLIDATED	FINANCIAL	
STA	TEMENTS.			
7 (17)	AEN UAG ADODMED MUE AGGOUNMENG GERANDAD	D ON ACCOUNTED	O EOD INICEDES	
<u>ACUI</u>	MEN HAS ADOPTED THE ACCOUNTING STANDAR	ON ACCOUNTIN עט ע	G FOR UNCERTAL	.M.T. Ā
IN :	INCOME TAXES. MANAGEMENT ASSESSED WHET	HER THERE WERE	ANY UNCERTAIN	I TAX

POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED

THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING

Schedule D (Form 990) ACUMEN FUND,

Part XIII Supplemental Information (continued)

Part VIII Investments - Program Related. See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
PROGRAM RELATED DEBT INVESTMENTS - LATIN		
AMERICA	1,712,062.	COST
PROGRAM RELATED EQUITY INVESTMENTS - NORTH		
AMERICA	15,676,232.	COST
PROGRAM RELATED EQUITY INVESTMENTS -		
SUB-SAHARAN AFRICA	24,549,312.	COST
PROGRAM RELATED EQUITY INVESTMENTS - S.ASIA	16,978,620.	COST
PROGRAM RELATED EQUITY INVESTMENTS - LATIN		
AMERICA	5,709,246.	COST
PROGRAM RELATED PARTNERSHIP INVESTMENTS -		
NORTH AMERICA	500,000.	COST
PROGRAM RELATED PARTNERSHIP INVESTMENTS -		
SUB-SAHARAN AFRICA	18,830,534.	COST
PROGRAM RELATED PARTNERSHIP INVESTMENTS -		
LATIN AMERICA	1,410,228.	COST
	1/110/2201	
-		
		_
		_

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** ACUMEN FUND, 13-4166228 INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region PORTFOLIO MGMT. LEADERSHIP, IMPACT & SOUTH ASIA 24 PROGRAM SERVICES 845,741. PORTFOLIO MGMT. LEADERSHIP, IMPACT & SUB-SAHARAN AFRICA 29 PROGRAM SERVICES COMMS 2,458,198. 2 PORTFOLIO MGMT, LEADERSHIP, IMPACT & PROGRAM SERVICES COMMS LATIN AMERICA 1 22 995,869. PORTFOLIO MGMT, LEADERSHIP, IMPACT & COMMS PROGRAM SERVICES EUROPE 18 3,654,775. NORTH AMERICA 0 2 PROGRAM SERVICES LEADERSHIP PROGRAM 154,921. SUB-SAHARAN AFRICA PROGRAM RELATED INVESTMENT 50,133,873. SOUTH ASIA PROGRAM RELATED INVESTMENT 18,361,385. PROGRAM RELATED INVESTMENT LATIN AMERICA 8,831,536. 6 95 85,436,298. 3 a Subtotal **b** Total from continuation 0 1,847,691. 0 sheets to Part I Totals (add lines 3a

6

95

87,283,989.

and 3b)

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
SOUTH ASIA			GRANT MAKING	TA GRANTS	514,820.			
SUB-SAHARAN AFRICA			GRANT MAKING	TA GRANTS	1,199,209.			
LATIN AMERICA			GRANT MAKING	TA GRANTS	70,000.			
EUROPE			GRANT MAKING	TA GRANTS	17,742.			
NORTH AMERICA			GRANT MAKING	TA GRANTS	920.			
EAST ASIA AND THE			GRANT MAKING	TA GRANTS	45,000.			
Totals	•				1,847,691.			

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TECHNICAL ASSISTANCE					
		SUB-SAHARAN	FOR PORTFOLIO					
		AFRICA	COMPANIES	390 000	WIRE TRANSFER	0.		
		III KION	PROVIDE OFF-GRID	330,000.	WIKE TRANSFER	Ŭ.		
			ENERGY ACCESS TO					
		SUB-SAHARAN	LOW-INCOME PEOPLE IN					
		AFRICA	THE DEMOCRATIC	178 281.	WIRE TRANSFER	0.		
			EXPAND AND OPTIMIZE					
			CHLS SOURCING					
		SUB-SAHARAN	CAPABILITIES					
		AFRICA	SUSTAINABLY BY	65,063.	WIRE TRANSFER	0.		
			AID IN GROWING THE	,				
			FARM-TO-HOME PLATFORM					
			THAT HELPS IMPROVE					
		SOUTH ASIA	INDIAN FARMER	59,000.	WIRE TRANSFER	0.		
			PROVIDE ECONOMIC					
			OPPORTUNITIES FOR					
		SUB-SAHARAN	VULNERABLE WOMEN THAT					
		AFRICA	HAVE BEEN INTERNALLY	56,958.	WIRE TRANSFER	0.		
			SET UP A NEW MARKET					
			FOR PALM FRUITS, AND					
		SUB-SAHARAN	PROVIDE STARTUP					
		AFRICA	CAPITAL TO WOMENS	53,128.	WIRE TRANSFER	0.		
			HISTORY PROJECT IN					
		SOUTH ASIA	PAKISTAN	50,500.	WIRE TRANSFER	0.		
			DEVELOP AN					
			ARTICULATED STRATEGY					
			THAT ALLOWS THE					
		LATIN AMERICA	EMPOWERMENT AND	50,000.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities

ACUMEN FUND, INC.

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GROW ALOKITO					
			TEACHERS, THE					
			TEACHER DEVELOPMENT					
		SOUTH ASIA	PLATFORM THROUGH A	50,000.	WIRE TRANSFER	0.		
			GROW THEIR GARMENT					
			PRODUCTION FACILITY					
		SUB-SAHARAN	TO PRODUCE					
		AFRICA	SUSTAINABLE	50,000.	WIRE TRANSFER	0.		
			IMPROVE THE QUALITY					
			OF SERVICES BEING					
		SUB-SAHARAN	DELIVERED TO NIGERIAN					
		AFRICA	LOW INCOME PREGNANT	50,000.	WIRE TRANSFER	0.		
			EXPAND THE ANIMAL					
			HEALTH CARE MODEL TO					
		SUB-SAHARAN	IMPROVE ACCESS TO					
		AFRICA	ANIMAL HEALTH	50,000.	WIRE TRANSFER	0.		
			INCREASE ACCESS TO					
			SAFE DRINKING WATER					
		SUB-SAHARAN	IN UNDER-SERVED RURAL					
		AFRICA	COMMUNITIES IN AFRICA	50,000.	WIRE TRANSFER	0.		
			TEST THE					
			PAY-AS-YOU-GO-TECHNOLO					
		SUB-SAHARAN	GY INTO THE CLEAN AND					
		AFRICA	AFFORDABLE	50,000.	WIRE TRANSFER	0.		
			COVER THE COST OF					
			DELIVERING HOLISTIC					
		SUB-SAHARAN	RE-INTEGRATION					
		AFRICA	TRAINING PACKAGES AND	50,000.	WIRE TRANSFER	0.		
			PROVIDE FINANCIAL					
			ASSISTANCE FOR					
			BUILDING A LEARNING					
		SOUTH ASIA	AND DATA MANAGEMENT	50,000.	WIRE TRANSFER	0.		
			REACH INDIAN RURAL					
			CUSTOMERS IN					
			DROUGHT-PRONE AND					
		SOUTH ASIA	MINIMALSUNLIGHT AREAS	50,000.	WIRE TRANSFER	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			DEVELOPING THE					
			1000-YEAR-BREW MODEL					
			TO EMPOWER INDIAN					
		SOUTH ASIA	SMALLHOLDER COFFEE	50,000.	WIRE TRANSFER	0.		
			ENABLE ASPIRING YOUNG					
			WEAVER-ENTREPRENEURS					
			TO PARTICIPATE IN AND					
		SOUTH ASIA	ENGAGE WITH MARKETS	50,000.	WIRE TRANSFER	0.		
			MARKET LOCAL AND					
			INDIGENOUS CROPS AND					
			MINIMALLY PROCESSED					
		SOUTH ASIA	PRODUCTS UNDER A	50,000.	WIRE TRANSFER	0.		
	ASSISTANCE FOR		PROVIDE FINANCIAL					
			ASSISTANCE FOR A					
			2-YEAR FELLOWSHIP					
		SOUTH ASIA	PROGRAM FOR RURAL	50,000.	WIRE TRANSFER	0.		
			ENGAGE THE EXPERTISE					
			OF LEADING GENDER					
		SUB-SAHARAN	EXPERTS, VALUE FOR					
		AFRICA	WOMEN, TO PROVIDE THE	46,198.	WIRE TRANSFER	0.		
			ALLOW THE CAPITAL					
			INVESTMENTS NEEDED TO					
		EAST ASIA AND THE	IMPROVE THE CAPACITY					
		PACIFIC	TO FINANCE	25,000.	WIRE TRANSFER	0.		
			INCREASE THE COMPOST					
			PRODUCTION CAPACITY					
		SUB-SAHARAN	AND AGGREGATING MORE					
		AFRICA	COCOA HUSKS FROM THE	25,000.	WIRE TRANSFER	0.		
			COVER THE COST OF					
			INCREASING ITS					
		SUB-SAHARAN	PROCESSING,					
		AFRICA	OPERATING, AND	25,000.	WIRE TRANSFER	0.		
			MAKE AN IMMEDIATE					
			IMPACT ON 50 SMALL					
		SUB-SAHARAN	HOLDER FARMERS BY					
		AFRICA	CARRYING OUT A PILOT	25,000.	WIRE TRANSFER	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	· ·
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			BUILD CLIMATE					
			RESILIENCE AND					
		SUB-SAHARAN	ADAPTABILITY OF					
		AFRICA	SMALLHOLDER FARMERS	20,000.	WIRE TRANSFER	0.		
			DEVELOP A					
			TECHNOLOGICAL					
			PLATFORM THAT					
		LATIN AMERICA	SUBSTANTIATES THE	20,000.	WIRE TRANSFER	0.		
			MAKE REFRIGERATION	·				
			AFFORDABLE AND					
			ACCESSIBLE TO					
		EUROPE	LOW-INCOME CUSTOMERS	19,494.	WIRE TRANSFER	0.		
			REDUCE RURAL POVERTY	,				
			BY IMPROVING ON FARM					
			EFFICIENCIES AND					
		SOUTH ASIA	INCREASING FARMER	15,000.	WIRE TRANSFER	0.		
			PROVIDE	,				
			COST-EFFECTIVE,					
			SUSTAINABLE, AND					
		SOUTH ASIA	SCALABLE SOLUTIONS	15,000.	WIRE TRANSFER	0.		
			MAKE REFRIGERATION	·				
			AFFORDABLE AND					
			ACCESSIBLE TO					
		EUROPE	LOW-INCOME CUSTOMERS	11,509.	WIRE TRANSFER	0.		
				,				
			TO PROVIDE AFFORDABLE					
		EAST ASIA AND THE	EDUCATION PRODUCTS TO					
		PACIFIC	PEOPLE OF LOW INCOME	10,000.	WIRE TRANSFER	0.		

