

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2015
Open to Public Inspection

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **SEP 1, 2015** and ending **AUG 31, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASHOKA		D Employer identification number 51-0255908
	Doing business as		E Telephone number (703) 527-8300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1700 NORTH MOORE STREET		G Gross receipts \$ 32,207,373.
City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22209		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: WILLIAM DRAYTON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.ASHOKA.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1980	M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	178
	6 Total number of volunteers (estimate if necessary)	6	220
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 27,282,260.	Current Year 19,347,196.
	9 Program service revenue (Part VIII, line 2g)	0.	186,893.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,876,316.	1,339,664.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	121,873.	2,456,118.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,280,449.	23,329,871.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,273,426.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,160,801.	10,600,058.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,392,031.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,226,535.	6,868,030.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	36,660,762.	19,726,649.	
19 Revenue less expenses. Subtract line 18 from line 12	-7,380,313.	3,603,222.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 72,806,429.	End of Year 40,786,540.
	21 Total liabilities (Part X, line 26)	11,662,737.	5,544,949.
	22 Net assets or fund balances. Subtract line 21 from line 20	61,143,692.	35,241,591.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	WILLIAM DRAYTON, CHAIRMAN/CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 12/19/18	Check if self-employed <input type="checkbox"/> PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945		Phone no. 914-381-8900
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE CREATION OF AN ASSOCIATION OF THE WORLD'S LEADING SOCIAL ENTREPRENEURS, MEN AND WOMEN WITH SYSTEM CHANGING SOLUTIONS FOR THE WORLD'S MOST URGENT SOCIAL PROBLEMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,248,370. including grants of \$ 213,334.) (Revenue \$) COMMUNITY, BUSINESS & INDUSTRY PROGRAMS: 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. (MULTIPLE PROGRAMS)

4b (Code:) (Expenses \$ 3,646,926. including grants of \$ 1,436,349.) (Revenue \$) CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY PROGRAMS: 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. (124 FELLOWS)

4c (Code:) (Expenses \$ 2,656,838. including grants of \$ 96,347.) (Revenue \$) CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY PROGRAMS: THROUGH GROUP ENTREPRENEURSHIP PROGRAMS, ASHOKA ENGAGES COMMUNITIES OF ENTREPRENEURS AND DEVELOPS PATTERNS OF EFFECTIVE COLLABORATIONS THAT ACCELERATE AND SPREAD SOCIAL IMPACT. (MULTIPLE PROGRAMS)

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,648,202. including grants of \$ 512,531.) (Revenue \$ 186,893.)

4e Total program service expenses 16,200,336.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, and various tax compliance questions.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: AMADI NWOKOCHA - (703) 527-8300 1700 NORTH MOORE STREET, NO. 2000, ARLINGTON, VA 22209

