Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For th	ne 2009 ca	lendar	year, or	r tax year bo	eginning	09/01	, 2009, a	and ending			/31	1	20 10	
B	Check if	applicable:	Please	C Name	of organizatio	n Ashoka						D E	nployer	dentification r	ıumber
		s change	use IRS fabel or	Doing	Business As							Ę	<u>i1 :</u>	025590	8
	Name c	•	print or	Numbe	er and street (or I	P.O. box if mail is	nat delivered to str	eet address)	Room/suit	е		E Te	elephone	e number	
_		- 1	type. See	1700	North Moo	re Street Su	ite 2000				l	(70)3)	527-830	0
_	Initial re	i	Specific			or country, and		······································							
$\overline{}$	Termina		Instruc- tions.	1	ton, VA 22	-					ı	G Gr	oss recei	ipls \$ 25.34	4,922
		ed return	F Nam				William Drayt	ന		111-1	1- 15:-			r affiliates? Yes	
<u> </u>	Applicati	on pending					00, Arlington								
-	Tay or	(ampl status				o.) 4947(n(u)				luded? Yes st. (see instructio	
-		empt status				3.) 4347(a)(1) 01 02			ا					113)
		ite: ► ww				olation [] Oth		li Var	ar of formation				on numb	egal domicile: V	Ā
				oration L	Trust Asso	Clation L Oth	er 🕨	L 100	ar or rormano	19	80	M St	ale 01 le	sgai domicile. V	
P	art I	Summ	ary					Marity 17	TL	+:				ion of the	
	1	Briefly de	escribe	the org	ganization's	mission or	most signific	ant activitie	s: The Cr	eation	or a	n as	sociai	ion of the	
63		world's I	leading	g socia	i entreprer	ieurs, men	ano women v	viin systen	n changin	g solu	HOHE	101	LITE W	oriu s most	
& Governance							ve elected ov	er 2,000 lea	ading soc	ial ent	герге	eneu	rs as	Ashoka	
Ë					ule O, Stat									~~~~	-
o ve	2	Check this	box ►	if the	e organization	discontinued it	s operations or d	isposed of mo	re than 25%	of its ne	t asse	ts.			
ڻ «×	3	Number of	of votin	ng mem	nbers of the	governing	body (Part VI	, line 1a) .				. L	3		7
SS							ne governing		VI, line 1b)			4		6
Atie	1					V, line 2a).						. L	5		161
Activities						ate if neces							6		4,600
•							Part VIII, colu			• •	•	, L	7a		0
							Form 990- T , I		· , _ , .				7b		0
	 "	1401 011101	utou p	00177000	, 100 (00)				1	Pri	ior Ye	ar		Current Yea	ar
		O			de /Dowl \/II	l line 1h)			ļ		33.9	91,2	266	24.81	3,865
ē									II.			,-	0		0
Revenue		~				I, line 2g) .					1 '	112,0		3.5	35,746
Ŗ							s 3, 4, and 70					15,5			2,964
	11	Other rev	/enue (I	Part VII	II, COIUMN (A), lines 5, t	6d, 8c, 9c, 10 ual Part VIII, co	c, and rie)	12\		25 '	118,8		25.18	2,575
_	-								10 12 /			219,0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	55,841
	1					-	umn (A), lines				9,4	219,0		4,50	0.041
rA.							ımn (A), line 4		–		444	345	0	40.41	<u>_</u>
Expenses							(Part IX, colui	mn (A), lines	5–10)		77,3	915,1		12,12	28,228
per							A), line 11e)		÷04.				0		U
Ň	b	Total fund	draising	expen:	ses (Part IX,	column (D),	line 25) ▶	2,297	,701					**	
	17	Other exp	penses	(Part I	X, column	(A), lines 11	a11d, 11f24	lf)				B72,9			34,004
	18	Total exp	enses.	. Add lir	nes 13-17	(must equal	Part IX, colu	nn (A), line	25)			007,2			8,073
		Revenue	less ex	penses.	. Subtract lii	ne 18 from li	ne 12 (SEE S	HEDVLEC				111,6			5,498
500									E	eginning				End of Yea	
sets	20	Total ass	ets (Pa	art X, lir	ne 16)							054,6			2,967
AS	21	Total liab									18,7	732,7	63	14,77	70,456
Net Assets	22	Net asset	ts or fu	und bal	ances. Sub	tract line 21	from line 20	<u>, ,</u>	<u> </u>		60,	321,9	36	53,94	12,511
	art II			Block											
		Under pe	nalties q	f perjury,	declare that	l have examine	d this return, inclu	iding accompa	inying schedu	lles and	staten	nents,	and to t	the best of my kr	nowledg
		and belief	r, it is the	ur, correc	and comple	te. Declaration	of preparer (other	r than officer) i	is pased on a	all inform	nation	ag Ot Mu	cn prep	arer has any kno	wieage
Sig	חנ	1 6	しん		Das						11	lan	_ 18	1,2011	
He	_	Signa	ature of	officer	, X						Date	• ()		,	
• • • •	•	Wil	lliam D	rayton	, Chairmar	า						_			
		Type	or print	name an	nd title				***************************************	***************************************					
		0	. \			01		Date		eck if	T	Prepa	rer's ide	ntifying number	
		Preparer's		-1	II	11. mar	Effe CP	0	self	- ployed ▶	► ⊟l	(see i	nstructio	ns)	
Pai		•	. 6	w	soul 1	NYTU	All CL	7 5-18	8-11	,	_				
	parer's	Firm's na	me (or v	ours L	Cleveland	i & Gotliffe	PC			EIN	 V	▶ '	54:	1573299	
Use	Only	if self-em	played),	•			urt, Reston, \	/Δ 20191					703		13
	+1-	address.					····		onel	150	- 110 II	J. P. (, 00	✓ Yes [
Ma	y the	IHS disci	uss this	s return	i with the p	reparer sno	wn above? (s	ee mstructio	una) .	· · ·			<u>.</u>	v res [No

