

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Form **990**

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

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 09/01/2023 and ending 08/31/2024																									
B Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Address change</td> <td style="width: 50%;"> C Name of organization ASHOKA </td> <td style="width: 25%;"> D Employer identification number 51-0255908 </td> </tr> <tr> <td><input type="checkbox"/></td> <td>Name change</td> <td> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 WILSON BLVD 1900 </td> <td> E Telephone number (703) 527-8300 </td> </tr> <tr> <td><input type="checkbox"/></td> <td>Initial return</td> <td> City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22209 </td> <td> G Gross receipts \$ 42,144,063. </td> </tr> <tr> <td><input type="checkbox"/></td> <td>Terminated</td> <td> F Name and address of principal officer: WILLIAM DRAYTON SAME AS "C" ABOVE </td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) </td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amended return</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Application pending</td> <td colspan="2"></td> </tr> </table>	<input type="checkbox"/>	Address change	C Name of organization ASHOKA	D Employer identification number 51-0255908	<input type="checkbox"/>	Name change	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 WILSON BLVD 1900	E Telephone number (703) 527-8300	<input type="checkbox"/>	Initial return	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22209	G Gross receipts \$ 42,144,063.	<input type="checkbox"/>	Terminated	F Name and address of principal officer: WILLIAM DRAYTON SAME AS "C" ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<input type="checkbox"/>	Amended return			<input type="checkbox"/>	Application pending		
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<input type="checkbox"/>	Amended return																								
<input type="checkbox"/>	Application pending																								
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																									
J Website: ▶ WWW.ASHOKA.ORG																									
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

	1	Briefly describe the organization's mission or most significant activities: <u>MOBILIZE A MOVEMENT TO BUILD AN "EVERYONE A CHANGEMAKER" WORLD.</u>		
Activities & Governance	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	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	107
	6	Total number of volunteers (estimate if necessary)	6	2,100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE
Revenue	8	Contributions and grants (Part VIII, line 1h)	23,743,223.	39,408,590.
	9	Program service revenue (Part VIII, line 2g)	887,076.	1,120,731.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	787,096.	1,295,934.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	413,343.	318,808.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,830,738.	42,144,063.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,276,323.	7,642,803.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,438,541.	24,903,245.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,277,420.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,310,277.	16,352,699.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,025,141.	48,898,747.
19	Revenue less expenses. Subtract line 18 from line 12	-20,194,403.	-6,754,684.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	89,355,676.	96,842,589.
	21	Total liabilities (Part X, line 26)	12,006,662.	21,641,023.
	22	Net assets or fund balances. Subtract line 21 from line 20	77,349,014.	75,201,566.

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		07/15/2025			
	Signature of officer	Date			
	WILLIAM DRAYTON	CEO			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TODD TERESCO		07/15/2025		P00247720
	Firm's name ▶ BDO USA	Firm's EIN ▶	13-5381590		
	Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102	Phone no.	703-893-0600		

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2023)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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 - AND FOSTERING A GLOBAL CULTURE OF EVERYONE BEING A CHANGEMAKER FOR THE GOOD OF ALL.

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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,244,803. including grants of \$ 2,881,375.) (Revenue \$ 199,277.)

ONE SEARCH: FINDING, SELECTING AND SUPPORTING THE WORLD'S LEADING SOCIAL ENTREPRENEURS, NEXT GENERATION LEADERS, AND YOUNG CHANGEMAKERS.

4b (Code:) (Expenses \$ 12,744,635. including grants of \$ 1,331,431.) (Revenue \$ 350,556.)

ONE COMMUNITY: BRINGING THE FULL ASHOKA COMMUNITY TOGETHER TO SUPPORT EACH OTHER AND COLLECTIVELY SOLVE PROBLEMS.

4c (Code:) (Expenses \$ 13,756,089. including grants of \$ 2,739,770.) (Revenue \$ 378,377.)

EACH/NEW PURPOSES: BUILDING MOVEMENTS OF CHANGEMAKERS TO ADVANCE SOCIETY WHERE THE WORLD MOST NEEDS TO CHANGE.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 6,999,201. including grants of \$ 690,227.) (Revenue \$ 192,521.)

4e Total program service expenses 40,744,728.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 107		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a	X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (4), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

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 (1024 or 1024-A, 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.
19 Describe on 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.