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM DRAYTON CHAIRMAN/CEO	40.00 10.00	X		X				159,627.	0.	3,076.
(2) WILLIAM C. KELLY DIRECTOR	5.00 7.00	X						0.	0.	0.
(3) MARY GORDON DIRECTOR	5.00 6.00	X						0.	0.	0.
(4) ROGER HARRISON DIRECTOR	5.00 6.00	X						0.	0.	0.
(5) FRED HEHUWAT DIRECTOR	5.00	X						0.	0.	0.
(6) SARA HOROWITZ DIRECTOR	5.00	X						0.	0.	0.
(7) FELIPE VERGARA DIRECTOR	5.00	X						0.	0.	0.
(8) KYLE ZIMMER DIRECTOR	5.00 5.00	X						0.	0.	0.
(9) DIANA WELLS PRESIDENT	40.00 8.00			X				159,195.	0.	2,988.
(10) ADAM BORNSTEIN CFO FROM MARCH 2016	40.00			X				0.	0.	0.
(11) LUCY PERKINS TREASURER	30.00			X				91,915.	0.	0.
(12) STUART YASGUR PROGRAM LEADER, SFS	40.00					X		128,302.	0.	17,464.
(13) KONSTANZA MARIA FRISCHEN DIAMOND LEADER, USA	40.00					X		146,110.	0.	2,373.
(14) NANCY WELSH PROGRAM LEADER, YOUTH VENTURE	40.00					X		130,680.	0.	9,682.
(15) CONRAD CARTER DIAMOND LEADER, AFRICA	40.00 7.00					X		125,204.	0.	22,588.
(16) HENRY DE SIO PROGRAM LEADER, FRAMEWORK CHANGE	40.00					X		167,825.	0.	19,231.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 2,376.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 19,344,820.					
	g Noncash contributions included in lines 1a-1f: \$	286,472.					
	h Total. Add lines 1a-1f	▶	19,347,196.				
Program Service Revenue	2 a CONFERENCE INCOME/PRESENTATION FE	Business Code 900009	186,893.	186,893.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶	186,893.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	387,691.			387,691.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		9,829,475.					
		b Less: cost or other basis and sales expenses	8,877,502.				
		c Gain or (loss)	951,973.				
	d Net gain or (loss)	▶	951,973.			951,973.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events	▶				
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a SHARED SERVICES	611430	2,435,314.			2,435,314.		
b OTHER REVENUES	900099	20,804.			20,804.		
c _____							
d All other revenue							
e Total. Add lines 11a-11d	▶	2,456,118.					
12 Total revenue. See instructions.	▶	23,329,871.	186,893.	0.	3,795,782.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	288,119.	288,119.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	830,000.	830,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,140,442.	1,140,442.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	536,288.	418,771.	80,066.	37,451.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,651,562.	7,199,333.	862,244.	589,985.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	758,540.	660,699.	46,561.	51,280.
10 Payroll taxes	653,668.	573,434.	32,790.	47,444.
11 Fees for services (non-employees):				
a Management				
b Legal	33,340.	27,472.	4,082.	1,786.
c Accounting	236,881.	47,164.	184,288.	5,429.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	50,443.		50,443.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,518,537.	2,032,415.	357,705.	128,417.
12 Advertising and promotion	48,942.	48,942.		
13 Office expenses	709,891.	265,897.	43,794.	400,200.
14 Information technology	463,189.	304,526.	126,562.	32,101.
15 Royalties				
16 Occupancy	994,447.	836,293.	111,360.	46,794.
17 Travel	830,071.	789,395.	33,258.	7,418.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	425,648.	425,574.	30.	44.
20 Interest	10,982.		10,982.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	121,396.	17,110.	104,286.	
23 Insurance	170,713.	111,069.	49,297.	10,347.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER DIRECT OPERATING	96,608.	71,550.	19,440.	5,618.
b DUES AND SUBSCRIPTIONS	88,995.	54,045.	8,745.	26,205.
c EQUIPMENT AND MAINTENAN	66,154.	56,293.	8,349.	1,512.
d MOVING EXPENSES	1,793.	1,793.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	19,726,649.	16,200,336.	2,134,282.	1,392,031.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,537,234.	1	3,190,638.
	2 Savings and temporary cash investments	15,614,990.	2	3,845,077.
	3 Pledges and grants receivable, net	30,659,498.	3	8,561,993.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	308,676.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,667,251.		
	b Less: accumulated depreciation	10b 1,005,969.	766,085.	10c 661,282.
	11 Investments - publicly traded securities	16,113,625.	11	15,521,042.
	12 Investments - other securities. See Part IV, line 11	6,746,851.	12	6,894,572.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,059,470.	15	2,111,936.
16 Total assets. Add lines 1 through 15 (must equal line 34)	72,806,429.	16	40,786,540.	
Liabilities	17 Accounts payable and accrued expenses	281,991.	17	1,223,453.
	18 Grants payable	11,380,746.	18	4,321,496.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	11,662,737.	26	5,544,949.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-6,940,759.	27	-5,892,127.
	28 Temporarily restricted net assets	45,223,975.	28	17,915,436.
	29 Permanently restricted net assets	22,860,476.	29	23,218,282.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	61,143,692.	33	35,241,591.	
34 Total liabilities and net assets/fund balances	72,806,429.	34	40,786,540.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,329,871.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,726,649.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,603,222.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,143,692.
5	Net unrealized gains (losses) on investments	5	633,802.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-28,531,133.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,607,992.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,241,591.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2015)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30047289.	33601310.	50868931.	26290226.	19347196.	160154952
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	30047289.	33601310.	50868931.	26290226.	19347196.	160154952
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20431306.
6 Public support. Subtract line 5 from line 4.						139723646

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	30047289.	33601310.	50868931.	26290226.	19347196.	160154952
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	627,399.	594,374.	754,194.	979,089.	387,691.	3342747.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,136.	38,287.	68,548.	86,858.	2456118.	2656947.
11 Total support. Add lines 7 through 10						166154646
12 Gross receipts from related activities, etc. (see instructions)					12	221,908.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	84.09 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	80.08 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2011 AMOUNT: \$ 7,136.

2012 AMOUNT: \$ 38,287.

2013 AMOUNT: \$ 68,548.

2014 AMOUNT: \$ 86,858.

2015 AMOUNT: \$ 20,804.

SHARED SERVICES

2015 AMOUNT: \$ 2,435,314.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

ASHOKA

Employer identification number

51-0255908

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization ASHOKA	Employer identification number 51-0255908
---------------------------------------	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASHOKA	Employer identification number 51-0255908
---------------------------------------	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 420,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASHOKA	Employer identification number 51-0255908
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization ASHOKA	Employer identification number 51-0255908
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015
Open to Public Inspection

Name of the organization ASHOKA **Employer identification number** 51-0255908

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 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 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,165,330.	25,039,491.	22,327,660.	21,083,265.	21,479,467.
b Contributions	313,862.	1,181,850.	63,475.	57,200.	131,600.
c Net investment earnings, gains, and losses	1,956,583.	-1,854,750.	3,548,356.	2,160,141.	-527,802.
d Grants or scholarships					
e Other expenditures for facilities and programs	295,298.		900,000.	972,946.	
f Administrative expenses	50,443.				
g End of year balance	26,090,034.	24,366,591.	25,039,491.	22,327,660.	21,083,265.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 11.01 %
 - b Permanent endowment 88.99 %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		169,708.	169,708.	0.
d Equipment		633,402.	537,577.	95,825.
e Other		864,141.	298,684.	565,457.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				661,282.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENT	6,894,572.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,894,572.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	85,670.
(2) DUE FROM RELATED PARTIES	1,187,177.
(3) OTHER RECEIVABLE	839,089.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,111,936.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	24,044,875.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	633,802.	
b	Donated services and use of facilities	2b	131,645.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		765,447.
3	Subtract line 2e from line 1		3	23,279,428.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,443.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		50,443.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	23,329,871.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	20,965,451.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	131,645.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,157,600.	
e	Add lines 2a through 2d	2e		1,289,245.
3	Subtract line 2e from line 1		3	19,676,206.
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	50,443.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		50,443.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	19,726,649.