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Ashoka strives to shape a global, entrepreneurial, competetive citizen sector: one that allows social entrepreneurs to thrive and enables the world's citizens to think and act as changemakers.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10,725,687 including grants of \$ 4,955,841) (Revenue \$ 0) Civil Rights, Social Action & Advocacy Programs, G: Social entrepreneurs are the engines of change and role
	models for the citizen sector. Ashoka identifies and invests in Leading Social Entrepreneurs - entrepreneurs working to achieve positive social impact - supporting the individual, idea, and institution through all phases of their career. (130 Fellows)
4b	(Code:) (Expenses \$ 7,964,392 including grants of \$ 0) (Revenue \$ 0) Community, Business & Industry Programs, General/O: Ashoka encourages the creation of sustainable social
	solutions by developing New Architecture for the sector to support and accelerate progress within the community.
	Systems include: access to social financing, bridges to business and academic sectors, and frameworks for strategic partnerships that deliver social and financial value. (1 program)

	0.000.000
4c	(Code:) (Expenses \$ 6,890,238 including grants of \$ 0) (Revenue \$ 0) Civil Rights, Social Action & Advocacy Programs, G: Through Group Entrepreneurship programs, Ashoka
	engages communities of entrepreneurs and develops patterns of effective collaborations that accelerate and spread social impact. (1 program)
4d	Other program services. (Describe in Schedule O.) See Schedule O, Statement 2 (Expenses \$ 815,836 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses ▶ 26.396.153

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; 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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	1	
0	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	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.			
•	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.			
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	√	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	✓	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		/
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		,
20	If "Yes," complete Schedule G, Part III	19 20		✓

Form	990 (2009)		Р	age (
Pai	t IV Checklist of Required Schedules (continued)		***************************************	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	√	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
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		✓
24 a	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 25	24a		1
b	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 any tax-exempt bonds?	24c	·	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	│ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
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		1

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

37

Par	Statements Regarding Other IRS Filings and Tax Compliance			
COLUMN TO A STATE OF THE PARTY			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
	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	ann namm		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a 3b		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	่งม		-
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	./	
	If "Yes," enter the name of the foreign country: See Schedule O, Statement 3	74		
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
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).			
	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		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	if Yes, indicate the number of Forms 6262 field during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		1
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h_	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		-
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
a a	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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 in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			an and an
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
	Does the organization have members, stockholders, or other persons who may elect one or more members			
. –	of the governing body?	7a		✓
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
9	the year by the following:			
2	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		√
Sec	tion B. Policies (This Section B requests information about policies not required by the International Control of the International			
	enue Code.)	==:		
			Yes	No
100	Door the organization have local chapters, branches, or affiliates?	10a	1	
	Does the organization have local chapters, branches, or affiliates?		-	
D		10b	1	
4.4	affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
11		11	1	
448	form?		·	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	1	13015561X3R3
	Does the organization have a written conflict of interest policy? If "No," go to line 13	1 4-61	<u> </u>	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	✓	
	rise to conflicts?	IZD	—	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	✓	
	describe in Schedule O how this is done	13	∨	
13	Does the organization have a written whistleblower policy?	14	∨	
14	Does the organization have a written document retention and destruction policy?	14	V	
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?	4 -		
	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	٧	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	2,22		
	with a taxable entity during the year?	16a		/
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	ords d	f the	
	organization: ▶ Ashoka, (703)527-8300			
	1700 North Moore Street Suite 2000, Attn Finance, Arlington, VA 22209-1939			

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

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. Use Schedule J-2 if additional space is needed.
- 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. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	checl	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
William Drayton	40							116,682	0	5,898
Chairman	40	✓		✓			<u> </u>	110,002		3,030
Roger Harrison	5							0	0	0
Director	<u> </u>	✓	<u> </u>		ļ			<u> </u>		
Gloria de Souza	5							0	0	0
Director		/	ļ		_	<u> </u>	ļ			
Fred Hehuwat	5							0	0	0
Director		↓ ✓			-	1	ļ			
Kyle Zimmer	5							0	0	0
Director		✓		ļ		ļ	-			
William Kelly Jr	5			١.				0	0	0
Secretary Treasurer		↓ ✓		✓	ļ		<u> </u>			
Mary Gordon	5							0	0	0
Director		1	_			_				_
Diana Wells	40			١.				135,572	0	2,286
President			<u> </u>	/	ļ	<u> </u>	<u> </u>			
Romanus Berg	40							119,109	0	16,578
COO			ļ	√						.0,0.0
David Tikkala	40	İ						126,600	0	5,898
Director of Finance	70			<u> </u>	_	✓	1	120,000		
Maria Valeria Budinich	40							139,018	0	6,198
Manager		-	<u> </u>			 	ļ			-,,,,,
Elizabeth Nitze	40							119,732	0	2,264
Manager		ļ		<u> </u>		✓		.,,,,,,		2,201
Lucy Perkins	40							126,899	0	2,264
Manager				ļ	ļ	✓	ऻ			
Allen Hammond	40							122,322	0	14,132
Manager			_	-	<u> </u>	✓		,722		, 1,102
			_		_					

Par	t VII Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees,	an	d High	rest	t Compensated	d Employees	(contin	ued)
	(A)	(B)			(0	C)			(D)	(E)		(F)
	Name and title	Average hours per week	Individual trustee	nstitutional trustee	ohecl Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatio from related organization (W-2/1099-MI	on d ns c SC)	Estimated amount of other oner ompensation from the organization and related organizations