LISA DAVIS 1000 WILSON BLVD, 1900 ARLINGTON, VA 22209 7035278300

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DIANA WELLS PRESIDENT EMERITUS	40.00 5.00			X				183,176.	NONE	30,331.
(2) EMILY LAWSON LEADER, CHANGE/BUILD CTR TEAM	40.00 5.00					X		189,981.	NONE	9,517.
(3) CLAIRE FALLENDER DIRECTOR, GLOBAL LEADYOUNG INI	40.00 5.00					X		168,140.	NONE	665.
(4) CONRAD CARTER LEADERSHIP GROUP MEMBER	40.00 5.00					X		165,763.	NONE	NONE
(5) LISA DAVIS VP OF INTEGRITY	40.00 5.00			X				118,448.	NONE	37,969.
(6) NJIDEKA HARRY LEADERSHIP GROUP MEMEBER	40.00 5.00					X		156,258.	NONE	NONE
(7) WILLIAM DRAYTON CEO	40.00 5.00	X		X				119,174.	NONE	25,778.
(8) KONSTANZA FRISCHEN TECH & HUMANITY ADVISOR	40.00 5.00					X		126,255.	NONE	13,402.
(9) TOPE FAJINGBESI CFO	40.00 5.00			X				107,672.	NONE	24,975.
(10) KYLE ZIMMER DIRECTOR (THRU 07/24)	2.00 NONE	X						NONE	NONE	NONE
(11) SARA HOROWITZ DIRECTOR (THRU 07/24)	2.00 NONE	X						NONE	NONE	NONE
(12) FELIPE VERGARA DIRECTOR (THRU 07/24)	2.00 NONE	X						NONE	NONE	NONE
(13) SUSHMITA GOSH DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(14) ROGER HARRISON DIRECTOR	2.00 NONE	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for MARY GORDON and FRED HEHUWAT.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 35

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entry for SEE SCHEDULE O.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 9

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	1a Federated campaigns	1a						
	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	39,408,590.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 28,945.					
	h Total. Add lines 1a-1f			39,408,590.				
Program Service Revenue				Business Code				
	2a FEE FOR SERVICE		900099	1,028,962.	1,028,962.			
	b ASHOKA U PROGRAM		900099	91,769.	91,769.			
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			1,120,731.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,045,231.			1,045,231.	
	4 Income from investment of tax-exempt bond proceeds . . .			NONE				
	5 Royalties			37,725.			37,725.	
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c	NONE	NONE		
	d Net rental income or (loss)				NONE			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses . .	7b				
			c Gain or (loss)	7c	250,703.			
	d Net gain or (loss)				250,703.		250,703.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
			c Net income or (loss) from fundraising events				NONE	
	9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses			9b					
c Net income or (loss) from gaming activities						NONE		
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory				NONE		
Miscellaneous Revenue				Business Code				
	11a OTHER REVENUE			281,083.			281,083.	
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				281,083.				
12 Total revenue. See instructions				42,144,063.	1,120,731.		1,614,742.	

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]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, etc.

Part X Balance Sheet

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

Table with columns for Assets, Liabilities, and Net Assets or Fund Balances. Rows include items like Cash, Accounts receivable, Investments, and Total assets/liabilities. Includes sub-rows 10a, 10b, 10c for depreciation.

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 42,144,063. Line 2: Total expenses 48,898,747. Line 3: Revenue less expenses -6,754,684. Line 4: Net assets at beginning 77,349,014. Line 5: Net unrealized gains 4,809,916. Line 6: Donated services. Line 7: Investment expenses. Line 8: Prior period adjustments 186,802. Line 9: Other changes -389,482. Line 10: Net assets at end of year 75,201,566.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [] Cash [X] Accrual [] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
2b Were the organization's financial statements audited by an independent accountant?
2c 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?
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 2c, 3a, 3b with 'X' marks in the Yes or No columns.

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

ASHOKA

Employer identification number

51-0255908

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2023

JSA
3E1210 1.000

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities.

13 First 5 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

Table with 3 columns: Line number, Description, and Percentage. Rows 14 and 15 show public support percentages for 2023 and 2022 respectively.

- 16a 33 1/3% support test - 2023. 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.
b 33 1/3% support test - 2022. 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.
17a 10%-facts-and-circumstances test - 2023. 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.
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here.
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.

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (*explain in Part VI*). 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

Schedule A (Form 990) 2023

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
OTHER INCOME	413,942.	61,473.	206,303.	333,419.	281,083.	1,296,220.
BAD DEBT RECOVERY	NONE	NONE	NONE	79,924.	NONE	79,924.
TOTALS	413,942.	61,473.	206,303.	413,343.	281,083.	1,376,144.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

ASHOKA

51-0255908

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

[] 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

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

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

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

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

Name of organization <p style="text-align: center;">ASHOKA</p>	Employer identification number <p style="text-align: center;">51-0255908</p>
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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	N/A <hr/> <hr/>	\$ 10,284,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/>	\$ 2,783,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/>	\$ 1,899,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/>	\$ 894,483.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">ASHOKA</p>	Employer identification number <p style="text-align: center;">51-0255908</p>
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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	N/A	\$ 850,094.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	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

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

Name of organization <p style="text-align:center;">ASHOKA</p>	Employer identification number <p style="text-align:center;">51-0255908</p>
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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 information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from 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
_____ _____	_____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

ASHOKA

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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 2d 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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB 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., 1b If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2023