Part XIII Supplemental Information.

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

PART V, LINE 4:

ASHOKA'S ENDOWMENT CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES WHICH CONSIST OF BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS AN ENDOWMENT.

IN FY 16, THE ORGANIZATION REVIEWED ITS ENDOWMENT FUND AND MADE RECLASSES OF \$201,261 THAT AFFECTED THE OPENING BALANCES.

PART X, LINE 2:

ASHOKA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT ASHOKA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE

Part XIII Supplemental Information (continued)

FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. ASHOKA IS NO LONGER
SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS
PRIOR TO AUGUST 31, 2013.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE-OFF OF BAD DEBTS 1,157,600.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **ASHOKA** Employer identification number **51-0255908**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	28,409.
EAST ASIA AND THE PACIFIC	7	8	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	291,838.
EUROPE (INCLUDING ICELAND & GREENLAND)	12	103	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	1,858,832.
MIDDLE EAST AND NORTH AFRICA	2	11	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	169,292.
NORTH AMERICA	2	43	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	317,053.
SOUTH AMERICA	6	31	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	471,922.
SOUTH ASIA	1	43	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	227,331.
SUB-SAHARAN AFRICA	4	16	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	1,181,011.
3 a Sub-total	34	255			4,545,688.
b Total from continuation sheets to Part I	0	0			1,140,442.
c Totals (add lines 3a and 3b)	34	255			5,686,130.

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

Schedule F (Form 990) 2015

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		386,195.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		65,604.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS		94,365.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		155,786.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		15,298.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		423,194.
Totals					1,140,442.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLOW STIPENDS	EUROPE (INCLUDING ICELAND & GREENLAND)	6	386,195.	WIRE	0.		
FELLOW STIPENDS	MIDDLE EAST AND NORTH AFRICA	1	65,604.	WIRE	0.		
FELLOW STIPENDS	NORTH AMERICA	2	94,365.	WIRE	0.		
FELLOW STIPENDS	SOUTH AMERICA	2	155,786.	WIRE	0.		
FELLOW STIPENDS	SOUTH ASIA	1	15,298.	WIRE	0.		
FELLOW STIPENDS	SUB-SAHARAN AFRICA	8	423,194.	WIRE	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2015

Part V Supplemental Information

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

PART I, LINE 2:

THE GOAL OF THE STIPEND IS TO PROVIDE ASHOKA FELLOWS THE FINANCIAL FREEDOM TO FULLY PURSUE THE EXPANSION OF THEIR NEW IDEAS UP TO 4 YEARS ON AVERAGE 3 YEARS OF ELECTION.

ONCE A CANDIDATE HAS BEEN APPROVED BY THE BOARD AND IS ELECTED AN AFFILIATE (NON-FELLOW) OR FELLOW, THE GLOBAL VENTURE TEAM AND THE AFFILIATE/FELLOW REVIEW HIS/HER FINANCIAL DISCLOSURE FORM TO DETERMINE THE APPROPRIATE STIPEND THAT WILL ALLOW THE RECIPIENT TO FOCUS ON HIS/HER NEW IDEA FULL-TIME. GLOBAL VENTURE PROVIDES AN IMPORTANT CHECK IN ENSURING THAT STIPENDS ARE ALIGNED WITH ASHOKA'S GLOBAL POLICY AND ENSURE ITS FAIR APPLICATION ACROSS ITS FELLOWSHIP.

PART I, LINE 3:

ACCRUAL METHOD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **ASHOKA** Employer identification number **51-0255908**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
FUTURE RESOURCE COLLECTIVE 2642 47TH AVE SW SEATTLE , WA 98116	47-3715110		56,045.	0.			AWARD
NEST, INC 3400 HILLVIEW AVE PALO ALTO, CA 94304	20-5450672	501(C)(3)	22,437.	0.			AWARD
AMBERCYCLE, INC. 245 W 2ND STREET MESA , AZ 85201	46-3555448		22,437.	0.			AWARD
2020 MICROCLINIC INITIATIVE PO BOX 56723 SHERMAN OAKS, CA 91413	45-3596051	501(C)(3)	20,000.	0.			AWARD
NOORA HEALTH 2443 FILLMORE ST 380-3203 SAN FRANCISCO, CA 94115	46-4746592	501(C)(3)	10,000.	0.			AWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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
FELLOW STIPENDS	10	825,000.	0.		
AWARD	1	5,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE GOAL OF THE STIPEND IS TO PROVIDE ASHOKA FELLOWS THE FINANCIAL FREEDOM TO FULLY PURSUE THE EXPANSION OF THEIR NEW IDEA FOR UP TO 4 YEARS AND ON AVERAGE 3 YEARS FROM ELECTION.