					-	_						
N.						-						
				 	-							
		AND THE PROPERTY OF THE PROPER										
1b	Total					<u></u>		<u> </u>	1,005,934		0	55,518
2	Total number of individuals (including but reportable compensation from the organiz	not limited ation ► 10	to th	ose	list	ed :	above) W	ho received m	ore than \$10	00,000 i	n
					····						*******	Yes No
3	Did the organization list any former office employee on line 1a? <i>If</i> "Yes," complete S								e, or highest o		1 0	
4	For any individual listed on line 1a, is the										222	
·	the organization and related organizations individual,	greater tha	an \$1	50,0	000'	? If	"Yes,"	' co.	mplete Schedu	ıle J for suci	h 4	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	com olete	pen <i>Sch</i>	isati nedu	on ule	from J for s	any such	unrelated org	anization fo	or 5	5 /
Se	ction B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization.	ompensate	ed inc	lepe	ende	ent	contra	acto	ors that receive	d more than	1 \$100,0	000 of
***	(A) Name and business ad	dress							(B) Description of s	services	Con	(C) npensation
Sec	Schedule O, Statement 4											
								-				
2	Total number of independent contractors (more than \$100,000 in compensation from	including b n the orga	ut no nizati	t lin	nited ▶ 10	d to	those	list	ted above) who	received		

art	VIII	Statement of Rev	venue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns		1a	23,009				
, <u>च</u>		Membership dues		1b	0				
ап	С	Fundraising events .		1c	0				
ā	d	Related organizations		1d	0				
Ξï	е	Government grants (contri	butions).	1e	0				
ē	f	All other contributions, gifts, g	rants,						
븅		and similar amounts not include		1f	24,790,856 1,210,884				
and other similar amounts		Noncash contributions include			1,210,004	24,813,865			
	n	Total. Add lines 1a-1f			Business Code	24,013,003			
Program Service Revenue					Business code	aggest programment of an antibody states of the states of			Victor (Victor
eve									
e e	b								
١	C								
S.	a	**							
grar	e f	All other program service	ce revenue	Э.					
P.		· =			<i>.</i> >	0			
	3	Investment income (inc	luding divi	idends	s, interest, and	468,893	0	0	468,89
	_	other similar amounts)				0	0	0	
	4 5	Income from investment of tax-exempt bond Royalties		d proceeds	0	0	0		
	5	noyames	(i) Real	•	(ii) Personal				
İ	~ -	Overs Danis		0	0				
		Gross Rents		0	0	0.0000000000000000000000000000000000000			
		Less: rental expenses Rental income or (loss)		0	0				
		Net rental income or (lo	oss)		>	0	0	0	
		Gross amount from sales of	(i) Securit		(ii) Other				
	ra	assets other than inventory	5	9,200	0				
	h	Less: cost or other basis				0.000000		3 9 8 8 8 8	
	D	and sales expenses . 192,347		0					
	С	Gain or (loss)	-13	3,147	0				
		Net gain or (loss)			<u> </u>	-133,147	0	0	-133,14
ne ne	8a	Gross income from	fundrais	ina			0.0000000000000000000000000000000000000		
le		events (not including \$							
ě		of contributions reported						0.00000000	
Other Reve		See Part IV, line 18		. а					
the		Less: direct expenses							
0	С	Net income or (loss) from	om fundra	ising e	events	0	0	0	
	9 a	Gross income from gam				0.000			
		See Part IV, line 19							
	b	Less: direct expenses,		. b				0	
		Net income or (loss) from	_		// / / / / / / / / / / / / / / / / / /	0	0	0	
	10a	Gross sales of inve			0				
		returns and allowances				-			
		Less: cost of goods so Net income or (loss) from				0	0	0	
		Miscellaneous Rev			Business Code				
	44-	Miscellaneous income			900099	2,964	0	0	2,96
	١.								
	b								
	C	##				0	0	0	
	یر	All other revenue							
	[All other revenue Total. Add lines 11a-1				2,964			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete col	umn (A) but are no	t required to comp	plete columns (B),	
	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 governments and organizations in the U.S. See Part IV, line 21	630,000	630,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	198,348	198,348		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	4,127,493	4,127,493		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	0	0	0	0
7	persons described in section 4958(c)(3)(B) Other salaries and wages	10,087,825	8,468,426	677,955	941,444
7 8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	876,766	721,523	54,970	100,273
10	Payroll taxes	1,163,637	1,003,328	65,637	94,672
11	Fees for services (non-employees):	0	0	0	0
	Management	0	0	0	0
	Legal	190,877	158,418	14,650	17,809
	Accounting	0	0	0	0
	Lobbying	0			0
e f	Investment management fees	0	0	0	0
	Other	487,007	428,696	17,845	40,466
12	Advertising and promotion	0	0	0	0
13	Office expenses	1,748,473	1,161,245	99,646	487,582
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	1,253,711	990,674	161,910	101,127
17	Travel	2,017,533	1,826,353	23,406	167,774
18	Payments of travel or entertainment expenses		_		
	for any federal, state, or local public officials	0	0 500 30E	0	0
19	Conferences, conventions, and meetings .	602,297	590,325	570	11,402
20	Interest	0	0	0	0
21	Payments to affiliates	102,363	63,292	29,153	9,918
22	Depreciation, depletion, and amortization.	99,880	33,231	66,160	489
23	Insurance	33,000	00,201	00,100	400
24	Other expenses itemize expenses not			ACCOUNTS OF THE SECOND	
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				Mark School of the Control of the Control
_	Equipment expensed	195,582	181,606	7,104	6,872
a b	Awards	1,089,075	1,085,961	0	3,114
C	Dues, Books & Subscriptions	91,203	75,067	10,286	
d	Local Transportation & Meals	321,843	307,529	2,407	11,907
e	Professional/Consulting Fees	4,763,352	4,171,297	323,478	268,577
f	All other expenses	220,808		19,042	
25	Total functional expenses. Add lines 1 through 24f	30,268,073	26,396,153	1,574,219	2,297,701
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) Beginning of year (B) End of year 1,089,222 1,173,825 1 2 16,734,726 20,042,274 2 37,649,308 30,980,971 3 0 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of 5 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 0 7 0 0 Assets 7 0 0 8 8 26,382 115,843 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D b Less: accumulated depreciation . . . 10b 306,106 10c 213,455 19,365,258 11 19,077,637 11 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 491,546 15 501,113 15 Total assets. Add lines 1 through 15 (must equal line 34) . . 79,054,699 68,712,967 16 16 371,760 667,513 17 17 Accounts payable and accrued expenses 14,102,943 18,361,003 18 18 19 0 0 19 0 20 0 20 21 οl 0 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 0 22 0 0 23 0 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 0 Unsecured notes and loans payable to unrelated third parties , . . . 24 Other liabilities. Complete Part X of Schedule D 0 25 0 25 18,732,763 26 14,770,456 26 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,270,899 27 132,657 27 38,685,779 34,732,217 28 28 19,365,258 19,077,637 29 Organizations that do not follow SFAS 117, check here > and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds 53.942.511 60,321,936 33 33 Total liabilities and net assets/fund balances 79,054,699 34 68,712,967