Part III Grants and Other Assistance Part III can be duplicated if a			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							1

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

Schedule F (Form 990) 2023

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION MAKES LARGE GRANTS TO ITS RELATED ENTITIES TO FUND THEIR OPERATIONS, THE ACTIVITIES OF WHICH ARE MONITORED BY THE ORGANIZATION. ACUMEN MONITORS THE ACTIVITY OF ITS RELATED ENTITIES BY ANALYZING EXPENDITURES AND COMPARING ACTUAL PERFORMANCE TO BUDGETED AMOUNTS, AND BY MAINTAINING DIRECT OVERSIGHT OF THE ACTIVITIES CONDUCTED AND EXPENDITURES INCURRED. OUR AFFILIATES IN COLOMBIA, PAKISTAN, INDIA, KENYA, AND NIGERIA HAVE INDEPENDENT AUDITS. IN ADDITION TO THE AUDIT, OUR CENTRAL OFFICE FINANCE DEPARTMENT IN NEW YORK HAS OVERSIGHT OF THE COUNTRY OFFICES' SPENDING.

INVESTMENTS IN THIRD PARTIES ARE PRIMARILY DEBT OR EQUITY INVESTMENTS. OUTRIGHT GRANTS FOR USE BY A THIRD PARTY IS A PART OF PROGRAMMATIC SPEND, BUT GENERALLY NOT AS LARGE A COMPONENT COMPARED TO INVESTMENTS MADE. FOR ANY PROGRAM-RELATED INVESTMENTS, THE ORGANIZATION REQUIRES REGULAR SOCIAL IMPACT, FINANCIAL AND OPERATIONAL REPORTING, TYPICALLY MAINTAINS A VOTING OR OBSERVER SEAT ON THE INVESTEE COMPANY BOARD AND CONDUCTS AT LEAST ANNUAL REVIEWS OF THE PROGRESS OF THE PROGRAM. FOR ANY GRANTS TO THIRD PARTIES, A GRANT AGREEMENT IS DRAFTED OUTLINING THE SPECIFIC PURPOSE OF THE GRANT, TERMS AND CONDITIONS FOR THE USE OF GRANT MONEY. GRANT FUNDS ARE DISBURSED ONLY AFTER THE GRANTEES SIGN THE GRANT AGREEMENT. DEPENDING UPON THE AMOUNT AND TERM OF GRANT, THE GRANTEES ARE REQUIRED TO MAINTAIN DETAILED RECORDS OF THE USE OF THE GRANT AND PROVIDE PERIODIC REPORTS TO ACUMEN. THE PROGRAM STAFF WILL REVIEW THE GRANTEE REPORTS TO ENSURE COMPLIANCE.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

RECORDS AND REPUTATIONS BEFORE AWARDING ANY GRANT, AND WHERE A NEW FUNDING RELATIONSHIP EXISTS, SCREENS GRANT RECIPIENTS AGAINST WATCH LISTS SUCH AS SANCTIONS, SPECIALLY DESIGNATED NATIONALS AND BLOCKED PERSONS, ANTI-CORRUPTION AND ANTI-MONEY LAUNDERING LISTS. THROUGHOUT THE GRANT TERM, THE PROGRAM STAFF INTERACTS WITH THE GRANTEE ORGANIZATION TO UNDERSTAND THE PROGRESS THE ORGANIZATION IS MAKING BY USE OF THE GRANT FUNDS. THEY ALSO REVIEW PERIODIC REPORTS SUBMITTED BY THE GRANTEE TO ENSURE PROPER UTILIZATION OF GRANT FUNDS BY THE GRANTEE. GRANT AGREEMENTS OFTEN REQUIRE THE RIGHT TO INSPECT AND AUDIT THE RECORDS OF THE GRANTEE REGARDING PROPER USE OF FUNDS. THE GRANT AGREEMENT SIGNED BY THE GRANTEE TYPICALLY STATES THAT ALL OR ANY PORTION OF GRANT FUNDS USED IN A MANNER OR PURPOSE OTHER THAN THOSE DESCRIBED IN THE GRANT AGREEMENT MUST BE RETURNED TO ACUMEN.

PART I, LINE 3:

PROGRAM-RELATED INVESTMENTS: THE ORGANIZATION HAS A COMPLEX FINANCIAL STRUCTURE THAT IS NOT EASILY SHOWN IN THE FORM 990. TO BETTER UNDERSTAND THE INFORMATION BEING PROVIDED, THE READER SHOULD APPROACH THE FINANCIAL STATEMENTS WITH TWO KEY PIECES OF INFORMATION IN MIND. FIRST, ACUMEN OPERATES PRIMARILY AS A TRADITIONAL NON-PROFIT IN THAT IT RECEIVES CONTRIBUTION REVENUE AND HAS ONGOING OPERATING EXPENSES FOR BOTH PROGRAM WORK AND ADMINISTRATIVE COSTS EACH YEAR. SECONDLY, AND UNLIKE ALMOST ALL OTHER CHARITIES, ACUMEN INVESTS A SUBSTANTIAL PORTION OF ITS ASSETS IN ENTREPRENEURIAL ORGANIZATIONS OPERATING DOMESTICALLY OR IN DEVELOPING COUNTRIES. IN SUM, THESE ACTIVITIES ARE SHOWN IN PARTS I AND II OF SCHEDULE F. THEY ARE ALSO INCLUDED ON FORM 990 PART X LINE 13, WHICH SHOWS THE ORGANIZATION'S TOTAL CUMULATIVE OUTSTANDING BALANCE OF

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PROGRAM-RELATED INVESTMENTS. ACUMEN PUTS ITS RESOURCES INTO THESE INVESTEE ORGANIZATIONS AS PROGRAMMATIC INVESTMENTS AND ATTEMPTS TO NURTURE THEM UNTIL THEY THRIVE (OR FAIL), PROVIDING MULTIPLE BENEFITS TO CUSTOMERS SERVED - TYPICALLY THE POOREST POPULATIONS WHO LIVE ON LESS THAN A FEW DOLLARS PER DAY.