ONCE A CANDIDATE HAS BEEN APPROVED BY THE BOARD AND IS ELECTED AN AFFILIATE (NON-FELLOW) OR FELLOW, THE GLOBAL VENTURE TEAM AND THE AFFILIATE/FELLOW REVIEW HIS/HER FINANCIAL DISCLOSURE FORM TO DETERMINE THE APPROPRIATE STIPEND THAT WILL ALLOW THE RECIPIENT TO FOCUS ON HIS/HER NEW IDEA

Part IV Supplemental Information

FULL-TIME. GLOBAL VENTURE PROVIDES AN IMPORTANT CHECK IN ENSURING THAT STIPENDS ARE ALIGNED WITH ASHOKA'S GLOBAL POLICY AND ENSURE ITS FAIR APPLICATION ACROSS ITS FELLOWSHIP.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

ASHOKA

Employer identification number

51-0255908

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM DRAYTON CHAIRMAN/CEO	(i)	107,845.	51,782.	0.	0.	3,076.	162,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DIANA WELLS PRESIDENT	(i)	104,875.	54,320.	0.	0.	2,988.	162,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HENRY DE SIO PROGRAM LEADER, FRAMEWORK CHANGE	(i)	97,497.	70,328.	0.	0.	19,231.	187,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

BONUSES ARE BASED ON YEAR-END PERFORMANCES AND ARE TAXABLE TO EACH OF THE
RECIPIENTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ASHOKA

Employer identification number

51-0255908

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X	21	286,472.	AVERAGE SELLING PRIC
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2015)

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN SCHEDULE M,
PART I, COLUMN (B).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

ASHOKA

Employer identification number

51-0255908

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

THE CREATION OF AN ASSOCIATION OF THE WORLD'S LEADING SOCIAL
ENTREPRENEURS, MEN AND WOMEN WITH SYSTEM CHANGING SOLUTIONS FOR THE
WORLD'S MOST URGENT SOCIAL PROBLEMS.

FORM 990, PART I, LINE 20:

ASHOKA IS A NOT-FOR-PROFIT, PUBLICLY SUPPORTED CITIZEN SECTOR
ORGANIZATION INCORPORATED ON JUNE 3, 1980 UNDER THE LAWS OF THE
DISTRICT OF COLUMBIA. ASHOKA ENVISIONS A GLOBAL COMMUNITY THAT RESPONDS
QUICKLY AND EFFECTIVELY TO SOCIAL CHALLENGES, WHERE EVERYONE HAS THE
FREEDOM, CONFIDENCE AND SOCIETAL SUPPORT TO ADDRESS ANY SOCIETAL
PROBLEM AND MAKE CHANGE. THIS GLOBAL COMMUNITY SPREADS INNOVATION AND
THE DESIRE TO CHANGE, SUCH THAT EVERYONE FINDS WITHIN THEMSELVES THE
POTENTIAL TO BE CHANGEMAKERS. PREVIOUSLY, ASHOKA REPORTED THE
FINANCIAL ACTIVITIES OF ITS GLOBAL AFFILIATES AS PART OF ITS FORM 990.
THESE AFFILIATED GROUPS INCLUDED ORGANIZATIONS LOCATED IN EAST ASIA,
SOUTHEAST ASIA, SOUTH ASIA, AFRICA, SOUTH AMERICA, MEXICO/THE CARIBBEAN
BASIN/CENTRAL AMERICA, EUROPE, NORTH AMERICA, AND MIDDLE EAST/NORTH
AFRICA. THESE RELATED PARTIES ARE BEING SHOWN ON SCHEDULE R, PART II
AND THEIR FINANCIAL ACTIVITY IS NOT INCLUDED IN THE FORM 990. ASHOKA
CONTINUES TO OPERATE AS A GLOBALLY INTEGRATED ORGANIZATION, SHARING
RESOURCES BETWEEN THE GLOBAL OFFICE AND COUNTRY OFFICES, AND BETWEEN
COUNTRY OFFICES.

FORM 990, LINE B, AMENDED RETURN:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization ASHOKA	Employer identification number 51-0255908
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AN AMENDED RETURN IS BEING FILED DUE TO THE RESTATEMENT OF THE ORGANIZATION'S AUGUST 31, 2016 FINANCIAL STATEMENTS. IN 2016, ASHOKA RESTATED ITS FINANCIAL STATEMENTS IN ORDER TO PROPERLY REFLECT THE ASSETS, LIABILITIES, ENDOWMENT NET ASSET CLASSIFICATIONS, NET ASSETS AND CHANGE IN NET ASSETS.

A LISTING OF ALL OF THE CHANGES TO THE FORM 990 IS AS FOLLOWS:

1. PAGE 1, BOX 6: GROSS RECEIPTS WAS RESTATED TO REFLECT THE UPDATED REVENUE REPORTED IN PART VIII.
2. PART I, LINES 8 - 22 (CURRENT YEAR): THESE AMOUNTS WERE UPDATED TO REFLECT THE CHANGES REPORTED IN THEIR RESPECTIVE PARTS OF THE RETURN DUE TO THE RESTATEMENT.
3. PART III, LINE 4A - 4D: THE TOTAL PROGRAM EXPENSES WAS UPDATED TO AGREE TO THE FUNCTIONAL ALLOCATION IN PART IX. THIS ALLOCATION CHANGED AS PART OF THE FINANCIAL RESTATEMENT. IN ADDITION, THE PROGRAM REVENUE REPORTED IN PART VIII, LINE 2 WAS ALLOCATED TO LINE 4D.
4. PART VIII, LINES 1F, 2, 3, AND 11A: THE CASH CONTRIBUTIONS, PROGRAM REVENUE, INTEREST INCOME, AND MANAGEMENT FEE WERE UPDATED TO AGREE WITH THE RESTATEMENT OF FINANCIALS.
5. PART IX: THE OVERALL FUNCTIONAL EXPENSE ALLOCATION WAS REVIEWED AND MODIFIED IN THE RESTATED FINANCIAL STATEMENTS. THE REVISED ALLOCATION WAS INCORPORATED INTO PART IX. IN ADDITION, VARIOUS LINE ITEMS WERE ADJUSTED DUE TO THE REVISED FIGURES THROUGHOUT THE STATEMENT.
6. PART X, LINES 3, 9, 15, 16, 17: THESE AMOUNTS ON THE BALANCE SHEET WERE UPDATED TO AGREE TO THE RESTATED FINANCIAL STATEMENTS.
7. PART X, LINES 27 - 29: THE TOTAL NET ASSETS WERE UPDATED DUE TO THE CHANGES TO THE EXPENSES AND REVENUE RECORDED ON THE RESTATED FINANCIAL

Name of the organization ASHOKA	Employer identification number 51-0255908
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STATEMENTS.

