

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2019

Open to Public Inspection

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning **SEP 1, 2019** and ending **AUG 31, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ASHOKA</b>		<b>D</b> Employer identification number <b>51-0255908</b>
	Doing business as		<b>E</b> Telephone number <b>(703) 527-8300</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1700 NORTH MOORE STREET</b>		<b>G</b> Gross receipts \$ <b>60,034,073.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22209</b>		
<b>F</b> Name and address of principal officer: <b>WILLIAM DRAYTON</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.ASHOKA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1980** **M** State of legal domicile: **DC**

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE CREATION OF AN ASSOCIATION OF THE WORLD'S LEADING SOCIAL ENTREPRENEURS - MEN AND WOMEN WITH</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>126</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2200</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>-5,224.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>57,527,705.</b>	<b>39,416,058.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>802,269.</b>	<b>265,740.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>752,228.</b>	<b>840,737.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>186,588.</b>	<b>1,999,542.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>59,268,790.</b>	<b>42,522,077.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>4,573,042.</b>	<b>4,495,078.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>21,249,037.</b>	<b>19,721,535.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,749,726.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>14,518,887.</b>	<b>12,718,784.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>40,340,966.</b>	<b>36,935,397.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>18,927,824.</b>	<b>5,586,680.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>75,557,135.</b>	<b>82,475,010.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>8,277,167.</b>	<b>6,693,668.</b>
		<b>67,279,968.</b>	<b>75,781,342.</b>

## 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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>WILLIAM DRAYTON, CHAIRMAN/CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>WILLIAM E TURCO, CPA</b>	Preparer's signature <i>William Turco</i>	Date <b>07/14/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00369217</b>
	Firm's name ▶ <b>RSM US LLP</b>	Firm's EIN ▶ <b>42-0714325</b>	Phone no. <b>301-296-3600</b>		
Firm's address ▶ <b>9801 WASHINGTONIAN BLVD, STE 500</b>		<b>GAITHERSBURG, MD 20878</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE CREATION OF AN ASSOCIATION OF THE WORLD'S LEADING SOCIAL ENTREPRENEURS - MEN AND WOMEN WITH SYSTEM-CHANGING SOLUTIONS FOR THE WORLD'S MOST URGENT SOCIAL PROBLEMS - 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 [X] 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 [X] 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 \$ 9,509,774. including grants of \$ 3,602,394. ) (Revenue \$ ) SOCIAL ENTREPRENEURSHIP ASHOKA HAS PIONEERED THE FIELD OF SOCIAL ENTREPRENEURSHIP, IDENTIFYING AND SUPPORTING THE WORLD'S LEADING SOCIAL ENTREPRENEURS SINCE 1980. SOCIAL ENTREPRENEURS ARE INDIVIDUALS WITH INNOVATIVE SOLUTIONS TO SOCIETY'S MOST PRESSING SOCIAL, CULTURAL, AND ENVIRONMENTAL CHALLENGES. SOCIAL ENTREPRENEURS ARE AMBITIOUS AND PERSISTENT - TACKLING MAJOR ISSUES AND OFFERING NEW IDEAS FOR SYSTEMS-LEVEL CHANGE. THEY MODEL CHANGEMAKING BEHAVIOR, AND CATALYZE ORGANIZATIONS AND MOVEMENTS WHERE EVERYONE CAN BE CHANGEMAKER.

4b (Code: ) (Expenses \$ 4,769,400. including grants of \$ 464,878. ) (Revenue \$ 211,535. ) EMPATHY AND YOUNG CHANGEMAKING TOGETHER WITH OUR PARTNERS, WE ARE AT THE FOREFRONT OF A MOVEMENT TO REDEFINE SUCCESS IN GROWING UP BY INSPIRING EVERY CHILD TO MASTER EMPATHY AND EVERY YOUNG PERSON TO BECOME A CHANGEMAKER.