THE ACCOUNTING METHOD USED TO ACCOUNT FOR EXPENDITURES IS THE ACCRUAL METHOD.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDE OFF-GRID ENERGY ACCESS TO LOW-INCOME

PEOPLE IN THE DEMOCRATIC REPUBLIC OF THE CONGO

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: EXPAND AND OPTIMIZE CHLS SOURCING CAPABILITIES SUSTAINABLY BY INCREASING THE PARTICIPATION OF SMALL-HOLDER FARMERS IN COCONUT FARMING

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: AID IN GROWING THE FARM-TO-HOME PLATFORM THAT

HELPS IMPROVE INDIAN FARMER LIVELIHOODS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDE ECONOMIC OPPORTUNITIES FOR VULNERABLE WOMEN THAT HAVE BEEN INTERNALLY DISPLACED DUE TO THE FLOODS THROUGH THE

CREATION AND DEVELOPMENT OF CLEAN ENERGY BUSINESSES

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SET UP A NEW MARKET FOR PALM FRUITS, AND PROVIDE STARTUP CAPITAL TO WOMENS GROUPS TO ENABLE THEM TO PURCHASE THE PALM FRUITS THAT THEY CAN USE TO PRODUCE PALM OIL

REGION: LATIN AMERICA

(D) PURPOSE OF GRANT: DEVELOP AN ARTICULATED STRATEGY THAT ALLOWS THE EMPOWERMENT AND LEADERSHIP PROGRAMS TO REACH NEW TRAINERS AND YOUNG PEOPLE FROM VULNERABLE COMMUNITIES AFFECTED BY POVERTY AROUND COLOMBIA

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: GROW ALOKITO TEACHERS, THE TEACHER DEVELOPMENT PLATFORM THROUGH A SCHOOL MEMBERSHIP MODEL

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GROW THEIR GARMENT PRODUCTION FACILITY TO PRODUCE SUSTAINABLE AFFORDABLE CLOTHING, LOCALLY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE THE QUALITY OF SERVICES BEING DELIVERED TO NIGERIAN LOW INCOME PREGNANT WOMEN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: EXPAND THE ANIMAL HEALTH CARE MODEL TO IMPROVE ACCESS TO ANIMAL HEALTH SERVICES IN REMOTE COMMUNITIES OF NORTHERN

NIGERIA

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INCREASE ACCESS TO SAFE DRINKING WATER IN

UNDER-SERVED RURAL COMMUNITIES IN AFRICA BY PROVIDING WATER FILTERS AND

WATER FILTER MAINTENANCE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TEST THE PAY-AS-YOU-GO-TECHNOLOGY INTO THE CLEAN

AND AFFORDABLE INSTITUTIONAL SOLAR COOK STOVE THAT IS BEING USED BY RURAL

AND MARGINALIZED SCHOOLS IN KENYA TO COOK FOOD

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: COVER THE COST OF DELIVERING HOLISTIC

RE-INTEGRATION TRAINING PACKAGES AND EXPANDING PROGRAMS TO GHANA, SIERRA

LEONE, UGANDA, BOTSWANA, AND SOUTH AFRICA

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PROVIDE FINANCIAL ASSISTANCE FOR BUILDING A

LEARNING AND DATA MANAGEMENT SYSTEMS (LMS) AND A TOOLS LIBRARY FOR

EDUCATORS IN GOVERNMENT SCHOOLS IN INDIA

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: REACH INDIAN RURAL CUSTOMERS IN DROUGHT-PRONE AND

MINIMALSUNLIGHT AREAS WHERE CUSTOMERS CITE SUN-DRYING AND WASHING OF PADS

AS ISSUES

REGION: SOUTH ASIA

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(D) PURPOSE OF GRANT: DEVELOPING THE 1000-YEAR-BREW MODEL TO EMPOWER INDIAN SMALLHOLDER COFFEE PRODUCERS TO DERIVE VALUE AND DIGNITY FROM REGENERATIVE FARMING PRACTICES,

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: ENABLE ASPIRING YOUNG WEAVER-ENTREPRENEURS TO

PARTICIPATE IN AND ENGAGE WITH MARKETS DIRECTLY

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: MARKET LOCAL AND INDIGENOUS CROPS AND MINIMALLY

PROCESSED PRODUCTS UNDER A SINGLE BRAND ACROSS INDIA

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PROVIDE FINANCIAL ASSISTANCE FOR A 2-YEAR

FELLOWSHIP PROGRAM FOR RURAL YOUNG WOMEN IN INDIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENGAGE THE EXPERTISE OF LEADING GENDER EXPERTS,

VALUE FOR WOMEN, TO PROVIDE THE COMPANY COMPREHENSIVE SUPPORT IN FIRST

ITERATION OF A GENDER ACTION PLAN

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: ALLOW THE CAPITAL INVESTMENTS NEEDED TO IMPROVE

THE CAPACITY TO FINANCE POST-SECONDARY EDUCATION OR VOCATIONAL TRAINING

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INCREASE THE COMPOST PRODUCTION CAPACITY AND

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

AGGREGATING MORE COCOA HUSKS FROM THE FARMS MANAGED AND OWNED BY

UNDERSERVED SMALLHOLDER COCOA FARMERS IN RURAL GHANA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: COVER THE COST OF INCREASING ITS PROCESSING,

OPERATING, AND TRANSPORTATION CAPACITY THEREBY ENABLING THE COMPANY TO

REACH MORE OFF-GRID SMALLHOLDERS FARMERS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MAKE AN IMMEDIATE IMPACT ON 50 SMALL HOLDER

FARMERS BY CARRYING OUT A PILOT PROGRAMME AIMED AT EXTENDING THE SHELF

LIFE OF TOMATOES GROWN BY THESE FARMERS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BUILD CLIMATE RESILIENCE AND ADAPTABILITY OF

SMALLHOLDER FARMERS IN THE DEVELOPING WORLD BY PROVISION OF CLIMATE

CONTROL SOLUTIONS THAT LEVERAGE INDIGENOUS RESOURCES

REGION: LATIN AMERICA

(D) PURPOSE OF GRANT: DEVELOP A TECHNOLOGICAL PLATFORM THAT

SUBSTANTIATES THE VIABILITY OF ORGANIC AND REGENERATIVE PRODUCTION IN

ENSURING STABLE, SUSTAINABLE INCOMES FOR SMALLHOLDER FARMERS

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: REDUCE RURAL POVERTY BY IMPROVING ON FARM

EFFICIENCIES AND INCREASING FARMER OUTPUTS THROUGH ACCESS TO INNOVATIVE

AND AFFORDABLE MACHINERY

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							ntification number
ACUMEN	FUND, INC.					13-4166	228
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicita f Solicita g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	'
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(ii) Activity fundraiser have custody or control of from activity fu			Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization	
SHANNON LOVGREN - 1204 NORMAN AVENUE, LAS VEGAS, NV 89104	BUILDING A NEW COMMUNITY OF DONORS	Yes	No X	250,000.		118,863.	131,137.
				, -		, -	,
Total				250,000.		118,863.	131,137.
List all states in which the organization or licensing.				or has been notified	it is e	exempt from re	gistration

13-4166228 Page 2 ACUMEN FUND, INC. Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