8. PART XI, LINES 1 - 4: THESE AMOUNTS WERE UPDATED FOR THE CHANGES REPORTED IN PART VIII AND PART IX, AS DISCUSSED ABOVE.

9. PART XI, LINE 8: THE PRIOR PERIOD ADJUSTMENT WAS ADJUSTED AS PART OF THE RESTATED FINANCIALS.

10. PART XI, LINE 9: THE OTHER CHANGE IN NET ASSETS WAS UPDATED DUE TO CHANGES IN THE BAD DEBT EXPENSE AS PART OF THE RESTATED FINANCIALS. IN ADDITION, DUE TO CHANGES IN THE FOREIGN DISREGARDED ENTITIES INCOME AND EXPENSES THE FOREIGN TRANSLATION LOSS WAS UPDATED.

11. SCHEDULE A, PART II, COLUMN (E): THE FY2016 AMOUNT WAS UPDATED TO AGREE WITH THE CHANGES IN PART VIII.

12. SCHEDULE D, PART V, LINES 2A AND 2B: THE ALLOCATION OF THE BOARD DESIGNATED ENDOWMENT AND PERMANENT ENDOWMENT WAS UPDATED TO AGREE WITH THE RESTATED FINANCIALS, WHICH NOW AGREE WITH DONORS' INTENT.

13. SCHEDULE D, PART IX: THE DETAIL TO OTHER ASSETS WAS UPDATED TO AGREE WITH THE RESTATED FINANCIALS.

14. SCHEDULE D, PART XI AND XII: THE AMOUNTS REPORTED IN THESE SECTIONS WERE UPDATED TO AGREE WITH THE RESTATED REVENUE AND EXPENSES, PER THE AUDITED FINANCIAL STATEMENTS.

15. SCHEDULE O, PART IX, LINE 11G, OTHER FEES: THE DETAIL TO THE "OTHER FEES" FROM PART IX, LINE 11G WAS UPDATED TO AGREE WITH THE RESTATED FINANCIAL STATEMENTS.

16. SCHEDULE R, PART I, COLUMNS (D) AND (E): THE TOTAL INCOME AND ASSETS FOR THE DISREGARDED ENTITIES DISCLOSED IN PART I WERE UPDATED TO AGREE TO THEIR REVISED TRIAL BALANCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Name of the organization ASHOKA	Employer identification number 51-0255908
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CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY PROGRAMS: ASHOKA WORKS TO DEFINE AND STRENGTHEN THE FIELD OF SOCIAL ENTREPRENEURSHIP THROUGH IDEA DISSEMINATION AND DEVELOPMENT OF EDUCATIONAL PROGRAMS, INCLUDING THE SHARING OF INNOVATIVE, CO-CREATIONS DEVELOPED BY BOTH INDIVIDUALS AND ORGANIZATIONS. THIS KNOWLEDGE TRANSFER COMES IN THE FORM OF PUBLICATIONS, PROFESSIONAL TRAINING, AND ONLINE/DIGITAL MEDIA THROUGH CURATED CAMPAIGNS AND WEBSITES.

EXPENSES \$ 1,528,578. INCLUDING GRANTS OF \$ 357. REVENUE \$ 186,893.

OTHER PROGRAMS

EXPENSES \$ 2,119,624. INCLUDING GRANTS OF \$ 512,174. REVENUE \$ 0.

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

ARGENTINA, AUSTRIA, BANGLADESH, BOLIVIA,

BRAZIL, CANADA, CHILE, COLOMBIA,

DENMARK, ECUADOR, EGYPT, FRANCE,

GERMANY, GHANA, GREECE, INDIA,

INDONESIA, IRELAND, ISRAEL, ITALY,

JAPAN, KENYA, MALAYSIA, MEXICO,

NEPAL, NETHERLANDS, NIGERIA, NORWAY,

PAKISTAN, PERU, PHILIPPINES, POLAND,

SENEGAL, SINGAPORE, SOUTH AFRICA, SOUTH KOREA,

SPAIN, SRI LANKA, SWEDEN, SWITZERLAND,

THAILAND, TURKEY, UGANDA, UNITED KINGDOM,

URUGUAY, VENEZUELA, VIETNAM

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

ASHOKA HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS

Name of the organization ASHOKA	Employer identification number 51-0255908
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ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. THE CONTROLLER AND CFO REVIEWS THE FORM 990 AFTER THE DRAFT IS PREPARED. ONCE APPROVED BY THE CONTROLLER AND CFO, THE CFO FORWARDS THE 990 TO CEO AND PRESIDENT FOR REVIEW. ANY COMMENTS OR UPDATES GIVEN TO CFO BY THE CEO AND PRESIDENT ARE PASSED ALONG TO THE ACCOUNTING FIRM. THE ACCOUNT FIRM REVIEWS THE COMMENTS AND MAKES CHANGES AS NEEDED. THE UPDATED 990 IS GIVEN TO BOARD SECRETARY WHO DISTRIBUTES THE DRAFT 990 ELECTRONICALLY TO FULL BOARD OF DIRECTORS FOR REVIEW BEFORE FILING WITH THE IRS.