JSA 3E1268 1.000

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 make 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 program
 - 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 in 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	34,009,779.	32,589,494.	35,252,739.	27,286,259.	24,597,317.
b Contributions	182,156.	164,256.	175,100.	272,052.	228,886.
c Net investment earnings, gains, and losses	5,044,069.	1,259,756.	-2,836,793.	8,881,669.	2,463,422.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,956,000.			1,184,775.	
f Administrative expenses	133.	3,727.	1,552.	2,466.	3,367.
g End of year balance	37,279,871.	34,009,779.	32,589,494.	35,252,739.	27,286,258.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 90.0000 %
 - c Term endowment 10.0000 %
- 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? | 3a(i) | X |
| (ii) Related organizations? | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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				
d Equipment	NONE	1,116,686.	895,025.	221,661.
e Other	NONE	2,582,190.	2,080,522.	501,668.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				723,329.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

Part VIII Investments - Program Related

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

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

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) OTHER ASSETS	223,944.
(2) LEASE RIGHT OF USE ASSET	6,401,499.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	6,625,443.

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) LINE OF CREDIT	2,095,752.
(3) LEASE LIABILITY	7,799,177.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	9,894,929.

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

PART V, LINE 4

ASHOKA MAINTAINS DONOR-RESTRICTED AND BOARD-DESIGNATED FUNDS WHOSE PURPOSE IS TO PROVIDE LONG TERMS SUPPORT FOR PROGRAMS. ON THOSE FUNDS THAT ARE PERMANENTLY RESTRICTED OR TEMPORARILY RESTRICTED, THE ENDOWMENT TRUSTEES FOLLOW THE EXPLICIT DIRECTIONS OF THE DONOR WHERE APPLICABLE. PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED TO INVESTMENT IN PERPETUITY, THE INCOME FROM WHICH IS AVAILABLE FOR PROGRAMS INCLUDING CHANGE-MAKING, EDUCATION AND SOCIAL DEVELOPMENT, WOMEN ENTREPRENEURS, HEALTH AND HUNGER, THE ENVIRONMENT, JUSTICE AND PEACE, AND SOCIAL ENTREPRENEURSHIP AMONG OTHERS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

ASHOKA

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	6	18	PROGRAM SERVICES	FELLOW SEARCH/ SUPPORT	813,357.
(2) EUROPE	13	154	PROGRAM SERVICES	FELLOW SEARCH/ SUPPORT	16,134,560.
(3) MIDDLE EAST AND NORTH AFRICA	2	19	PROGRAM SERVICES	FELLOW SEARCH/ SUPPORT	924,828.
(4) NORTH AMERICA	1	8	PROGRAM SERVICES	FELLOW SEARCH/ SUPPORT	732,561.
(5) SOUTH AMERICA	5	31	PROGRAM SERVICES	FELLOW SEARCH/ SUPPORT	2,214,729.
(6) SOUTH ASIA	1	13	PROGRAM SERVICES	FELLOW SEARCH/ SUPPORT	605,306.
(7) SUB-SAHARAN AFRICA	3	37	PROGRAM SERVICES	FELLOW SEARCH/ SUPPORT	1,921,247.
(8) EAST ASIA AND THE PACIFIC				GRANTS TO RECIPIENTS	85,176.
(9) EUROPE				GRANTS TO RECIPIENTS	2,101,860.
(10) MIDDLE EAST AND NORTH AFRICA				GRANTS TO RECIPIENTS	348,367.
(11) NORTH AMERICA				GRANTS TO RECIPIENTS	61,341.
(12) SOUTH AMERICA				GRANTS TO RECIPIENTS	184,941.
(13) SOUTH ASIA				GRANTS TO RECIPIENTS	158,279.
(14) SUB-SAHARAN AFRICA				GRANTS TO RECIPIENTS	1,679,539.
(15) CENTRAL AMERICA/CARIBBEAN				GRANTS TO RECIPIENTS	12,940.
(16)					
(17)					
3a Subtotal	31	280.			27,979,031.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	31.	280.			27,979,031.

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

Schedule F (Form 990) 2023

JSA
3E1274 1.000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	AWARDS	19,130.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	AWARDS	16,967.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	AWARDS	17,627.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	AWARDS	5,352.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	AWARDS	5,352.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	AWARDS	31,046.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	AWARDS	32,380.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	AWARDS	29,771.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	AWARDS	10,896.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	AWARDS	5,448.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	AWARDS	27,015.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	AWARDS	29,622.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	AWARDS	14,811.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	AWARDS	29,622.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	AWARDS	49,298.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	AWARDS	20,057.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 92

3 Enter total number of other organizations or entities 21

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	AWARDS	20,057.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	AWARDS	20,057.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	AWARDS	20,057.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	AWARDS	24,781.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	AWARDS	29,738.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	AWARDS	19,825.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	AWARDS	19,825.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	AWARDS	19,825.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	AWARDS	19,612.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	AWARDS	22,822.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	AWARDS	19,612.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	AWARDS	10,036.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	AWARDS	10,036.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	AWARDS	10,036.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	AWARDS	10,036.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	AWARDS	10,036.	WIRE			