11 Does the organization conduct gaming advivibles with nombers? 12 is the organization a grantor, benefiting or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 13 indicate the presentage of gaming activity conducted in: 14 The organization is facility 15 An outside facility 15 An outside facility 16 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization between the third party: Name Caming manager compensation: 25 Description of services provided 26 Description of services provided 27 Mandatory distributions: 28 In the organizations required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 29 Enter the amount of distributions required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 29 Enter the amount of distributions required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 20 Enter the amount of distributions required under state law to make charitable distributions from the gam	Sch	nedule G (Form 990) 2023 ACUMEN FUND, INC. 13	-4166	228	Page 3
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?				Yes	$\overline{}$
13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization sequence? 15a Does the organization have a contract with a third party from whom the organization sequence? 15a Does the organization have a contract with a third party from whom the organization sequence? 15a Does the organization feedure? 15a Does the organization receives gaming revenue? 15a Does the organization receives gaming revenue? 15a Does the organization revenue? 15a Does the organization receives gaming revenue? 15a Does the organization rece	12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
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b An outside facility			1	ı	
Name				-	
Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party: Name Address 16 Gaming manager information: Name Description of services provided Description of services provided as the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organizations own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,			130		<u>%</u>
Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14	Effect the fiame and address of the person who prepares the organization's garming/special events books and records.			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name			
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address 16 Gaming manager information: Name Description of services provided Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Mo b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Address			
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c If "Yes," enter name and address of the third party: Name Address 16 Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	t				
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Name Gaming manager compensation \$ Description of services provided Director/officer		Address			
Gaming manager compensation Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Director/officer Employee Independent contractor Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	16	Gaming manager information:			
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Director/officer					
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Description of services provided			
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b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	_			Yes	☐ No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	k				
	_				
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Ра	The state and experimental expe	Part III, lir	nes 9,	9b, 10b,
		15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	ACUMEN FUND,	INC.	13-4166228	Page 4
Part IV	(Form 990) Supplemental Inform	mation _(continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ACUMEN FU	IND TNC						Employer identification number 13-4166228
Part I General Information on Grants a	•						15-4100220
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance?					stance, and the selecti	
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CLIMATE POLICY INITIATIVE INC. 575 MARKET ST. #514 SAN FRANCISCO, CA 94105	26-4129153	501(C)(3)	374,279.	0.			LAUNCH AND OPERATIONALIZE THE CLIMATESHOT IMPACT INVESTING COALITION (CIIC)
REFUGEE INVESTMENT NETWORK, INC. 1401 K ST NW STE 900 WASHINGTON, DC 20005	84-4496089	501(C)(3)	151,823.	0.			CONDUCT RESEARCH, EDUCATE AND ADVISE ON HOW TO BUILD AND IMPLEMENT DURABLE REFUGEE-LENS
MAZIWA 3482 GLENPROSEN CT. SAN JOSE, CA 95148	84-4804829	501(C)(3)	95,566.	0.			CREATE ACCESS TO THE WEMA, A DISCREET, WIRELESS, AND PORTABLE BREAST PUMP, FOR
WORKLIFE INC. 505 LAKELAND PLZ, STE. 321 CUMMING, GA 30040	20-5397231	501(C)(3)	25,000.	0.			VALIDATE THE FINANCIAL SUSTAINABILITY OF WORKLIFE, INC.
PARITY LAB INC. 208 W. STATE STREET TRENTON, NJ 08608	87-1751365	501(C)(3)	50,000.	0.			BUILD A LEGAL COUNSELING HELPLINE TO SUPPORT GRASSROOT ORGANIZATIONS LED BY WOMEN IN RURAL
SANERGY INC. 28 PARK STREET NO. 3 BROOKLINE, MA 02446	36-4688468	501(C)(3)	50,491.	0.			TECHNICAL ASSISTANCE FOR PORTFOLIO COMPANIES
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	•	-	e line 1 table				

13-4166228

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMETHEAN POWERS SYSTEM INC.							
444 SOMERVILLE AVE							TO SUPPORT ESTABLISHING
SOMERVILLE, MA 02143	26-1455570		40,000.	0.			FPO NETWORKS THROUGH SSP
			10,000.	•			TO EMPOWER PEOPLE AND
BIOLITE INC.							PROTECT OUR PLANET
65 JAY STREET, FLOOR 4							THROUGH THE MANUFACTURE
BROOKLYN, NY 11201	27-2826296		30,000.	0.			AND SALE OF AFFORDABLE
,			,				TO FURTHER THE GRANT
SIMUSOLAR, INC.							RECIPIENT'S MISSION
1052 65TH ST							PROVIDING REFUGEES IN THE
OAKLAND, CA 94608	47-2154274		50,000.	0.			BIDIBIDI REFUGEE CAMP
·			,				TO PROVIDE FINANCIAL
FRESNO AREA HISPANIC FOUNDATION							ASSISTANCE TO TERMINATED
1444 FULTON STREET							EMPLOYEES OF BW
FRESNO, CA 93721	75-3129705	501(C)(3)	50,000.	0.			INDUSTRIES, INC., AND ITS
FARMBOX DIRECT INC.							
400 STUART ST PH2							TECHNICAL ASSISTANCE FOR
BOSTON, MA 02116	46-4673014		30,000.	0.			PORTFOLIO COMPANIES
FREE FROM MARKET							
420 NICHOLS RD.				_			TECHNICAL ASSISTANCE FOR
KANSAS CITY, MO 64112	86-2943988		30,000.	0.			PORTFOLIO COMPANIES
CIMY OF CAMADIMANC DDC							
CITY OF SAMARITANS PBC							THOUNTON AGGIGMANGE HOD
1207 DELAWARE AVE #860	47-5378331		60,000	0			TECHNICAL ASSISTANCE FOR
WILMINGTON, DE 19806	47-5378331		60,000.	0.			PORTFOLIO COMPANIES
KAIZEN HEALTH, INC.							
33 N LASALLE ST. SUITE 1200							TECHNICAL ASSISTANCE FOR
CHICAGO, IL 60602	81-4644959		60,000.	0.			PORTFOLIO COMPANIES
STATEN ISLAND PERFORMING PROVIDER	01 1011333		00,000.	••			
SYSTEM LLC - ONE EDGEWATER PLAZA,							
SUITE 700 - STATEN ISLAND, NY							TECHNICAL ASSISTANCE FOR
10305	47-2544659	501(C)(3)	60,000.	0.			PORTFOLIO COMPANIES
	1, 2544033	P-1(0)(0)	1 00,000.	ı	1		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
IN ALL CASES, THE ORGANIZATION HAS	A THOROU	GH UNDERST	TANDING OF	THE WORK	
BEING UNDERTAKEN AND A FAMILIARITY	WITH THE	GRANTEE U	JNDERTAKING	THE WORK.	
FOLLOW UP MONITORING IS PERFORMED	BY VERBAL	CHECK-INS	S, PERIODIC	PROGRESS	
REPORTS, AND FINAL WRITTEN GRANT P	ERFORMANC	E REPORTS	AT THE CON	CLUSION OF	
THE GRANT PERIOD.					
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	. preiicer	TMVECTMEN	IM NEWWODY	TNC	

Part IV | Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: CONDUCT RESEARCH, EDUCATE AND ADVISE

ON HOW TO BUILD AND IMPLEMENT DURABLE REFUGEE-LENS INVESTING (RLI)

STRATEGIES WORLDWIDE

NAME OF ORGANIZATION OR GOVERNMENT: MAZIWA

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE ACCESS TO THE WEMA, A

DISCREET, WIRELESS, AND PORTABLE BREAST PUMP, FOR VULNERABLE WORKING

MOTHERS IN KENYA

NAME OF ORGANIZATION OR GOVERNMENT: PARITY LAB INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A LEGAL COUNSELING HELPLINE TO
SUPPORT GRASSROOT ORGANIZATIONS LED BY WOMEN IN RURAL INDIA

NAME OF ORGANIZATION OR GOVERNMENT: BIOLITE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER PEOPLE AND PROTECT OUR

PLANET THROUGH THE MANUFACTURE AND SALE OF AFFORDABLE OFF-GRID RENEWABLE

ENERGY PRODUCTS TO LOW-INCOME CUSTOMERS

NAME OF ORGANIZATION OR GOVERNMENT: SIMUSOLAR, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FURTHER THE GRANT RECIPIENT'S

MISSION PROVIDING REFUGEES IN THE BIDIBIDI REFUGEE CAMP WITH LOW-COST,

FINANCED, SOLAR-POWERED IRRIGATION EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: FRESNO AREA HISPANIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE TO

TERMINATED EMPLOYEES OF BW INDUSTRIES, INC., AND ITS SUBSIDIARIES

(BITWISE)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

ACUMEN FUND, INC.