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

ASHOKA CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY THAT APPLIES TO BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES, WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE INTEREST PARTY SHALL LEAVE THE BOARD OR BOARD COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR BOARD COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

THE MINUTES OF THE BOARD AND ALL BOARD COMMITTEES SHALL CONTAIN:

(A) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR BOARD COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED; AND

Name of the organization ASHOKA	Employer identification number 51-0255908
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(B) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS.

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

AT ASHOKA SALARIES ARE SET BY USING A SALARY FRAMEWORK FOR THAT COUNTRY, WHICH IS DEVELOPED BY AN EXTERNAL CONSULTANT THAT USES MARKET/INDUSTRY INFORMATION TO DETERMINE THE SALARY RANGES FOR EACH OF OUR LEVELS. THIS SALARY FRAMEWORK IS APPLIED TO ALL EMPLOYEES' SALARIES, INCLUDING THE ONES OF THE LEADERSHIP TEAM (INCLUDING CEO) AND SENIOR LEADERS. ANY COMPENSATION CHANGES FOR THE CEO HAVE TO BE APPROVED BY THE EXECUTIVE COMMITTEE OF BOARD (WITH THE CEO RECUSED), AND ANY COMPENSATION CHANGES FOR THE TWO OTHER MEMBERS OF THE LEADERSHIP TEAM (PRESIDENT & LATIN AMERICA DIAMOND LEADER) HAVE TO BE APPROVED BY THE CEO. ANY COMPENSATION CHANGES FOR SENIOR LEADERS ARE TO BE REVIEWED AND APPROVED BY THE LEADERSHIP TEAM MEMBER WHO IS THEIR ACCOUNTABILITY PARTNER (MANAGER). ONCE THE PERFORMANCE REVIEW DECISIONS ARE FINALIZED, WE COMMUNICATE THIS TO ALL SENIOR LEADERS AND THE LEADERSHIP TEAM IN WRITING (LETTER FORMAT). THIS PROCESS WAS LAST UNDERTAKEN IN FY16.

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

AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI

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

ASHOKA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS

Name of the organization ASHOKA	Employer identification number 51-0255908
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REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE INFORMATION IS AVAILABLE UPON WRITTEN REQUEST AT 1700 NORTH MOORE STREET, ARLINGTON, VA 22209. THE FORM 990 IS ALSO AVAILABLE TO THE PUBLIC ON WWW.GUIDESTAR.ORG AND ON ASHOKA'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	1,226,863.
MANAGEMENT AND GENERAL EXPENSES	118,722.
FUNDRAISING EXPENSES	109,534.
TOTAL EXPENSES	1,455,119.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	566,391.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	566,391.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	113,277.
MANAGEMENT AND GENERAL EXPENSES	238,039.
FUNDRAISING EXPENSES	18,672.
TOTAL EXPENSES	369,988.

TRAINING FEE:

PROGRAM SERVICE EXPENSES	21,404.
MANAGEMENT AND GENERAL EXPENSES	944.
FUNDRAISING EXPENSES	211.

Name of the organization ASHOKA	Employer identification number 51-0255908
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TOTAL EXPENSES 22,559.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES 104,480.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 104,480.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,518,537.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN TRANSLATION LOSS -450,392.

WRITE-OFF OF BAD DEBTS -1,157,600.

TOTAL TO FORM 990, PART XI, LINE 9 -1,607,992.

FORM 990, PART XI, LINE 8, PRIOR PERIOD ADJUSTMENT

ASHOKA IS A NON-PROFIT, PUBLICLY SUPPORTED FOUNDATION INCORPORATED ON

JUNE 3, 1980 UNDER THE LAWS OF THE DISTRICT OF COLUMBIA. ASHOKA

ENVISIONS A GLOBAL COMMUNITY THAT RESPONDS QUICKLY AND EFFECTIVELY TO

SOCIAL CHALLENGES, WHERE EVERYONE HAS THE FREEDOM, CONFIDENCE AND

SOCIETAL SUPPORT TO ADDRESS ANY SOCIETAL PROBLEM AND MAKE CHANGE. THIS

GLOBAL COMMUNITY SPREADS INNOVATION AND THE DESIRE TO CHANGE, SUCH THAT

EVERYONE FINDS WITHIN THEMSELVES THE POTENTIAL TO BE CHANGEMAKERS.

PREVIOUSLY, ASHOKA REPORTED THE FINANCIAL ACTIVITIES OF ITS GLOBAL

AFFILIATES AS PART OF ITS FORM 990. THESE AFFILIATED GROUPS INCLUDED

ORGANIZATIONS LOCATED IN EAST ASIA, SOUTHEAST ASIA, SOUTH ASIA, AFRICA,

SOUTH AMERICA, MEXICO/THE CARIBBEAN BASIN/CENTRAL AMERICA, EUROPE,

NORTH AMERICA, AND MIDDLE EAST/NORTH AFRICA. THESE RELATED PARTIES ARE

NOW BEING SHOWN ON SCHEDULE R, PART II AND THEIR FINANCIAL ACTIVITY HAS

Name of the organization ASHOKA	Employer identification number 51-0255908
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BEEN REMOVED FROM THE FORM 990. IN ADDITION, IN FISCAL YEAR 2016, ASHOKA RESTATED ITS FINANCIAL STATEMENTS AS OF AND FOR THE YEAR ENDED AUGUST 31, 2015, IN ORDER TO PROPERLY REFLECT PLEDGES RECEIVABLE, DUE FROM RELATED PARTIES, STIPEND PAYABLE, AND ENDOWMENT NET ASSET CLASSIFICATIONS. DUE TO THE REMOVAL OF ITS AFFILIATES FROM THE FORM 990 AS WELL AS THE FINANCIAL STATEMENT RESTATEMENT, A PRIOR PERIOD ADJUSTMENT OF \$28,531,133 WAS RECORDED ON PART XI, LINE 8.