4c (Code: ) (Expenses \$ 8,399,190. including grants of \$ 400,400. ) (Revenue \$ ) ORGANIZING FOR CHANGEMAKING WE SEE AN EMERGING PATTERN IN ASHOKA'S NETWORK WHERE ENTREPRENEURS ARE BUILDING A DYNAMIC KIND OF TEAM FOR THIS NEW ECONOMY. WHEN INDIVIDUALS AND ORGANIZATIONS CROSS OLD BOUNDARIES AND ALIGN TOWARD A SHARED GOAL, THEY FORM A "TEAM OF TEAMS," UNLOCKING MASSIVE AMOUNTS OF SOCIAL - AND OFTEN BUSINESS - VALUE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,332,533. including grants of \$ 27,406. ) (Revenue \$ 54,205. )

4e Total program service expenses 27,010,897.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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 ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 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 **▶**  
 KEVIN YEA - (703)527-8300  
 1700 NORTH MOORE STREET, NO. 2000, ARLINGTON, VA 22209

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM DRAYTON CHAIRMAN	40.00 5.00	X		X				231,584.	0.	6,473.
(2) DIANA WELLS LEADERSHIP GROUP MEMBER	40.00 5.00			X				200,786.	0.	2,953.
(3) VISHNU SWAMINATHAN LEADERSHIP GROUP MEMBER	40.00 5.00					X		166,290.	0.	16,988.
(4) ROBERT SPOER LEADERSHIP GROUP MEMBER	40.00 5.00					X		164,238.	0.	16,164.
(5) KONSTANZE FRISCHEN LEADERSHIP GROUP MEMBER	40.00 5.00					X		170,976.	0.	2,650.
(6) STUART YASGUR LEADERSHIP GROUP MEMBER	40.00 5.00					X		149,967.	0.	12,747.
(7) ANNE EVANS LEADERSHIP GROUP MEMBER	40.00 5.00					X		148,192.	0.	2,650.
(8) KEVIN YEA CFO	40.00 5.00			X				107,526.	0.	4,662.
(9) SAMARA RANDHAWA SECRETARY	40.00 5.00			X				59,939.	0.	16,546.
(10) KYLE ZIMMER DIRECTOR	2.00	X						0.	0.	0.
(11) SARA HOROWITZ DIRECTOR	2.00	X						0.	0.	0.
(12) EDUARDO FELIPE VERGARA DIRECTOR	2.00	X						0.	0.	0.
(13) FRED HEHUWAT DIRECTOR	2.00	X						0.	0.	0.
(14) DESMOND ROGER HARRISON DIRECTOR	2.00	X						0.	0.	0.
(15) MARY GORDON DIRECTOR	2.00	X						0.	0.	0.
(16) SUSHMITA GHOSH DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>							1,399,498.	0.	81,833.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,399,498.	0.	81,833.	