 $Employer\ identification\ number \\ 13-4166228$

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

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

Schedule J (Form 990) 2023

ACUMEN FUND, INC. 13-4166228

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

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

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

		(B) Breakdown of W	J-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JACQUELINE NOVOGRATZ	(i)	343,309.	29,979.	0.	9,900.	25,357.	408,545.	0.
CEO & DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CARLYLE SINGER JONES	(i)	307,613.	27,252.	0.	9,900.	12,872.	357,637.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNN ROLAND	(i)	224,996.	25,069.	0.	7,831.	41,417.	299,313.	0.
BOARD SECRETARY/GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JACQUELINE WOO	(i)	228,666.	23,430.	0.	7,873.	37,811.	297,780.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) YASMINA ZAIDMAN	(i)	227,071.	24,981.	0.	7,819.	33,187.	293,058.	0.
CHIEF OF DEVELOPMENT & PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHELLE OSORIO	(i)	0.	0.	0.	0.	0.	0.	0.
INVESTMENT DIR., KAWISAFI VENTURES	(ii)	198,666.	42,400.	0.	7,632.	39,909.	288,607.	0.
(7) CATHERINE C. NANDA	(i)	214,266.	25,742.	0.	7,522.	33,321.	280,851.	0.
DIRECTOR, ACUMEN AMERICA	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMRITA BHANDARI	(i)	234,810.	23,020.	0.	7,735.	403.	265,968.	0.
CHIEF OF INSIGHTS & STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) WILLIAM CHARNOCK	(i)	132,795.	25,594.	82,385.	4,846.	11,807.	257,427.	0.
CHIEF OF MARKETING (UNTIL 6/30/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AMON ANDERSON	(i)	187,578.	26,486.	0.	6,795.	33,586.	254,445.	0.
DIRECTOR, ACUMEN AMERICA	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOANNA MCQUADE	(i)	203,473.	28,201.	0.	7,021.	12,897.	251,592.	0.
DIRECTOR, TALENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ALEXANDRA TRABULSI	(i)	175,630.	19,656.	0.	5,859.	403.	201,548.	0.
DIRECTOR, PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SARAH BIEBER	(i)	168,300.	22,275.	0.	5,717.	403.	196,695.	0.
DIRECTOR, DEVELOPMENT & PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SABRINA LEE ORTEGA SANCHEZ	(i)	158,358.	12,614.	0.	5,240.	14,383.	190,595.	0.
HEAD OF BUSINESS DEV., FOUNDATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KEVIN LEHMAN, ASSOCIATE	(i)	133,395.	0.	38,272.	3,710.	12,450.	187,827.	0.
DIRECTOR, FUNDRAISING (UNTIL 12/7/23	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

WILLIAM CHARNOCK, CHIEF OF MARKETING, LEFT ACUMEN FUND, INC. ON 6/30/2023

AND RECEIVED SEVERANCE OF \$82,385. THE SEVERANCE AMOUNT IS REPORTED IN PART

II, COLUMN B(III).

KEVIN LEHMAN, ASSOCIATE DIRECTOR, LEFT ACUMEN FUND, INC. ON 12/07/2023 AND RECEIVED SEVERANCE OF \$38,272. THE SEVERANCE AMOUNT IS REPORTED IN PART II, COLUMN B(III).

PART I, LINE 7:

ACUMEN OFFERS A DISCRETIONARY PERFORMANCE-BASED BONUS FOR ITS EMPLOYEES

WITH GUIDELINES SET BY THE MANAGEMENT COMMITTEE AND AGREED BY THE BOARD.

BONUSES ARE REFLECTIVE OF ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE WHICH

PROVIDES COLLECTIVE ACCOUNTABILITY (INCREASING BY LEVEL), FOSTERS INCREASED

COLLABORATION AND PROBLEM-SOLVING. THE ORGANIZATIONAL COMPONENT OF THE

BONUS IS RECOMMENDED BY THE MANAGEMENT COMMITTEE TO THE COMPENSATION

COMMITTEE, BASED ON ACHIEVEMENT OF ANNUAL GOALS (WHICH ARE DETERMINED AT

THE END OF THE PRIOR YEAR AND APPROVED BY THE BOARD), THEN REVIEWED BY THE

COMPENSATION COMMITTEE AND ULTIMATELY APPROVED BY THE BOARD.

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
EACH INDIVIDUAL'S SUPERVISOR DETERMINES THE INDIVIDUAL RATING BASED ON
PERFORMANCE AGAINST INDIVIDUAL GOALS, AND THE DIRECTOR OF TALENT AND
RESPECTIVE MANAGEMENT COMMITTEE MEMBER APPROVES THE RATINGS.
BONUSES WERE TREATED AS TAXABLE COMPENSATION TO THE RECIPIENTS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

ACUMEN FUND, INC. Employer identification number 13-4166228

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	13	766,866.	FMV			
10	Securities - Closely held stock			7007000				
11	Securities - Partnership, LLC, or							
••								
12								
13	Securities - Miscellaneous Qualified conservation contribution -							
13	I Pakada akunakuna							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions				
	for which the organization completed Form 828	-	•				0	
		,, _					Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?					30a		Х
b						Jour		
31	Does the organization have a gift acceptance p	olicv that re	equires the review of	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties of					<u> </u>		
			•	or, process, or con noncastr		32a		Х
b								
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked.			
	describe in Part II	(5)	-,,, -, -, -, -, -, -, -, -, -, -, -,	22.3 (3) 13 01100	,			

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ACUMEN FUND, INC.

Employer identification number 13-4166228

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

ACUMEN'S MISSION IS TO CHANGE THE WAY THE WORLD TACKLES POVERTY BY

INVESTING IN COMPANIES, LEADERS AND IDEAS.

ACUMEN IS A GLOBAL FORCE OF ENTREPRENEURS, INVESTORS, PHILANTHROPISTS,

AND SOCIAL INNOVATORS WORKING TOGETHER TO BUILD A WORLD BASED ON

DIGNITY. WE WERE FOUNDED BY JACQUELINE NOVOGRATZ ON THE RADICAL IDEA

THAT BUSINESS, WHEN CULTIVATED WITH MORAL IMAGINATION, CAN BREAK THE

CYCLE OF POVERTY. WE INVEST IN TRANSFORMATIONAL COMPANIES, BUILD

SUSTAINABLE MARKETS, AND PREPARE LEADERS WITH THE TOOLS THEY NEED TO

CREATE A MORE JUST AND INCLUSIVE FUTURE. SINCE 2001, WE HAVE SCALED

COMPANIES AND SHAPED MARKETS IN SOME OF THE HARDEST-TO-REACH

COMMUNITIES ON THE PLANET, IMPACTING OVER HALF-A-BILLION LIVES.

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

ACUMEN FUND IS SOLVING PROBLEMS OF POVERTY AND BUILDING A WORLD BASED

ON DIGNITY BY INVESTING IN COMPANIES, LEADERS, AND IDEAS. WE INVEST

PATIENT CAPITAL IN BUSINESSES THAT DELIVER CRITICAL, AFFORDABLE GOODS

AND SERVICES TO PEOPLE LIVING IN POVERTY, IMPROVING THE LIVES OF

MILLIONS IN SOUTH ASIA, EAST AND WEST AFRICA, LATIN AMERICA AND THE

UNITED STATES. SINCE 2001, ACUMEN FUND HAS INVESTED \$168 MILLION IN 183

SOCIAL ENTERPRISES WORKING IN RESILIENT AGRICULTURE, EDUCATION, ENERGY

ACCESS FINANCIAL INCLUSION, HEALTH, HOUSING, WATER AND SANITATION, AND

WORKFORCE DEVELOPMENT.