FORM 990, PART XII, LINE 2C:
ASHOKA HAS A BOARD COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **ASHOKA** Employer identification number **51-0255908**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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
ASHOKA ARAB WORLD 93A ABDEL AZIZ AL SAUD STREET, 7TH FLOOR MANIAL, CAIRO, EGYPT	PLATFORM FOR SOCIAL ENTREPRENEURS	EGYPT	941,372.	1,866,898.	ASHOKA
ASHOKA COLOMBIA CARRERA 48 #91-27 BOGOTA, COLOMBIA	PLATFORM FOR SOCIAL ENTREPRENEURS	COLOMBIA	444,401.	363,590.	ASHOKA
ASHOKA EAST AFRICA CONCERT HOUSE, WOOD GARDEN RD NAIROBI, KENYA	PLATFORM FOR SOCIAL ENTREPRENEURS	KENYA	269,364.	57,842.	ASHOKA
ASHOKA IRELAND TRIBAL VC, 23 SOUTH WILLIAM STREET DUBLIN, IRELAND	PLATFORM FOR SOCIAL ENTREPRENEURS	IRELAND	126,547.	71,911.	ASHOKA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ASHOKA CONOSUR ESTE (ARGENTINA) TEODORO GARCA 2964 BUENOS AIRES, ARGENTINA 1426	PLATFORM FOR SOCIAL ENTREPRENEURS	ARGENTINA	501(C)(3)		ASHOKA	X	
ASHOKA CEE SCHOTTENRING 16/3.0G WIEN, AUSTRIA A-1010	PLATFORM FOR SOCIAL ENTREPRENEURS	AUSTRIA	501(C)(3)		ASHOKA	X	
ASHOKA BANGLADESH SUITE # B3, HOUSE 10, ROAD 33, GULSHAN -1 DHAKA, BANGLADESH 1212	PLATFORM FOR SOCIAL ENTREPRENEURS	BANGLADESH	501(C)(3)		ASHOKA	X	
ASHOKA BELGIUM RUE DUCALE 39 BRUXELLES, BELGIUM 1000	PLATFORM FOR SOCIAL ENTREPRENEURS	BELGIUM	501(C)(3)		ASHOKA	X	