Par	Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ,	2a		✓
	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	/	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization 0255908 Ashoka Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** ☐ Type II c Type III-Functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Nο (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). h (vii) Amount of (iii) Type of organization (iv) Is the organization (i) Name of supported (ii) EIN (v) Did you notify (vi) is the (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support organization above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) U.S.? support? Yes

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 25,420,460 30,044,770 35,407,398 33,991,266 24,813,865 149,677,759 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the n 0 n n n 0 organization without charge 25,420,460 30.044.770 35,407,398 33,991,266 24.813.865 149,677,759 Total. Add lines 1 through 3 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 30,137,014 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 119,540,745 Section B. Total Support (b) 2006 (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (e) 2009 (f) Total 25,420,460 30,044,770 35,407,398 33,991,266 24,813,865 149,677,759 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,174,397 1,777,139 1,732,104 1,189,113 468,893 6,341,646 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 141,191 109,891 57.240 15,517 2,964 326,803 (Explain in Part IV.) 156.346.208 Total support. Add lines 7 through 10 . 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 76.46 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 68.19 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33% % support test-2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box b 33\% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2008. 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 IV how the

Sched	ule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Orga (Complete only if you checke	nizations De ed the box or	scribed in S n line 9 of Pa	ection 509(a rt l.)	1)(2)		
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 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						
с 8	Add lines 7a and 7b						
	line 6.)						
	tion B. Total Support				T 2000		10 T-1-1
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca 9		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca 9 10a b	lendar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca 9 10a b c 11	Ilendar year (or fiscal year beginning in) ► Amounts from line 6						
Ca 9 10a b c 11	Ilendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	the organization	on's first, secon	nd, third, fourt	th, or fifth tax y	vear as a section	on 501(c)(3)
Ca 9 10a b c 11	Amounts from line 6	the organization here pport Perce	on's first, secondary intage	nd, third, fourt	th, or fifth tax y	vear as a section	on 501(c)(3)
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6	the organization here pport Percene 8, column (Schedule A, P	on's first, seconomics first,	nd, third, fourt	th, or fifth tax y	vear as a section	on 501(c)(3)
9 10a b c 11 12 13 14 Sec 15 16 Sec	lendar year (or fiscal year beginning in) Amounts from line 6	the organization here pport Perce pport Perce ps. column ('Schedule A, Pert Income Perce	on's first, seconomics first,	nd, third, fourth	th, or fifth tax y	rear as a section	on 501(c)(3) %
9 10a b c 11 12 13 14 Sec 17 18	Ilendar year (or fiscal year beginning in) Amounts from line 6	the organization there pport Percenter 8, column (Schedule A, Port Income	on's first, secontage f) divided by lirart III, line 15 ercentage flumn (f) divide A, Part III, line	nd, third, fourther 13, column d by line 13, column 17	th, or fifth tax y (f)	/ear as a section	on 501(c)(3) % % %
9 10a b c 11 12 13 14 Sec 17 18	Ilendar year (or fiscal year beginning in) ► Amounts from line 6	the organization here	on's first, seconomics first,	nd, third, fourth the 13, column the 13, column the 13, column the 14, column the 14, ization qualifier	th, or fifth tax y (f)	rear as a section	on 501(c)(3) % % % % % % % % and line anization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Page	4
raue	-

	Part II, line 17a or 17b; and Part III, line 12. F	art to provide the explanations required by Part II, line 10; Provide any other additional information. See instructions.
General E	xplanation - Part II Line 10 Other Income- Thisrep	resents miscellaneous revenues received
· · · · · · · · · · · · · · · · · · ·		

w========		

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 0255908 Ashoka Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) . 3 Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

	^
Schedule D (Form 990) 2009	Page 2
Organizations Mainte	ining Collections of Art Historical Transpures or Other Similar Assets (continued)