Schedule O (Form 990) 2023 Page 2

Name of the organization 13-4166228 ACUMEN FUND, INC. ENTREPRENEURS LEARN THE HARD SKILLS REQUIRED TO BUILD SCALABLE SOLUTIONS TO POVERTY AND HONE THE HARDER SKILLS OF MORAL LEADERSHIP TO REIMAGINE AND BUILD A BETTER WORLD. THROUGH 2023, ACUMEN ACADEMY BUILT ITS NETWORK OF PROGRAM ALUMNI, FOUNDRY MEMBERS, TO MORE THAN 1600 INDIVIDUALS WHO ARE WORKING ON SOLUTIONS SOLVING PROBLEMS OF POVERTY. WE ALSO TRAINED 200 FELLOWS IN OUR LEADERSHIP DEVELOPMENT PROGRAMS, AWARDED 74 EARLY-STAGE GRANTS TO FOUNDRY MEMBERS AND FACILITATED OVER 1.3 MILLION ONLINE COURSE SIGN-UPS. THROUGH ACADEMY ORGANIZATIONS AND COMPANIES, WE HAVE REACHED 54 MILLION LIVES IMPACTED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ACUMEN MADE 26 NEW AND FOLLOW-ON INVESTMENTS IN 2023, REACHING A CUMULATIVE \$168 MILLION INVESTED IN 183 BUSINESSES SERVING THE PEOPLE LIVING IN POVERTY.

WE ALSO POOL CAPITAL TO SCALE STRATEGIC SOLUTIONS TO PROBLEMS OF POVERTY IN SPECIFIC SECTORS AND GEOGRAPHIES, USING BLENDED FINANCE. OUR THREE SPONSORED FOR-PROFIS, CURRENTLY MANAGED UNDER ACUMEN CAPITAL PARTNERS INCLUDE: KAWISAFI (\$67M AUM), FOCUSES ON CLEAN ENERGY AND CLIMATE MITIGATION IN EAST AFRICA; ACUMEN RESILIENT AGRICULTURE FUND (\$58M AUM), FOCUSES ON CLIMATE RESILIENCE FOR SMALLHOLDER FARMERS IN EAST AND WEST AFRICA; AND ACUMEN LATIN AMERICA EARLY GROWTH FUNDS I AND II (\$73M AUM), MANAGED BY ACUMEN LATAM IMPACT VENTURES, A TEAM OWNED MANAGER, FOCUSED ON ENERGY ACCESS, WORKFORCE AND AGRICULTURE.

IN 2023, WE LAUNCHED THE HARDEST-TO REACH INITIATIVE FOR ENERGY ACCESS SOLUTIONS IN COUNTRIES IN SUB-SAHARAN AFRICA.

Employer identification number

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization ACUMEN FUND, INC.

Employer identification number 13-4166228

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CANADA, UNITED KINGDOM, MAURITIUS, INDIA,

PAKISTAN, COLOMBIA, KENYA, NIGERIA

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION UTILIZES ADP TOTALSOURCE, A PROFESSIONAL EMPLOYER

ORGANIZATION ("PEO"). AS A PROFESSIONAL EMPLOYER ORGANIZATION, TOTALSOURCE

PROVIDES PROFESSIONAL EMPLOYER SERVICES TO ACUMEN FUND, INC. (ACUMEN). IN

THE PEO RELATIONSHIP, TOTALSOURCE AND ACUMEN SHARE CERTAIN RESPONSIBILITIES

AND ALLOCATE OTHER EMPLOYER RESPONSIBILITIES BETWEEN EACH OTHER.

ACUMEN REMAINS AN EMPLOYER OF THE WORKSITE EMPLOYEES AND TOTALSOURCE IS A CO-EMPLOYER OF ACUMEN'S EMPLOYEES.

ACUMEN HAS:

- DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO CONDUCT ITS

 BUSINESS, DISCHARGE ANY FIDUCIARY RESPONSIBILITY IT MAY HAVE, OR COMPLY

 WITH ANY APPLICABLE LICENSURE, REGULATORY OR STATUTORY REQUIREMENT OF

 ACUMEN.
- CONTROL OVER THE DAY TO DAY JOB DUTIES OF EMPLOYEES AND OVER THE JOB SITES AT WHICH, OR FROM WHICH EMPLOYEES PERFORM SERVICES

TOTALSOURCE RESERVES A RIGHT OF DIRECTION AND CONTROL OVER EMPLOYEES AS IS

NECESSARY TO FULFILL ITS OBLIGATIONS AND PROVIDE ITS SERVICES UNDER AN

AGREEMENT BETWEEN ACUMEN AND TOTALSOURCE.

Schedule O (Form 990) 2023 Page **2**

 Employer identification number 13-4166228

EMPLOYEES AS TO EACH ONE'S EMPLOYMENT RELATIONSHIP WITH EMPLOYEES.

THE TOTAL AMOUNT OF SERVICE FEE PAID TO ADP TOTALSOURCE FOR THE TAX YEAR ENDING 12/31/23 IS \$121,693.

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

THE ORGANIZATION'S FINANCE STAFF MEMBERS PREPARE THE FORM 990 IN

CONJUNCTION WITH THE ORGANIZATION'S EXTERNAL INDEPENDENT ACCOUNTANTS.

SEVERAL SENIOR MANAGEMENT AND INTERNAL LEGAL STAFF MEMBERS REVIEW THE

INFORMATION AND A DRAFT FORM 990 IS CIRCULATED ELECTRONICALLY BY E-MAIL TO

THE BOARD OF DIRECTORS. AFTER SOLICITING THE BOARD'S FEEDBACK AND COMMENTS,

THE FORM 990 IS E-FILED WITH THE IRS.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH IS ANNUALLY
MONITORED, REQUIRING ALL OF THE ORGANIZATION'S OR ITS AFFILIATES' BOARD
MEMBERS, MEMBERS OF THE INVESTMENT COMMITTEE, OFFICERS, KEY EMPLOYEES, AND
EACH OF THEIR RESPECTIVE RELATIVES TO DISCLOSE ANY FINANCIAL INTEREST THAT
MAY BE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST TO THE GENERAL COUNSEL,
SUBJECT TO REVIEW BY THE AUDIT & FINANCE COMMITTEE OF THE BOARD. SUCH
DISCLOSURES INVOLVING A TRANSACTION OR ARRANGEMENT ARE REVIEWED BY THE
GENERAL COUNSEL, WITH OVERSIGHT BY THE PRESIDENT, AND, IF OVER A CERTAIN
THRESHOLD, REFERRED TO THE AUDIT & FINANCE COMMITTEE TO DETERMINE
APPROPRIATE ACTION TO BE TAKEN TO ADDRESS THE CONFLICT OF INTEREST WITH
RESPECT TO THE TRANSACTION OR ARRANGEMENT. THE INDIVIDUAL WITH THE
POTENTIAL CONFLICT OF INTEREST IS REQUIRED TO DISCLOSE THE CONFLICT AND MAY
BE REQUIRED TO RECUSE HIM/HERSELF FROM THE DISCUSSION AND NOT BE PRESENT
DURING ANY DELIBERATION OR VOTE ON MATTERS WHERE HE/SHE HAS AN ACTUAL

Schedule O (Form 990) 2023 Page 2

 Employer identification number 13-4166228

CONFLICT. A DISINTERESTED PERSON MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND THE AUDIT & FINANCE COMMITTEE SHALL DETERMINE IF ACUMEN CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, AND IF NOT, IF THE TRANSACTION OR ARRANGEMENT IS IN ACUMEN'S BEST INTEREST FOR ITS OWN BENEFIT AND FAIR AND REASONABLE. ADDITIONALLY, THE ORGANIZATION REQUIRES ALL SUCH INDIVIDUALS TO PROMPTLY AND FULLY DISCLOSE ALL MATERIAL FACTS OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST THAT MAY EXIST AT THE TIME OF HIRE OR APPOINTMENT, AS APPLICABLE, AND AS THEY MAY ARISE WHILE THE INDIVIDUAL IS SERVING OR EMPLOYED IN SUCH CAPACITY BY THE ORGANIZATION. SUCH DISCLOSURES ARE REVIEWED BY THE GENERAL COUNSEL, WITH OVERSIGHT BY THE PRESIDENT AND/OR OTHER MEMBERS OF SENIOR MANAGEMENT, AND THE AUDIT & FINANCE COMMITTEE, WHERE APPROPRIATE, TO DETERMINE APPROPRIATE ACTION TO BE TAKEN, WHICH, IF ADVISABLE, MAY INCLUDE INFORMATION FIREWALLS, OVERSIGHT BY DISINTERESTED PERSONS AND/OR DISCOURAGEMENT OF THE ACTIVITY.