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

Schedule R (Form 990) 2015

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ASHOKA BRASIL RUA CARLOS COMENALE, 263 SAO PAULO, BRAZIL 01332-030	PLATFORM FOR SOCIAL ENTREPRENEURS	BRAZIL	501(C)(3)		ASHOKA	X	
ASHOKA CANADA 366 ADELAIDE ST W, TORONTO, ONTARIO, CANADA M5V 1R9	PLATFORM FOR SOCIAL ENTREPRENEURS	CANADA	501(C)(3)		ASHOKA	X	
ASHOKA CHILE AVENIDA ITALIA 850B (IF), PROVIDENCIA SANTIAGO, CHILE	PLATFORM FOR SOCIAL ENTREPRENEURS	CHILE	501(C)(3)		ASHOKA	X	
ASHOKA FRANCE 28 PLACE DE LA BOURSE PARIS, FRANCE 75002	PLATFORM FOR SOCIAL ENTREPRENEURS	FRANCE	501(C)(3)		ASHOKA	X	
ASHOKA DEUTSCHLAND PRINZREGENTENPLATZ 10 MUNCHEN, GERMANY 81675	PLATFORM FOR SOCIAL ENTREPRENEURS	GERMANY	501(C)(3)		ASHOKA	X	
ASHOKA HELLAS (GREECE) IOANNINON 102 ATHENS, GREECE 104 44	PLATFORM FOR SOCIAL ENTREPRENEURS	GREECE	501(C)(3)		ASHOKA	X	
ASHOKA INDIA 54, 1ST CROSS, DOMLUR LAYOUT BANGALORE, INDIA 560071	PLATFORM FOR SOCIAL ENTREPRENEURS	INDIA	501(C)(3)		ASHOKA	X	
ASHOKA INDONESIA JL. ANCOL TIMUR XIV NO. 1 BANDUNG, JAWA BARAT, INDONESIA 40254	PLATFORM FOR SOCIAL ENTREPRENEURS	INDONESIA	501(C)(3)		ASHOKA	X	
ASHOKA ISRAEL 5 BRENNER ST TEL AVIV, ISRAEL 62031	PLATFORM FOR SOCIAL ENTREPRENEURS	ISRAEL	501(C)(3)		ASHOKA	X	
ASHOKA ITALIA VIA AURELIO SALICETI 10, ROMA, RM 00153 - VI MILANO, ITALY 20121	PLATFORM FOR SOCIAL ENTREPRENEURS	ITALY	501(C)(3)		ASHOKA	X	
ASHOKA JAPAN GINZA FUGETSUDO, BUILDING 6F, 6-6-1 GINZA CH TOKYO, JAPAN 104-0061	PLATFORM FOR SOCIAL ENTREPRENEURS	JAPAN	501(C)(3)		ASHOKA	X	
ASHOKA KOREA SUNG DONG-GU, DDUKSUM-RO 1 NA-GIL 5, HEYGROUN SOUTH KOREA, SOUTH KOREA 04779	PLATFORM FOR SOCIAL ENTREPRENEURS	SOUTH KOREA	501(C)(3)		ASHOKA	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ASHOKA MEXICO (ASHOKA EMPRENDEDORES SOCIALES ASOCIACION CIVIL (A.C.)), TUXPAN 57, COLONIA ROMA SUR, MEXICO CITY, MEXICO 06760	PLATFORM FOR SOCIAL ENTREPRENEURS	MEXICO	501(C)(3)		ASHOKA	X	
ASHOKA NETHERLANDS (STICHTING ASHOKA) LANGE VOORHOUT 32 THE HAGUE, NETHERLANDS 2514 EE	PLATFORM FOR SOCIAL ENTREPRENEURS	NETHERLANDS	501(C)(3)		ASHOKA	X	
ASHOKA PHILIPPINES UNIT 301 3RD FLOOR, #3 BRIXTON STREET, BRGY, PASIG CITY, PHILIPPINES 1603	PLATFORM FOR SOCIAL ENTREPRENEURS	PHILIPPINES	501(C)(3)		ASHOKA	X	
ASHOKA PORTUGAL JOAQUAN COSTA 15, PORTAL 3, PLANTA 3, 1BIS MADRID, SPAIN 28002	PLATFORM FOR SOCIAL ENTREPRENEURS	PORTUGAL	501(C)(3)		ASHOKA	X	
ASHOKA SINGAPORE AND MALAYSIA 141 MIDDLE ROAD, GSM BUILDING, #05-05 DHOBY GHAUT, SINGAPORE 188976	PLATFORM FOR SOCIAL ENTREPRENEURS	SINGAPORE	501(C)(3)		ASHOKA	X	
ASHOKA ESPANA (FUNDACION ASHOKA EMPRENDEDORES SOCIALES), CALLEVANDERGOTEN, 1 LOOM HOUSE, MADRID, SPAIN 28014	PLATFORM FOR SOCIAL ENTREPRENEURS	SPAIN	501(C)(3)		ASHOKA	X	
ASHOKA SCANDINAVIA BIRGER JARLSGATAN 57 C STOCKHOLM, SWEDEN 113 56	PLATFORM FOR SOCIAL ENTREPRENEURS	SWEDEN	501(C)(3)		ASHOKA	X	
ASHOKA SWITZERLAND (FONDATION ASHOKA SUISSE) RUE DU CONSEIL GENRAL 20 GENEVA, SWITZERLAND 1205	PLATFORM FOR SOCIAL ENTREPRENEURS	SWITZERLAND	501(C)(3)		ASHOKA	X	
ASHOKA THAILAND 101/8, PHAHONYOTHIN 32 ROAD, SENA NIKHOM, KH BANGKOK, THAILAND 10900	PLATFORM FOR SOCIAL ENTREPRENEURS	THAILAND	501(C)(3)		ASHOKA	X	
ASHOKA TURKIYE GENERAL YAZGAN SOK. NO:14 ISTANBUL, TURKEY	PLATFORM FOR SOCIAL ENTREPRENEURS	TURKEY	501(C)(3)		ASHOKA	X	
ASHOKA UK 15 OLD FORD ROAD LONDON, UNITED KINGDOM E2 9PJ	PLATFORM FOR SOCIAL ENTREPRENEURS	UNITED KINGDOM	501(C)(3)		ASHOKA	X	
ASHOKA VENEZUELA EDIF. MENE GRANDE, PISO 5, OFICINA 5-4, URB. CARACAS, VENEZUELA	PLATFORM FOR SOCIAL ENTREPRENEURS	VENEZUELA	501(C)(3)		ASHOKA	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ASHOKA CANADA	L	52,199.	COST
ASHOKA MEXICO (ASHOKA EMPRENDEDORES (2) SOCIALES ASOCIACION CIVIL (A.C.))	L	264,854.	COST
(3) ASHOKA CHILE	L	50,983.	COST
(4) ASHOKA CONOSUR ESTE (ARGENTINA)	L	78,594.	COST
(5) ASHOKA CEE	L	149,147.	COST
(6) ASHOKA FRANCE	L	404,396.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)ASHOKA BELGIUM	L	62,104.	COST
(8)ASHOKA NETHERLANDS (STICHTING ASHOKA)	L	70,150.	COST
(9)ASHOKA ITALIA	L	61,653.	COST
(10)ASHOKA DEUTSCHLAND	L	267,626.	COST
(11)ASHOKA TURKIYE	L	64,243.	COST
(12)ASHOKA ESPANA (FUNDACION ASHOKA EMPRENDEDORES SOCIALES)	L	126,946.	COST
(13)ASHOKA SCANDINAVIA	L	84,455.	COST
(14)ASHOKA SWITZERLAND (FONDATION ASHOKA SUISSE)	L	129,001.	COST
(15)ASHOKA UK	L	126,450.	COST
(16)ASHOKA THAILAND	L	58,711.	COST
(17)ASHOKA KOREA	L	140,014.	COST
(18)ASHOKA JAPAN	L	51,908.	COST
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