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

3 Enter total number of other organizations or entities _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	AWARDS	10,036.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	AWARDS	10,036.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	AWARDS	10,036.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	AWARDS	10,339.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	AWARDS	10,012.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	AWARDS	19,647.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	AWARDS	10,016.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	AWARDS	10,016.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	AWARDS	10,016.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	AWARDS	10,016.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	AWARDS	9,989.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	AWARDS	9,989.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	AWARDS	9,989.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	AWARDS	9,989.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	AWARDS	20,039.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	AWARDS	10,020.	WIRE			

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

3 Enter total number of other organizations or entities _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	AWARDS	10,001.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	AWARDS	20,001.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	AWARDS	10,033.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	AWARDS	9,898.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	AWARDS	10,084.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	AWARDS	10,084.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	AWARDS	10,084.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	AWARDS	10,084.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	AWARDS	20,057.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	AWARDS	20,057.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	31,405.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	31,460.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	31,190.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	30,198.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	7,532.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	7,532.	WIRE			

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

3 Enter total number of other organizations or entities _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	10,887.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	6,918.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	7,431.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	7,431.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	7,562.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	7,562.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	7,562.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	30,166.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	7,521.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	7,521.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	30,000.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	10,817.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	21,676.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	16,257.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	21,566.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	7,388.	WIRE			

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

3 Enter total number of other organizations or entities _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	30,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	32,143.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	32,402.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	FELLOW STIPE	10,801.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	AWARDS	18,230.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	AWARDS	43,057.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	AWARDS	9,721.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	AWARDS	45,684.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	AWARDS	38,650.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	AWARDS	18,811.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	AWARDS	32,049.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	AWARDS	29,827.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	AWARDS	5,145.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	AWARDS	20,057.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	AWARDS	20,057.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	AWARDS	7,937.	WIRE			

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

3 Enter total number of other organizations or entities _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	FELLOW STIPE	6,765.	WIRE			
(2)			SOUTH AMERICA	AWARDS	19,130.	WIRE			
(3)			SOUTH AMERICA	AWARDS	19,130.	WIRE			
(4)			SOUTH ASIA	AWARDS	20,057.	WIRE			
(5)			SUB-SAHARAN AFRICA	AWARDS	67,256.	WIRE			
(6)			SUB-SAHARAN AFRICA	AWARDS	81,210.	WIRE			
(7)			SUB-SAHARAN AFRICA	AWARDS	54,730.	WIRE			
(8)			SUB-SAHARAN AFRICA	AWARDS	80,250.	WIRE			
(9)			SUB-SAHARAN AFRICA	AWARDS	53,500.	WIRE			
(10)			SUB-SAHARAN AFRICA	AWARDS	80,250.	WIRE			
(11)			SUB-SAHARAN AFRICA	AWARDS	53,500.	WIRE			
(12)			SUB-SAHARAN AFRICA	AWARDS	80,250.	WIRE			
(13)			SUB-SAHARAN AFRICA	AWARDS	53,500.	WIRE			
(14)			SUB-SAHARAN AFRICA	AWARDS	80,250.	WIRE			
(15)			SUB-SAHARAN AFRICA	AWARDS	20,057.	WIRE			
(16)			SUB-SAHARAN AFRICA	AWARDS	19,130.	WIRE			

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

3 Enter total number of other organizations or entities _____

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOW STIPENDS	EAST ASIA/PACIFIC	3	62,834.	WIRE			
(2) FELLOW STIPENDS	EUROPE/ICELAND/GREENLAND	14	629,425.	WIRE			
(3) FELLOW STIPENDS	MIDDLE EAST/NORTH AFRICA	1	10,836.	WIRE			
(4) FELLOW STIPENDS	NORTH AMERICA	3	54,576.	WIRE			
(5) FELLOW STIPENDS	SOUTH AMERICA	5	110,886.	WIRE			
(6) FELLOW STIPENDS	SOUTH ASIA	4	138,222.	WIRE			
(7) FELLOW STIPENDS	SUB-SAHARAN AFRICA	16	954,036.	WIRE			
(8) FELLOW STIPENDS	CENT. AMERICA/CARIBBEAN	1	12,940.	WIRE			
(9) AWARDS	EAST ASIA/PACIFIC	9	2,900.	WIRE			
(10) AWARDS	EUROPE/ICELAND/GREENLAND	26	64,432.	WIRE			
(11) AWARDS	MIDDLE EAST/NORTH AFRICA	5	38,132.	WIRE			
(12) AWARDS	SOUTH AMERICA	29	28,356.	WIRE			
(13) AWARDS	SUB-SAHARAN AFRICA	3	895.	WIRE			
(14)							
(15)							
(16)							
(17)							
(18)							

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 the 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 the Instructions for Forms 3520 and 3520-A; don't 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

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 THE 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.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ASHOKA

Employer identification number

51-0255908

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YOUTH VENTURE INC 1700 N MOORE ST, 200 ARLINGTON, VA 22209	54-1744720	501 (C) (3)	2,108,294.				DEVELOPING YOUTH
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2023

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
1 AWARDS	21	28,150.			
2 FELLOW STIPENDS	8	866,666.			
3					
4					
5					
6					
7					

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 THE 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

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
1					
2					
3					
4					
5					
6					
7					

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

ENSURING THAT STIPENDS ARE ALIGNED WITH ASHOKA'S GLOBAL POLICY AND ENSURE
ITS FAIR APPLICATION ACROSS ITS FELLOWSHIP.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ASHOKA

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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 (such as maid, chauffeur, chef) |

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

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 on line 1a?