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

THE ORGANIZATION ANNUALLY REVIEWS COMPARABLE COMPENSATION DATA FOR ITS

NON-PROFIT PEER GROUP AND SIMILAR ORGANIZATIONS IN THE FOR-PROFIT PRIVATE

SECTOR. ACUMEN TALENT FOCUSES THE REVIEW ON 2-3 OFFICES AND ROTATES THE

REVIEW EVERY YEAR. ACUMEN TALENT BENCHMARKS AGAINST THESE COMPARATIVE

FIGURES WHEN SETTING COMPENSATION FOR ITS CHIEF EXECUTIVE OFFICER AND

PRESIDENT. THE ORGANIZATION WILL ALSO CONSIDER JOB PERFORMANCE WHEN

EVALUATING CEO COMPENSATION. THE COMPENSATION COMMITTEE RECOMMENDS AND THEN

THE BOARD OF DIRECTORS DISCUSSES AND APPROVES, IN EXECUTIVE SESSION, THE

COMPENSATION INFORMATION AND DETERMINES THE CEO AND PRESIDENT'S SALARIES

AND BONUSES. THE COMPENSATION COMMITTEE IS COMPOSED SOLELY OF BOARD MEMBERS

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

ACUMEN FUND, INC.

Employer identification number
13-4166228

WHO DO NOT HAVE A CONFLICT OF INTEREST IN DETERMINING THE SALARY OF THE

CEO. ANY BOARD MEMBERS WHO ARE CONFLICTED IN DETERMINING THE CEO'S

COMPENSATION ARE RECUSED FROM THE PORTION OF THE MEETING WHERE THE CEO'S

COMPENSATION IS DISCUSSED AND DETERMINED. MINUTES DOCUMENTING BOTH THE

ACTIVITIES AND ACTIONS OF THE COMPENSATION COMMITTEE AND THE BOARD OF

DIRECTORS, INCLUDING THE MATERIALS THEY USED IN EVALUATING COMPENSATION,

ARE TAKEN AND RETAINED CONTEMPORANEOUSLY. THE CEO, IN CONSULTATION WITH THE

PRESIDENT AND DIRECTOR OF TALENT, DETERMINES SALARIES OF THE OTHER MEMBERS

OF SENIOR MANAGEMENT OF THE ORGANIZATION USING THE SAME PROCESSES AS

DESCRIBED ABOVE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,CO,CT,DC,DE,FL,IL,MD,MA,MN,NJ,NY,OR,PA,TX,VA

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION POSTS ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS ON ITS

PUBLICLY ACCESSIBLE WEBSITE WWW.ACUMEN.ORG. CURRENT YEAR INFORMATION IS

POSTED AS IT BECOMES AVAILABLE AND TWO PRIOR YEAR'S RESULTS ARE MAINTAINED

ONLINE. THE ORGANIZATION ALSO PROVIDES ITS INFORMATION TO CHARITY NAVIGATOR

AND GUIDESTAR.ORG. PUBLIC INFORMATION ABOUT ACUMEN IS AVAILABLE ON THE

WEBSITE OF THE NYS ATTORNEY GENERAL CHARITIES BUREAU, AS WELL AS UPON

REQUEST. THE FORM 1023 IS MADE AVAILABLE UPON REQUEST. THE GOVERNING

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON SPECIFIC REQUEST, AND A

SUMMARY OF THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE FORM 990.

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

FORM 990 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR

THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). IN ADDITION,

Schedule O (Form 990) 2023 Page **2**

Name of the organization ACUMEN FUND, INC.	Employer identification number
THE FORM 990 WITHOUT SCHEDULE B IS AVAILABLE VIA A LINK ON	OUR WEBSITE TO
THE PROFILE ON GUIDESTAR.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
MEMBERSHIP FEES:	
PROGRAM SERVICE EXPENSES	17,964.
MANAGEMENT AND GENERAL EXPENSES	4,947.
FUNDRAISING EXPENSES	41,586.
TOTAL EXPENSES	64,497.
CONSULTANT:	
PROGRAM SERVICE EXPENSES	2,391,355.
MANAGEMENT AND GENERAL EXPENSES	266,821.
FUNDRAISING EXPENSES	318,809.
TOTAL EXPENSES	2,976,985.
TRAINING:	
PROGRAM SERVICE EXPENSES	3,995.
MANAGEMENT AND GENERAL EXPENSES	829.
FUNDRAISING EXPENSES	3,000.
TOTAL EXPENSES	7,824.
RECRUITING:	
PROGRAM SERVICE EXPENSES	146,150.
MANAGEMENT AND GENERAL EXPENSES	70,815.
FUNDRAISING EXPENSES	9.
TOTAL EXPENSES	216,974.

Schedule O (Form 990) 2023 Page **2**

Name of the organization ACUMEN FUND, INC.	Employer identification number 13-4166228
CONTRACTORS:	
PROGRAM SERVICE EXPENSES	560,409.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	560,409.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,826,689.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST	65,483.
FOREIGN CURRENCY TRANSLATION GAIN	77,732.
CHANGE IN VALUE OF DEBT AND EQUITY SECURITIES	-6,750,538.
ACUMEN AMERICA LLC SHARE CAPITAL	-3,493.
TOTAL TO FORM 990, PART XI, LINE 9	-6,610,816.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ACUMEN FUND, INC.

Employer identification number 13-4166228

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
ACUMEN CAPITAL MARKET INVESTMENTS LLC -					
36-4796906, 40 WORTH STREET, SUITE 303, NEW	7				ACUMEN CAPITAL PARTNERS
YORK, NY 10013	CARRY VEHICLE	DELAWARE	0.	0.	LLC
ACUMEN RESILIENT AGRICULTURE CAPITAL					
INVESTMENTS, LLC - 83-1263292, 40 WORTH					ACUMEN CAPITAL PARTNERS
STREET, SUITE 303, NEW YORK, NY 10013	CARRY VEHICLE	DELAWARE	0.	0.	LLC
ACUMEN CAPITAL PARTNERS (ARAF) LTD -					
98-1546121, 40 WORTH STREET, SUITE 303, NEW					ACUMEN CAPITAL PARTNERS
YORK, NY 10013	INVESTMENT ADVISOR	KENYA	1,208,741.	269,563.	LLC
ACUMEN CAPITAL PARTNERS (EA) LIMITED -					
98-1551441, 40 WORTH STREET, SUITE 303, NEW					ACUMEN CAPITAL PARTNERS
YORK, NY 10013	INVESTMENT ADVISOR	KENYA	730,547.	217,026.	LLC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ACUMEN (PAKISTAN)	4						
11 - C, 4TH FL., 1ST COMMERCIAL LANE SHAHBAZ	INVESTING IN SOCIAL						
KARACHI, PAKISTAN	ENTERPRISES	PAKISTAN	501(C)(3)		ACUMEN FUND, INC.	X	
ACUMEN FUND, CANADA							
700 WEST GEORGIA STREET, 25TH FLOOR							
VANCOUVER, CANADA V7Y 1B3	ALLEVIATE POVERTY	CANADA	501(C)(3)		ACUMEN FUND, INC.	Х	
AF TRUST							
201, DHEERAJI PLAZA, HILL ROAD, BANDRA WEST							
MUMBAI, INDIA 400050	LEADERSHIP	INDIA	501(C)(3)		ACUMEN FUND, INC.	Х	
ACUMEN FUND WEST AFRICA LTD/GTE							
PLOT 18 SIKIRU ALADE OLOKO CRESCENT, LEKKI P	INVESTMENT ADVISOR &						
LAGOS, NIGERIA	LEADERSHIP	NIGERIA	501(C)(3)		ACUMEN FUND, INC.	Х	