Par	t III Organizations Maintainii	ng Collections o	of Art, Historic	al Treasures, c	or Other Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply		ther records, ch	eck any of the fo	ollowing that are a s	ignificant use of its
а	Public exhibition		1 1	_oan or exchan		
b	Scholarly research		е 🗀	Other		
С	Preservation for future generation				, .e .	
4	Provide a description of the organization Part XIV.		•	-	-	empt purpose in
5	During the year, did the organization s assets to be sold to raise funds rather	than to be mainta	ined as part of the	e organization's	collection?	Yes No
Par	t IV Escrow and Custodial A IV, line 9, or reported an a				swered "Yes" to Fo	orm 990, Part
1a	Is the organization an agent, trustee	, custodian or oth	ner intermediary	for contribution	s or other assets no	
	included on Form 990, Part X? If "Yes," explain the arrangement in					∐ Yes ∐ No
b	ii 165, explain the arrangement in	Fall Aiv and Con	Thiere the lonow	ing table.	Д	Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a b	Did the organization include an amount of "Yes," explain the arrangement in		, Part X, line 21'	?		∐ Yes ∐ No
Par	t V Endowment Funds. Co	mplete if the org	janization ansv			
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Three years bac	k (e) Four years back
1a	Beginning of year balance	21,465,588	20,076,423			
b	Contributions	2,500	1,019,950)		
С	Net investment earnings, gains, and losses	-290,121	2,269,21	5		
d	Grants or scholarships	0	()		
	Other expenditures for facilities					
	and programs	1,450,000	1,900,000	Carrier Control of the Control of th		
	Administrative expenses	0)		
g	End of year balance [19,727,967	21,465,588	3		
2	Provide the estimated percentage of Board designated or quasi-endown					
a b	Permanent endowment >9		94.70			
C	Term endowment ►					
_	Are there endowment funds not in th		ne organization th	nat are held and	administered for the	<u> </u>
Va	organization by:	o possocolori or a	io organization t	ide die neid die	dariminotorod (c) trio	Yes No
						3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related orga					3b
4	Describe in Part XIV the intended us					
Far	t VI Investments—Land, Bu	T T				-
	Description of investment	(a) Cost or ot (investm		ost or other sis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		0	0		0
b	Buildings		0	0	0	0_
С	Leasehold improvements	• •	169,708	0	165,099	4,609
d	Equipment		874,338	0	669,405	204,933
<u>e</u>	Other		57,860	0	53,947	3,913
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, colum	n (B), line 10(c).)	•	213,455

Part VII Investments—Other Securities	s. See Form 990 Part	X line 12	rage C
(a) Description of security or category	(b) Book value	(c) Method of valua	
(including name of security)		Cost or end-of-year ma	rket value
Financial derivatives			
Closely-held equity interests			
Other	-		_
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relat	ed. See Form 990, Par	t X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation: arket value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. See Form 990, F			(b) Book value
Other Receivables	(a) Description		430,411
Security Deposits			70,702
Total. (Column (b) must equal Form 990, Part X, co	I. (B) line 15.)		501,113
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Amount		
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		0	
Total. (Conumn to) must equal Form 990, Part A, Col. (b) line 25.)		U	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	ule D (101111 300) 2003				
Par	Reconciliation of Change in Net Assets from Form 990	to Au	<u>idited Financial Sta</u>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	25,152,575
2	Total expenses (Form 990, Part IX, column (A), line 25)		1	2	30,268,073
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	-5,115,498
4	Net unrealized gains (losses) on investments			4	-646,858
5	Donated services and use of facilities			5	0
6	Investment expenses		i	6 7	0
7	Prior period adjustments			8	0
8	Other (Describe in Part XIV.)			9	-617,069 -1,263,927
9	Total adjustments (net). Add lines 4 through 8	 ina lina		10	-1,263,927 -6,379,425
10 -)-1	Reconciliation of Revenue per Audited Financial Statements.		00 0 01/0 0 1 1		***************************************
	Total revenue, gains, and other support per audited financial statemen			1	29,543,670
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	15 .		·	
2	Net unrealized gains on investments	2a	0		
a	Donated services and use of facilities	2b	4,257,948		
b	Recoveries of prior year grants	2c	0		
c d	Other (Describe in Part XIV.)	2d	0	1	
e	Add lines 2a through 2d			2€	4,257,948
	Subtract line 2e from line 1			3	<u> </u>
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>			
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
a b	Other (Describe in Part XIV.)	4b	-133.147		
C				40	-133,147
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	25,152,575
Par	Reconciliation of Expenses per Audited Financial Sta	atem	ents With Expense	es p	
1	Total expenses and losses per audited financial statements			1	35,923,095
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		, , ,		
a	Donated services and use of facilities	2a	4,257,948		
ь	Prior year adjustments	2b	0		
c	Other losses	2c	0		
ď	Other (Describe in Part XIV.)	2d	1,397,074		
e				26	5,655,022
3	Subtract line 2e from line 1			3	30,268,073
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	_	
b	Other (Describe in Part XIV.)	4b	0		
C	Add lines 4a and 4b			40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	, line	18.)	5	30,268,073
Pai	t XIV Supplemental Information				
Con	plete this part to provide the descriptions required for Part II, lines 3, 5,	and 9	9; Part III, lines 1a and	d 4;	Part IV, lines 1b
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b	; and	Part XIII, lines 2d and	d 4b	. Also complete
	part to provide any additional information.				
	nedule D, Part V, Line 4 - The income generated from endowment fur			рго	vide fellow
stip	ends and other program support in accordance with the donor's sti	pulati	ons, if any.		
<u>-</u>					
Scl	nedule D, Part XI, Line 8 - Represents Foreign Exchange Losses				
	Adula D. Bart VII. Line 4b. Benracente Beslived Investment Losses				
SCI	nedule D, Part XII, Line 4b - Represents Realized Investment Losses				
اہے۔	nedule D, Part XIII, Line 2d - Represents 133,147 of Realized Investm	ent l	nsses, 646 858 of Un		
	estment Losses and 617,069 of Foreign Exchange Losses Added To			ui	rac d
HIV	outhout Loudes and Cristo or Foreign Exchange Loudes Added To	9-000			

Schedule D (Form 990) 2009	Page 5
Part XIV - Supplemental Information (Continued)	
•••••••••••••••••••••••••••••••••••••••	
	**