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

- | | |
|---|---|
| <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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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 DIANA WELLS PRESIDENT EMERITUS	(i)	168,382.	14,794.	NONE	30,000.	331.	213,507.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 LISA DAVIS VP OF INTEGRITY	(i)	111,382.	7,066.	NONE	12,502.	25,467.	156,417.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 EMILY LAWSON LEADER, CHANGE/BUILD CTR TEAM	(i)	152,133.	37,848.	NONE	NONE	9,517.	199,498.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 CLAIRE FALLENDER DIRECTOR, GLOBAL LEADYOUNG INI	(i)	156,292.	11,848.	NONE	NONE	665.	168,805.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 NJIDEKA HARRY LEADERSHIP GROUP MEMEBER	(i)	156,258.	NONE	NONE	NONE	NONE	156,258.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 CONRAD CARTER LEADERSHIP GROUP MEMBER	(i)	165,763.	NONE	NONE	NONE	NONE	165,763.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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	5	28,945.	FMV
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 V, Donee Acknowledgement **29** NONE

	Yes	No
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

JSA

3E1298 1.000

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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.

PART I, COLUMN B

USING A COMBINATION OF THE TWO METHODS ABOVE

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ASHOKA

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

2023

**Open to Public
Inspection**

Employer identification number

51-0255908

990, PART III, LINE 4D

CORE STAKEHOLDERS: SELECTING AND ENGAGING KEY PARTNERS WHO WILL WORK WITH
ASHOKA TO CREATE SOCIETAL CHANGE.

990, PART V, LINE 2A

THE NUMBER SHOWN IN PART V, LINE 2A, REPRESENTS NUMBER REPORTED ON 2023
FORM W-3. THERE ARE 363 EMPLOYEES, ACROSS THE FILING ORGANIZATION'S
FOREIGN SUBSIDIARIES AND GLOBAL OFFICES.

990, PART V, LINE 4B

ARGENTINA, AUSTRIA, BRAZIL, CANADA, CHILE, COLOMBIA, EGYPT, FRANCE,
GERMANY, INDIA, INDONESIA, ITALY, JAPAN, KENYA, MEXICO, NETHERLANDS,
NIGERIA, PHILIPPINES, POLAND, SENEGAL, SINGAPORE, SOUTH AFRICA, SOUTH
KOREA, SPAIN, SWEDEN, SWITZERLAND, THAILAND, TURKEY, UNITED KINGDOM,
VENEZUELA, ROMANIA, ISRAEL, BELGIUM.

990, PART VI, LINE 11B

ASHOKA HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS
ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION
REPORTED IS COMPLETE AND ACCURATE.

THE ASSISTANT GLOBAL CONTROLLER AND CFO REVIEW THE FORM 990 AFTER A DRAFT
IS PREPARED. ONCE APPROVED BY THE ASSISTANT GLOBAL CONTROLLER AND CFO,
THE CFO FORWARDS THE 990 TO THE CEO FOR REVIEW. ANY COMMENTS OR UPDATES
GIVEN TO THE CFO BY THE CEO ARE PASSED ALONG TO THE ACCOUNTING FIRM. THE
ACCOUNTING FIRM REVIEWS THE COMMENTS AND MAKES CHANGES AS WARRANTED.

THE UPDATED 990 IS GIVEN TO THE BOARD SECRETARY, WHO DISTRIBUTES THE 990
ELECTRONICALLY TO THE FULL BOARD OF DIRECTORS FOR REVIEW BEFORE FILING
WITH THE IRS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ASHOKA

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

2023

**Open to Public
Inspection**

Employer identification number

51-0255908

990, PART VI, 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 DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE INTERESTED 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 ASHOKA 51-0255908 INTEREST EXISTS AND THE APPROPRIATE COURSE OF REMEDY.

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, 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

(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.

990, PART VI, LINE 15A/B

AT ASHOKA, SALARIES ARE SET BY USING A SALARY FRAMEWORK FOR THAT COUNTRY, WHICH IS DEVELOPED BY AN EXTERNAL CONSULTANT THAT USES MARKET/INDUSTRY

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ASHOKA

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

2023

**Open to Public
Inspection**

Employer identification number

51-0255908

INFORMATION TO DETERMINE THE SALARY RANGES FOR EACH OF ASHOKA'S PROFESSIONAL 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 MUST BE APPROVED BY THE BOARD COMPENSATION COMMITTEE. ANY COMPENSATION CHANGES FOR THE TWO OTHER MEMBERS OF THE LEADERSHIP TEAM MUST 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, ASHOKA COMMUNICATES THIS TO ALL SENIOR LEADERS AND THE LEADERSHIP TEAM IN WRITING (LETTER FORMAT). THIS PROCESS WAS LAST UNDERTAKEN IN FY24.