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

Schedule R (Form 990) 2023

Schedule R (Form 990) ACUMEN FUND, INC. 13-4166228

Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
3		loreign country)			
ACUMEN AMERICA LLC - 92-1001569					
40 WORTH STREET, SUITE 303	INVESTING IN SOCIAL				
NEW YORK, NY 10013	ENTERPRISES	DELAWARE	6,858,698.	25,538,723.	ACUMEN FUND, INC.
KAWISAFI II CAPITAL INVESTMENTS LLC -					
93-4395532, 40 WORTH STREET, SUITE 303, NEW					ACUMEN CAPITAL PARTNERS
YORK, NY 10013	CARRY VEHICLE	DELAWARE	0.	0.	LLC
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ACUMEN FUND, INC. 13-4166228

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 controrganiz	olled
M.W. NORTH, INC.						163	140
95 THURSFIELD CRESCENT, EAST YORK, ON M4G 2	1						
CANADA	LEADERSHIP	CANADA	501(C)(3)		ACUMEN FUND, INC.	Х	
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Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo	ortionate tions?	Code V-UBI amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
KAWISAFI VENTURES LTD -]										
32-0466550, C/O OCORIAN	INVESTING IN										
CORPORATE SERVICES MAURITIUS	SOCIAL		ACUMEN CAPITAL								
TOWER A, 6TH FLOOR, CYBER	ENTERPRISES	MAURITI	PARTNERS, LLC	RELATED	100,756.	13,952,926.		X	N/A	X	28.54%
ACUMEN LATIN AMERICA EARLY			ACUMEN CAPITAL								
GROWTH FUND, LP - 98-1364491,	INVESTING IN		MARKETS LATIN								
40 WORTH STREET, SUITE 303,	SOCIAL		AMERICA EARLY								
NEW YORK, NY 10013	ENTERPRISES	CANADA	GROWTH LLC	RELATED	16,628.	705,820.		x	N/A	x	3.36%
ACUMEN CAPITAL MARKETS LATIN											
AMERICA EARLY GROWTH LLC -											
82-0973614, 40 WORTH STREET,			ACUMEN CAPITAL								
SUITE 303, NEW YORK, NY	CARRY VEHICLE	DE	PARTNERS, LLC	RELATED	0.	0.		X	N/A	X	.00%
ACUMEN RESILIENT AGRICULTURE											
FUND, LP - 98-1496984, 40	INVESTING IN										
WORTH STREET, SUITE 303, NEW	SOCIAL		ACUMEN CAPITAL								
YORK, NY 10013	ENTERPRISES	CANADA	PARTNERS, LLC	RELATED	32,214.	1,253,632.		x	N/A	X	3.49%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr enti	olled ity?
ACUMEN FUND ADVISORY LLP								res	No_
S NO 2/1/5 ARCHWAY FL 301, SOPAN BAG, PLOT NO	INVESTING ADVISORY		ACUMEN FUND						i
PUNE, INDIA 411045	SERVICES	INDIA	INC.	C CORP	581,791.	236,774.	100%	Х	i
ACUMEN CAPITAL PARTNERS, LLC - 32-0450985									
40 WORTH STREET, STE 303			ACUMEN FUND						i
NEW YORK, NY 10013	FUND MANAGER	DE	INC.	C CORP	4,533,902.	4,249,289.	100%	Х	i
ACUMEN CAPITAL HOLDING LLC - 82-0758236									
40 WORTH STREET, STE 303			ACUMEN FUND						i
NEW YORK, NY 10013	HOLDING COMPANY	DE	INC.	C CORP	3,191.	1,022,515.	100%	Х	i
ACUMEN EA ADVISORY SERVICES LTD/GTE									
3RD FLOOR, ABC TOWERS, WAIYAKI WAY, WESTLANDS]		ACUMEN FUND						i
NAIROBI, KENYA	ADVISORY SERVICES	KENYA	INC.	C CORP	2,046,732.	729,814.	100%	Х	i
ACUMEN FUND ADVISORY SERVICES INDIA PVT LTD									
203 DHEERAJ PLAZA HILL ROAD BANDRA (WEST)			ACUMEN FUND						i
MUMBAI, INDIA 400050	ADVISORY SERVICES	INDIA	INC.	C CORP	21,610.	737,625.	100%	X	

ACUMEN FUND, INC. 13-4166228

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)			h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportion-		Code V-UBI amount in box 20 of Schedule	Gene	ral or	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		cations?	amount in box 20 of Schedule	parti	lei :	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
ALIVE EARLY GROWTH FUND II,			ACUMEN CAPITAL									
LP - 98-1687736, 40 WORTH	INVESTING IN		MARKETS LATIN									
STREET, SUITE 303, NEW YORK,	SOCIAL		AMERICA EARLY									
NY 10013	ENTERPRISES	CANADA	GROWTH LLC	RELATED	3,165.	226,197.		X	N/A	X		2.99%
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Schedule R (Form 990)

ACUMEN FUND, INC.

13-4166228

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	((i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Type of entity (C corp, S corp, or trust)	Share of total income		Percentage ownership	Sec 512(i contr ent	tion b)(13) rolled tity?
		country)		or trusty		455515			No
ACUMEN EAST AFRICA INSTITUTE LIMITED									
3RD FLOOR, ABC TOWERS, WAIYAKI WAY, WESTLANDS			ACUMEN FUND						
KENYA	NO ACTIVITY	KENYA	INC.	C CORP	0.	0.	100%	X	
_									
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or mo	ore rela	ated organizations listed in	n Parts II-IV?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
	b Gift, grant, or capital contribution to related organization(s)				1b	X				
	c Gift, grant, or capital contribution from related organization(s)				1c		X			
	d Loans or loan guarantees to or for related organization(s)				1d	X				
	e Loans or loan guarantees by related organization(s)				1e		X			
f	f Dividends from related organization(s)				1f		X			
g	g Sale of assets to related organization(s)				1g		X			
	h Purchase of assets from related organization(s)				1h		X			
i	i Exchange of assets with related organization(s)				1i		X			
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
Performance of services or membership or fundraising solicitations for related organization(s)										
					1m	Х				
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х			
	o Sharing of paid employees with related organization(s)				10		Х			
р	p Reimbursement paid to related organization(s) for expenses				1р		Х			
	q Reimbursement paid by related organization(s) for expenses				1q	X				
r	r Other transfer of cash or property to related organization(s)				1r		Х			
s	s Other transfer of cash or property from related organization(s)				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must comple									
	(a) (b) Name of related organization Transactior type (a-s)		(c) Amount involved	(d) Method of determining amount invo	olved					
1) 2	ACUMEN FUND WEST AFRICA LTD/GTE B		390,000.	COST						

(2) ACUMEN ADVISORY LLP 845,741. FAIR MARKET VALUE M 2,068,198. FAIR MARKET VALUE (3) ACUMEN EA ADVISORY SERVICES LTD M (4) ACUMEN LATIN AMERICA CAPITAL PARTNERS, LLC 180,082.COST 0 409,597.COST (5) ACUMEN CAPITAL PARTNERS LLC Q

В

428,031.COST

(6) KAWISAFI VENTURES LIMITED

Part V Continuation of Transactions With Related Organizations (Schedule R (For	m 990), Part V, line 2	·)	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ACUMEN RESILIENT AGRICULTURE FUND LP	В	442,076.	COST
(8) ACUMEN LATIN AMERICA EARLY GROWTH FUND	В	69,204.	COST
<u>(9)</u>			
(10)			
<u>(11)</u>			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

Scriedule R (FORM 990) 2023 ACOMEN FOND , 1NC . 13 4100220 Page 5
Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:
KAWISAFI VENTURES LTD
EIN: 32-0466550
C/O OCORIAN CORPORATE SERVICES MAURITIUS TOWER A, 6TH FLOOR
CYBER CITY, MAURITIUS
NAME OF RELATED ORGANIZATION:
ACUMEN LATIN AMERICA EARLY GROWTH FUND, LP
DIRECT CONTROLLING ENTITY: ACUMEN CAPITAL MARKETS LATIN AMERICA EARLY
GROWTH LLC
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:
ACUMEN CAPITAL MARKETS LATIN AMERICA EARLY GROWTH LLC
EIN: 82-0973614
40 WORTH STREET, SUITE 303
NEW YORK, NY 10013
NAME OF RELATED ORGANIZATION:
ALIVE EARLY GROWTH FUND II, LP
DIRECT CONTROLLING ENTITY: ACUMEN CAPITAL MARKETS LATIN AMERICA EARLY
GROWTH LLC