Schedule F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 51 0255908

Ash	oka				51	0255908
Pa	General Informa "Yes" to Form 990			e the United States.	. Complete if the organi	zation answered
1	For grantmakers. Does assistance, the grantees' the grants or assistance?	eligibility for th	e grants or as	sistance, and the selec		ard
2	For grantmakers. Descri United States.	be in Part IV th	e organization	's procedures for monit	toring the use of grant f	unds outside the
3	Activities per Region. (Us	e Schedule F-1	(Form 990) if	additional space is nee	ded.)	
	(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
Sch	ı F, Stmt 1					

191

26

16,290,208

Page 2

Schedule F (Form 990) 2009

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ □ Use Schedule F-1 (Form 990) if additional space is needed. PartII

(i) Method of valuation (book, FMV, appraisal, other)								***************************************
(h) Description of non-cash assistance								
(g) Amount of non-cash assistance								
(f) Manner of cash disbursement								
(e) Amount of cash grant								
(d) Purpose of grant								
(c) Region								
(b) IRS code section and EIN (if applicable)								
1 (a) Name of organization								

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it organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	_	_
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Ö	grantee or counsel has provided a section 501(c)(3) equivalency letter	organizations or entities
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Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2009

Par III Grants ar

(h) Method of valuation (book, FMV, appraisal, other)						***************************************		1			Schedule F (Form 990) 2009
(g) Description of non-cash assistance											Sched
(f) Amount of non-cash assistance											
(e) Manner of cash disbursement											, in the commence of the comme
(d) Amount of cash grant											
(c) Number of recipients											The second secon
(b) Region											
(a) Type of grant or assistance	Sch F, Stmt 2										

RELATIVA	Complete this part to provide the information required in Part I, line 2, and any additional information.
Schedule F provide per support.	, Part I, Line 2 - Ashoka has developed an extensive and thorough grantee selection process. Grantees iodic progress reports and participate in fellowship activities. Ashoka field staff provide oversight and

Schedule F, Part IV, Statement 1

Form: Schedule F

Page: 1

Line Number: Part I Line 3

Accounts and Activities Outside the United States

		Offices	Employees	Total
Region Activities Services	Central America and the Caribbean Grantmaking	0	0	50,272
Region Activities Services	East Asia and the Pacific Grantmaking	4	19	128,055
Region Activities Services	East Asia and the Pacific Program Services Search and support for Fellows			627,765
Region Activities Services	Europe (including Iceland and Greenla Grantmaking	and) 7	56	2,103,886
Region Activities Services	Europe (including Iceland and Greenla Program Services Search and support for Fellows	and)		5,170,923
Region Activities Services	Middle East and North Africa Grantmaking	2	9	259,467
Region Activities Services	Middle East and North Africa Program Services Search and support for Fellows			724,833
Region Activities Services	North America (including Canada and Mexico, but not the United States) Grantmaking	2	26	572,796
Region Activities	North America (including Canada and Mexico, but not the United States) Program Services			1,171,446
Services Region Activities Services	Search and support for fellows South America Grantmaking	4	37	756,014
Region Activities Services	South America Program Services Search and support for Fellows			2,867,290
Region Activities Services	South Asia Grantmaking	3	33	30,235
Region Activities Services	South Asia Program Services Search and support for Fellows			956,499
Region Activities Services	Sub-Saharan Africa Grantmaking	4	11	226,768
Region Activities Services	Sub-Saharan Africa Program Services Search ans support for Fellows			643,959
	Total:	26	191	16,290,208

Schedule F, Part IV, Statement 2

Form: Schedule F

Page: 3

Line Number: Part III

Grants To Individuals Located Outside US

		Recipients	Cash Grant	Non-Cash Assistance
Assistance Region Cash Disbursement Non-Cash Assistance Valuation	Fellow stipends Central America and the Caribbean Wire transfer	1	50,272	
Assistance Region Cash Disbursement Non-Cash Assistance Valuation	Fellow stipends East Asia and the Pacific Wire transfer	8	128,055	
Assistance Region Cash Disbursement Non-Cash Assistance Valuation	Fellow stipends Europe (including Iceland and Greenl Wire transfer	35 and)	2,103,886	
Assistance Region Cash Disbursement Non-Cash Assistance Valuation	Fellow stipends Middle East and North Africa Wire transfer	4	259,467	
Assistance Region Cash Disbursement Non-Cash Assistance Valuation	Fellow stipends North America (including Canada and Mexico, but not the United States) Wire transfer	8 I	572,796	
Assistance Region Cash Disbursement Non-Cash Assistance Valuation	Fellow stipends South America Wire transfer	12	756,014	
Assistance Region Cash Disbursement Non-Cash Assistance Valuation	Fellow stipends South Asia Wire transfer	12	30,235	
Assistance Region Cash Disbursement Non-Cash Assistance Valuation	Fellow stipends Sub-Saharan Africa Wire transfer	10	226,768	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

002	2003
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OMB No. 1545-0047

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

▶ Attach to Form 990.