990, PART XI, LINE 19

ASHOKA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE INFORMATION IS AVAILABLE UPON WRITTEN REQUEST AT 1000 WILSON BLVD, ARLINGTON, VA, 22209, USA. THE FORM 990 AND AUDITED FINANCIALS ARE ALSO AVAILABLE TO THE PUBLIC ON ASHOKA'S WEBSITE AND ON WWW.GUIDESTAR.ORG.

990, PART XI, LINE 9

UNREALIZED FOREIGN EXCHANGE GAIN (LOSS) \$78,512. CUMULATIVE TRANSLATION ADJUSTMENTS -\$467,994

990, PART XII

PART IV, LINE 12B AND PART XII, LINE 2B, 2C HAS BEEN ANSWERED NO DUE TO THE FACT THAT ASHOKA IS IN THE PROCESS OF COMPLETING THE AUDIT FOR THE CONSOLIDATED ASHOKA FINANCIAL STATEMENTS FOR FISCAL YEAR ENDING

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

ASHOKA

51-0255908

08/31/2024.

Name of the organization

Employer identification number

ASHOKA

51-0255908

FORM 990, PART VI, LINE 17 - STATES

=====

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

Name of the organization

ASHOKA

Employer identification number

51-0255908

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GLOBAL PRINTING, INC. DBA MORE VANG P.O. BOX 16240 ALEXANDRIA, VA 22302	PRINTING SERVICES	367,005.
OREMUS CORPORATION NA 101 W MAIN STREET LEBANON, IN 46052	ACCOUNTING SUPP SVCS	323,700.
THE FORD AGENCY, INC. 1660 L ST NW WASHINGTON, DC 20036	TEMP EE CONSLT SVCS	261,748.
QED42 ENGINEERING PVT LTD. 401, SAPPHIRE PLAZA, SAKORE NAGAR VIMAN NAGAR PUNE INDIA 411014	DRUPAL DEV. SUPPORT	257,232.
ORACLE AMERICA INC. 2300 ORACLE WAY AUSTIN, TX 78741	CONSULTING SERVICES	156,529.

Name of the organization

Employer identification number

ASHOKA51-0255908

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
EXTERNAL CONSULTANTS	3,774,861.	3,635,445.	128,266.	11,150.
OTHER OUTSIDE SERVICES	1,526,101.	1,266,817.	238,876.	20,408.
CONSULTANT FEE	1,508,912.	1,258,296.	221,722.	28,894.
PROFESSIONAL FEES	493,030.	422,090.	66,704.	4,236.
PAYROLL SERVICES	125,384.	18,365.	105,362.	1,657.
GOVERNANCE & ADMIN. EXPE	72,807.	52,511.	20,162.	134.
TEMPORARY WORK	72,360.	72,099.	261.	NONE
VOLUNTEER COSTS	8,110.	4,179.	3,931.	NONE
TOTALS	7,581,565.	6,729,802.	785,284.	66,479.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

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
(1) SEE SUPPLEMENTAL PAGE					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) GET AMERICA WORKING INC 54-1882605 1000 WILSON BLVD 1900 ARLINGTON, VA 22209	SEE PART VII	VA	501 (C) (3)	7	ASHOKA	X	
(2) ASHOKA CANADA 98-1648109 366 ADELAIDE STREET WEST SUITE TORONTO, ONTARIO CA M5V 1R	SEE PART VII	CA		7	ASHOKA	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2023