Open to Public Inspection

Name of the organization						Employer identification number 51 0255908	fication number 0255908
Spirite General Information on Grants and Assistance	on Grants and	Assistance					
Sec	n records to subs	tantiate the amou	le amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sistance, the grantees	s' eligibility for the gra	ints or assistance, an	
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ward the grants o	r assistance?	he use of grant funds	in the United States.			☑ Yes ☐ No
H	sistance to Gov 21, for any reci I-1 (Form 990) if	rernments and pient that received additional space	Organizations in the ded more than \$5,00 e is needed	ie United States. C	complete if the orgaif no one recipient if	inization answered eceived more than	"Yes" to \$5,000. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sch I, Stmt 1	The second secon	A CONTRACTOR OF THE CONTRACTOR	The state of the s				ALANA KATAMATAN MATATAN KATAMATAN MATATAN KATAMATAN MATATAN MA
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2 d d d d d d d d d d d d d d d d d d d							
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2 Enter total number of section 501(c)(3) and government organizations	01(c)(3) and govern	ment organizations	- La La La La La La La La La La La La La			A	0
	ganizations	· · ·					7

Schedule I (Form 990) 2009 Parrill Grants a Use Part	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	lividuals in the U 390) if additional	Jnited States. Com space is needed.	nplete if the organi	zation answered "Yes"	Page 2 to Form 990, Part IV, line 22.
	(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 non-cash assistance
Stipend Support	upport	ю.	198,348	0		
В серения в серения в серения в серения в серения в серения в серения в серения в серения в серения в серения		A. A. A. A. A. A. A. A. A. A. A. A. A. A				
ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT						
Transfer contribute out to a contribute	-	-			7	de jénova agai lan a jélik ka
Schedule fellowship	Supplemental Information. Complete this part to provide the information required in Part 1, line 2, and any other additional information. Schedule I, Part I, Line 2 - Ashoka has developed an extensive and thorough grantee selection process. Grantees provide progress reports and participate if fellowship activities. Ashoka field staff provide oversight and support.	e this part to pro in extensive and the ersight and suppor	vide the informatio norough grantee sel rt.	ection process. Gra	i, ille 2, and any outer intees provide progress i	to provide the information required in Fart t, line Z, and any otter admindred information. e and thorough grantee selection process. Grantees provide progress reports and participate in support.
Schedule	Schedule I, Part II, Line 1 - During FY2010, Ashoka elected a		10 Fellows based in	the United States. (total of 10 Fellows based in the United States. Of the ten, seven are reported in Part II and three	orted in Part II and three
are report	are reported in Part III.					
				£ 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
; ; ; ; ; ; ; ; ; ; ; ;						
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Form: Schedule I

Page: 1

Line Number: Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	Resonate Inc 251 Rhode Island Street Suite 105 San Francisco, CA 94103	90,000	0
EIN	20-1836547		
IRC code section			
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Stipend Support		
	Wholesome Wave Foundation Charitable Ventures Inc 189 State Street Bridgeport, CT 06604	90,000	0
EIN	26-0352899		
IRC code section Method of valuation Description of non- cash assistance Purpose of grant	Stipend Support		
Name and address	Rocketship Education	90,000	0
1,1,1,1,1	PO Box 21366 San Jose, CA 95151		
EIN	20-4040597		
IRC code section			
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Stipend Support		
Name and address	Fresh Lifelins for Youth Inc 120 W Mission Street San Jose, CA 95110	90,000	0
EIN	52-2234593		
IRC code section Method of valuation Description of non- cash assistance			
Purpose of grant	Stipend Support		
Name and address	MIA Consulting Group Foundation Inc 5208 Alton Road Miami, FL 33140	90,000	0
EIN	27-2597388		
IRC code section Method of valuation Description of non- cash assistance			
Purpose of grant	Stipend Support		
Name and address	Trans Form CA 436 14th Street Oakland, CA 94612 72-1521579	90,000	0
IRC code section			

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 0255908 51 Ashoka

Reli	Types of Property	·			
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 .		26	1,210,884	Market Value
10	Securities-Closely held stock .				
11	Securities—Partnership, LLC, or trust interests				
12	Securities-Miscellaneous .				
13	Qualified conservation contribution—Historic				
	structures				A CANADA
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 .	1			
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ()				
26	Other ▶ ()				
27	Other ► ()				
28	Other ▶ ()	<u></u>			
29	Number of Forms 8283 received	ed by the d	organization during the tax	year for contributions for	0
	which the organization complet	ted Form 8	283, Part IV, Donee Acknov	wledgement	29 0 Yes No
30a	During the year, did the organize	zation rece	ive by contribution any prop	perty reported in Part I, line	es 1-28 that
	it must hold for at least three year				
	used for exempt purposes for t				30a ✓
b	If "Yes," describe the arrangement				
31	Does the organization have a	-			124 / 1
32a	Does the organization hire or u				
					32a ✓
þ	If "Yes," describe in Part II.				
33	If the organization did not report describe in Part II.	t revenues	in column (c) for a type of pr	operty for which column (a)	is checked,

chedule M (I	Form 990) 2009 Pi	age 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30 32b, and 33. Also complete this part for any additional information.	

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization	Employer identification number
Ashoka	51 0255908
Form 990, Part I, Line 6 - Volunteers are integral and essential in nearly all aspects of Ashe	oka's activities. Volunteers
allow for leveraging of talent and maximization of program impact, as well as, they provide	
services. The largest component of our volunteer corps is engaged in a worldwide, grassi	oots search effort to identify
changemakers and to help them grow their ideas and impact.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Form 990, Part I, Line 19 - The overall net expense for the fiscal year ending August 31, 20	10, after excluding
unrealized gains and losses, is comprised of: 1) a \$3,953,562 decrease in temporarily rest	ricted net assets (a result of
the satisfaction of restrictions as compared to new restricted funds raised); 2) a decrease	
\$1,390,003, covered by available prior years' endowment earnings; and 3) a \$228,067 incre	
restricted net assets. The current year decline was chiefly due to the timing of the awards	of major multi-year grants.
Form 990, Part VI, Section B, Line 11 - Form 990 review and approval process: An outside	preparer is employed to
complete the return. It is the Board's policy to distribute for comment the Form 990 draft p	
Form 990 is reviewed, approved, and signed by the CEO.	
Form 990, Part VI, Section B, Line 12c - Conflict of Interest Policy: Ashoka's conflict of int	erest policy has been in
place since 1993.	
Form 990, Part VI, Section B, Line 15 - CEO compensation: An outside compensation spec	rialist is consulted. The
Board of Directors reviews performance and approves all compensation adjustments.	sidnet is constituted. The
Dodie of Britain Parkers	
Form 990, Part VI, Section C, Line 19 - Availability of Documents- 990, AFS, 1023 & COI po	licy: The documents are
on file and available on request.	