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) TOTAL INCOME	(E) EOY ASSETS	(F) DIRECT CONTROL
ASHOKA LLC		1000 WILSON BLVD SUITE 1900		ARLINGTON, VA 22201	
	SEE PART VII	DE	223,694.	579,331.	ASHOKA
ASHOKA EMPREDENDORES SOCIALES ASOCI		JUNCAL 840 10 C		, BUENOS AIRES AR C1062ABF	
	SEE PART VII	AR	843,007.	308,068.	ASHOKA
ASHOKA GEMEINNUTZIGE GMBH		SCHOTTENRING 25/DG		, VIENNA AU 1010	
	SEE PART VII	AU	1,629,960.	822,884.	ASHOKA
ASHOKA BRASIL		RUA CARLOS COMENALE 263		, SAO PAULO BR 01332-030	
	SEE PART VII	BR	1,405,316.	619,698.	ASHOKA
FUNDACION DE LIDERAZGO SOCIAL ASHOKA		TRIANA 849 PROVIDENCIA		, SANTIAGO CI	
	SEE PART VII	CI	425,364.	239,994.	ASHOKA
ASHOKA EAST AFRICA (KENYA)		GARDEN RD OFFICE 4 B2 HOUSE 8		, NAIROBI KE	
	SEE PART VII	KE	675,755.	181,111.	ASHOKA
ASHOKA FRANCE		28 PLACE DE LA BOURSE		, PARIS FR 75002	
	SEE PART VII	FR	2,181,649.	1,261,294.	ASHOKA
ASHOKA DEUTSCHLAND		PRINZREGENTENPLATZ 10		, MUNCHEN GM 81675	
	SEE PART VII	GM	2,140,762.	2,613,979.	ASHOKA
ASHOKA INDIA		54 1ST CROSS DOMLUR LAYOUT		, BANGALORE IN 560071	
	SEE PART VII	IN	884,479.	755,437.	ASHOKA
ASHOKA INDONESIA		JL ANCOL TIMUR XIV NO 1		, BANDUNG JAWA BARAT ID 40	
	SEE PART VII	ID	403,257.	215,746.	ASHOKA
ASHOKA ITALIA		VIA AURELIO SALICETI 10 ROMA R		, MILANO IT 20121	
	SEE PART VII	IT	1,137,707.	477,028.	ASHOKA
ASHOKA JAPAN		GINZA FUGETSUDO BUILDING 6F 6-		, TOKYO JA 104-0061	
	SEE PART VII	JA	125,097.	320,741.	ASHOKA
ASHOKA KOREA		SUNGDOG-GU DDUKSUM-RO 1 NA-GI		, SOUTH KOREA KS 04779	
	SEE PART VII	KS	12,132.	315,532.	ASHOKA
ASHOKA MEXICO (ASHOKA EMPRENDEDORES SOCI		TUXPAN 57 COLONIA PLATFORM FOR		, MEXICO CITY MX 06760	
	SEE PART VII	MX	785,226.	236,428.	ASHOKA
ASHOKA NETHERLANDS (STICHTING ASHOKA)		LANGE VOORHOUT 32		, THE HAGUE NL 2514 EE	
	SEE PART VII	NL	1,490,401.	1,254,338.	ASHOKA
ASHOKA PHILIPPINES		UNIT 301 3RD FLOOR 3 BRIXTON S		, PASIG CITY RP 1603	
	SEE PART VII	RP	46,669.	34,545.	ASHOKA
ASHOKA POLAND		UL PACA 40		, WARSZAWA PL 04-386	
	SEE PART VII	PL	1,314,671.	1,664,983.	ASHOKA
ASHOKA SINGAPORE AND MALAYSIA		141 MIDDLE ROAD GSM BUILDING 0		, DHOBY GHAUT SN 188976	
	SEE PART VII	SN	111.	-98,346.	ASHOKA
ASHOKA ESPANA (FUNDACION ASHOKA EMPRENDE		CALLEVANDERGOTEN 1 LOOM HOUSE		, MADRID SP 28014	
	SEE PART VII	SP	5,260,902.	4,329,123.	ASHOKA
ASHOKA NORDICS (FKA ASHOKA SWEDEN)		OLOFSGATAN 7B 1TR		, STOCKHOLM SW 11136	
	SEE PART VII	SW	345,929.	1,515,771.	ASHOKA
ASHOKA SWITZERLAND (FONDATION ASHOKA SUI		RUE DU CONSEIL GENRAL 20		, GENEVA SZ 1205	
	SEE PART VII	SZ	1,421,017.	816,821.	ASHOKA
ASHOKA THAILAND		101/8 PHAHONYOTHIN 32 ROAD SEN		, BANGKOK TH 10900	
	SEE PART VII	TH	27,490.	-38,251.	ASHOKA
ASHOKA VAKFI (ASHOKA FOUNDATION)		GENERAL YAZGAN SOK NO14		, ISTANBUL TU	
	SEE PART VII	TU	325,421.	179,911.	ASHOKA

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) TOTAL INCOME	(E) EOY ASSETS	(F) DIRECT CONTROL
ASHOKA UK & IRELAND		PEOPLES MISSION HALL 20-30 WHI , LONDON UK E1 1EW			
	SEE PART VII	UK	3,635,086.	2,649,789.	ASHOKA
ASOCIACION CIVIL ASHOKA - VENEZEULA		EDIF MENE GRANDE PISO 5 OFICIN , CARACAS VE			
	SEE PART VII	VE	711.	24,396.	ASHOKA
ASOCIACION ASHOKA - COLOMBIA		LA CALLE 71 NO 5-23 OFICINA 50 , BOGOTA CO			
	SEE PART VII	CO	153,012.	120,226.	ASHOKA
FUNDATIA ASHOKA		SECTOR 5 PETRACHE POENARU ST N , BUCHAREST RO			
	SEE PART VII	RO	212,938.	347,964.	ASHOKA
ASHOKA ISRAEL		98 USSISHKIN STREET , TEL AVIV IS 62031			
	SEE PART VII	IS	25,887.	NONE	ASHOKA
ASHOKA ARAB WORLD		93A ABDEL AZIZ AL SAUD ST 7TH , CAIRO EG 11451			
	SEE PART VII	EG	2,765,118.	3,642,847.	ASHOKA
ASHOKA BELGIUM		1000 BRUXELLES , RUE JOSEPH II BE			
	SEE PART VII	BE	927,279.	758,648.	ASHOKA

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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	Yes	No
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?		
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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, PRIMARY ACTIVITY

THE PRIMARY ACTIVITY FOR ALL DISREGARDED ENTITIES: PLATFORM FOR SOCIAL
ENTREPRENEURS

PART II, PRIMARY ACTIVITY

- (1) PLATFORM FOR SOCIAL ENTREPRENEURS
- (2) DEVELOPING YOUTH CHANGEMAKERS
- (3) PLATFORM FOR SOCIAL ENTREPRENEURS

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2023 or other tax year beginning 09/01, 2023, and ending 08/31, 2024

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form sections A through L: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; G Check organization type; H Check if filing only to claim; I Check if a 501(c)(3) organization filing a consolidated return; J Enter the number of attached Schedules A; K During the tax year, was the corporation a subsidiary; L The books are in care of LISA DAVIS Telephone number 7035278300

Part I Total Unrelated Business Taxable Income table with 11 rows and 2 columns (line number, amount). Amounts are NONE.

Part II Tax Computation table with 7 rows and 2 columns (line number, amount). Amounts are NONE.

Part III Tax and Payments table with 5 main rows and sub-rows (1a-1d, 3a-3e, 4, 5) and 2 columns (line number, amount). Amounts are NONE.

Part III Tax and Payments (continued)

Table with 11 rows (6a-6j, 7-11) and 3 columns. Rows include: 6a Payments: Preceding year's overpayment credited to the current year; 6b Current year's estimated tax payments; 6c Tax deposited with Form 8868; 6d Foreign organizations: Tax paid or withheld at source; 6e Backup withholding; 6f Credit for small employer health insurance premiums; 6g Elective payment election amount from Form 3800; 6h Payment from Form 2439; 6i Credit from Form 4136; 6j Other; 7 Total payments; 8 Estimated tax penalty; 9 Tax due; 10 Overpayment; 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

Table with 5 main rows and 2 columns (Yes/No). Rows include: 1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account...; 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?; 3 Enter the amount of tax-exempt interest received or accrued during the tax year; 4 Enter available pre-2018 NOL carryovers here; 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Includes a sub-table for Business Activity Code and Available post-2017 NOL carryover.

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here: WILLIAM DRAYTON, 07/15/2025, CEO. May the IRS discuss this return with the preparer shown below? [X] Yes [] No. Paid Preparer Use Only: TODD TERESCO, BDO USA, 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102. Preparer's signature: Todd P. Teresco, Date: 07/15/2025. Check [] if self-employed. PTIN: P00247720. Firm's EIN: 13-5381590. Phone no. 703-893-0600.

PART IV - LINE 1 - NAMES OF THE FOREIGN COUNTRIES

=====

NAME OF FOREIGN COUNTRY

ARGENTINA
AUSTRIA
BRAZIL
CANADA
CHILE
COLOMBIA
EGYPT
FRANCE
GERMANY
INDIA
INDONESIA
ITALY
JAPAN
KENYA
MEXICO
NETHERLANDS
NIGERIA
PHILIPPINES
POLAND
SENEGAL
SINGAPORE
SOUTH AFRICA
KOREA, REPUBLIC OF (SOUTH)
SPAIN
SWEDEN
SWITZERLAND
THAILAND
TURKEY
UNITED KINGDOM
VENEZUELA
ROMANIA
ISRAEL
BELGIUM

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection for
501(c)(3) Organizations Only**

A Name of the organization ASHOKA	B Employer identification number 51-0255908
C Unrelated business activity code (see instructions) 900001	D Sequence: 1 of 1

E Describe the unrelated trade or business INVESTMENT

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions.	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts.	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI).	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII).	9		
10 Exploited exempt activity income (Part VIII).	10		
11 Advertising income (Part IX).	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13		

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

1 Compensation of officers, directors, and trustees (Part X)			1
2 Salaries and wages			2
3 Repairs and maintenance			3
4 Bad debts			4
5 Interest (attach statement). See instructions			5
6 Taxes and licenses			6
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion			9
10 Contributions to deferred compensation plans			10
11 Employee benefit programs			11
12 Excess exempt expenses (Part VIII)			12
13 Excess readership costs (Part IX)			13
14 Other deductions (attach statement)			14
15 Total deductions. Add lines 1 through 14			15
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16
17 Deduction for net operating loss. See instructions			17
18 Unrelated business taxable income. Subtract line 17 from line 16.			18

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Row 2: Rent received or accrued, split into a) From personal property and b) From real and personal property. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Row 2: Gross income from or allocable to debt-financed property. Row 3: Deductions directly connected with or allocable to debt-financed property, split into a) Straight line depreciation and b) Other deductions. Row 4: Amount of average acquisition debt. Row 5: Average adjusted basis. Row 6: Division of line 4 by line 5. Row 7: Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends - received deductions.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals				

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