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Schedule O, Statement 1
Form: 990
51-0255908

Page: 1

Line Number: Part I Line 1

#### **Activity Or Mission Description**

#### Description

Fellows, providing them with living stipends, professional support, and access to a global network of peers in more than 60 countries. With our global community, we develop models for collaboration and design infrastructure needed to advance the field of social entrepreneurship and the citizen sector. Our Fellows inspire others to adopt and spread their innovations - demonstrating to all citizens that they too have the potential to be powerful changemakers.

Ashoka 51-0255908

Form: 990 Page: 2

Line Number: Part III Line 4d

#### Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Civil Rights, Social Action & Advocacy Programs, G: Ashoka works to define and strengthen the field of social entrepreneurship through Idea Spread and Education programs, including spreading the innovations of both individual social entrepreneurs and those developed cooperatively among social entrepreneurs working on common or related problems. This includes publications, professional training of social entrepreneurs in communications, and Ashoka's web presence. (1 program)	815,836	0	0
Total:		815,836	0	0

Schedule O, Statement 3

Ashoka 51-0255908

Form: 990 Page: 5

Line Number: Part V Line 4b

#### Name Of Foreign Country

Name
Argentina
Brazil
Canada
Sri Lanka
China
Colombia
Egypt
!reland
France
Germany
Indonesía
India
Israel
Kenya
Mexico
Nigeria
Nepal
Peru
Pakistan
Poland
Philippines
South Africa
Senegal
Spain
Switzerland
Thailand
Turkey
Uganda
United Kingdom (England, Northern Ireland, Scotland, and Wales)

Venezuela

Ashoka 51-0255908

Form: 990 Page: 8

Line Number: Part VII Section B

#### **Contractor Compensation**

Name and address:	Description Of Services	Compensation
Enomaly 300 The East Mall Suite 102 Etobicoke, Ontario M9B 6B7 Canada	Web Services Development	594,386
Rand Solutions 12001 Remington Drive Silver Spring, MD 20902	Info Tech Support	250,852
Delyse Sylvester 719 Silica Street Nelson, British Columbia V1L 4N3 Canada	Program Content Development	165,467
4C Consulting 9th Street Building 7 Bayada Cornet Chewah Metn, 2425 3423 Lebanon	Info Tech Development	160,725
McArdle Printing 800 Commerce Drive Upper Marlboro, MD 20774-8792	Printing Services	140,741
Total:		1,312,171

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

See separate instructions.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 0255908 51 Name of the organization Part Ashoka

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
					and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
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Identification of Related Tax-Exempt Organizations (Complete if the had one or more related tax-exempt organizations during the tax year.)	zations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it ons during the tax year.)	ration answered	Yes" to Form 990	), Part IV, line 34	because it
(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
Youth Venture Inc (54-1744720)	Youth Entrepreneurship	VA	501(c)(3)	Yes	N/A
Get America Working Inc (54-1882605) 1700 North Moore Street Suite 2000, Arlington, VA 22209	Promoting Full Employment	AV	501(c)(3)	Yes	N/A
					A A A A A A A A A A A A A A A A A A A
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Form 990.	Cat. No. 50135Y	.0135Y	Schedu	Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009

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

General or managing partner?						ırt IV,	(h) Percentage ownership	****					990) 2009
Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			A. M. A.	AANAAN MARKA		Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(g) Share of end-of-year assets						Schedule R (Form 990) 2009
(h) Disproportionate allocations? Yes No						 red "Yes							
(g) Share of end-of-year assets						ization answe tax year.)	(f) Share of total income					- - - - - -	
	A TANAMAN AND AND AND AND AND AND AND AND AND A					te if the orgar st during the	(e) Type of entity (C corp, S corp, or trust)						
(f) Share of total income						<b>Frust</b> (Comple poration or tro	(d) Direct controlling entity	A A A A A A A A A A A A A A A A A A A					*MANAGEMENT THE THE THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE T
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	MINANA PARA PARA PARA PARA PARA PARA PARA					Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization are line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(c) Legal domicile (state or foreign country)				A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR		-
(d) Direct controlling entity						s Taxable as a led organizations	(b) Primary activity				1 11		
(c) Legal domicile (state or foreign country)			***************************************			 nizations	_	E E E E E E E E E E E E E E E E E E E				5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
(b) Primary activity		A A A A A A A A A A A A A A A A A A A	WERE ANALYSIS OF THE THE THE THE THE THE THE THE THE THE			of Related Organia it had one or n	of related organization			\$ 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		b	
(a) Name, address, and EIN of related organization		2				Part IV Identification of line 34 because	(a) Name, address, and EIN of related organization						

Schedule R (Form 990) 2009

Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III. or IV of this schedule.		Yes No
-	Parts II-IV?	
Becaist of (i) interest (ii) appliftes (iii) rovalties or (iv) rent		1a /
h Giff grant or capital contribution to other organization(s)	•	tb /
		1c ~
		1d /
d Loans or loan guarantees to or for other organization(s)		/ 04
e Loans or loan guarantees by other organization(s)		> 2
		<b>&gt;</b>
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g Fulcilase of assets from other organization(s)		7
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I Sharing of paid employees		
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		1p <
p reminumsement paid by other organization expenses		
a Other transfer of cash or property to other organization(s)		19 /
r Other transfer of cash or property from other organization(s)		<b>-</b>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ationships and transa	ction thresholds.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	AND ANALYSIS OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	
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(9)		
	Schedule	Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI 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) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V—UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
			Yes No		Yes No	(1003)	Yes No
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