**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 **13**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
GLOBAL PRINTING, INC. P.O. BOX 16240, ALEXANDRIA, VA 22302	PRINTING SERVICES	436,752.
OREMUS CORPORATION NA 101 W MAIN STREET, LEBANON, IN 46052	ACCOUNTING SUPPORT SERVICES	297,800.
PARADISE POINT RESORT & SPA 1404 W VACATION ROAD, SAN DIEGO, CA 92109	BOARDING & LODGING	238,717.
THE FORD AGENCY, INC. 1660 L ST NW, WASHINGTON, DC 20036	ADMINISTRATIVE SUPPORT	185,174.
HUMLAB PRIVATE LIMITED, F 0805, INDUSTRIAL SUBURB, A BLOCK DR. RAJKUMAR RD, BENGALUR	CONSULTING FOR LAW FOR ALL INITIATIVE	177,889.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	39,416,058.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,073,756.					
	<b>h Total.</b> Add lines 1a-1f			39,416,058.				
<b>Program Service Revenue</b>	<b>2 a</b> ASHOKA U PROGRAM	<b>Business Code</b>	900099	265,740.	265,740.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			265,740.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,002,669.			1,002,669.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	17,350,064.				
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	17,408,653.	103,343.				
	<b>c</b> Gain or (loss)	<b>7c</b>	-58,589.	-103,343.				
<b>d</b> Net gain or (loss)				-161,932.		-161,932.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>							
<b>b</b> Less: direct expenses	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory								
<b>Miscellaneous Revenue</b>	<b>11 a</b> PPP LOAN FORGIVENESS	<b>Business Code</b>	900099	1,585,600.			1,585,600.	
	<b>b</b> OTHER REVENUE		900099	352,779.			352,779.	
	<b>c</b> BAD DEBT RECOVERY		900099	61,163.			61,163.	
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d			1,999,542.				
<b>12 Total revenue.</b> See instructions			42,522,077.	265,740.	0.	2,840,279.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	55,000.	55,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	732,550.	732,550.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	3,707,528.	3,707,528.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	789,229.	347,274.	429,406.	12,549.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	14,286,811.	10,582,929.	3,013,552.	690,330.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	1,710,855.	1,256,829.	345,959.	108,067.
<b>10</b> Payroll taxes .....	2,934,640.	1,885,986.	943,608.	105,046.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	95,644.	36,330.	59,314.	
<b>c</b> Accounting .....	716,235.	68,320.	643,785.	4,130.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	3,367.		3,367.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	6,546,285.	4,864,904.	1,076,898.	604,483.
<b>12</b> Advertising and promotion .....	91,858.	81,933.	9,925.	
<b>13</b> Office expenses .....	467,469.	292,531.	149,678.	25,260.
<b>14</b> Information technology .....	303,877.	219,845.	70,799.	13,233.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,656,380.	946,758.	665,083.	44,539.
<b>17</b> Travel .....	1,512,197.	1,172,782.	240,831.	98,584.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	394,888.	346,395.	39,614.	8,879.
<b>20</b> Interest .....	54,676.	1.	54,675.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	186,928.	105,140.	75,909.	5,879.
<b>23</b> Insurance .....	139,952.	53,500.	84,199.	2,253.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a TAXES AND PENALTIES</b>	165,007.	44,889.	118,418.	1,700.
<b>b OTHER EXPENSES</b>	164,983.	50,272.	95,555.	19,156.
<b>c DUES, BOOKS &amp; SUBSCRIPT</b>	127,592.	100,951.	21,189.	5,452.
<b>d TRAINING</b>	91,446.	58,250.	33,010.	186.
<b>e</b> All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	36,935,397.	27,010,897.	8,174,774.	1,749,726.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	12,438,124.	<b>1</b>	15,571,701.
	<b>2</b> Savings and temporary cash investments .....	10,992,975.	<b>2</b>	14,113,294.
	<b>3</b> Pledges and grants receivable, net .....	36,584,084.	<b>3</b>	27,676,231.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,384,726.	<b>9</b>	1,863,548.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,329,072.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,864,117.	1,324,069.	<b>10c</b> 1,464,955.
	<b>11</b> Investments - publicly traded securities .....	12,243,330.	<b>11</b>	21,189,638.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	589,827.	<b>15</b>	595,643.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	75,557,135.	<b>16</b>	82,475,010.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,901,284.	<b>17</b>	1,319,147.
	<b>18</b> Grants payable .....	6,375,883.	<b>18</b>	5,374,521.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,277,167.	<b>26</b>	6,693,668.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-149,792.	<b>27</b>	12,277,999.
	<b>28</b> Net assets with donor restrictions .....	67,429,760.	<b>28</b>	63,503,343.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	67,279,968.	<b>32</b>	75,781,342.
<b>33</b> Total liabilities and net assets/fund balances .....	75,557,135.	<b>33</b>	82,475,010.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	42,522,077.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	36,935,397.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,586,680.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	67,279,968.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,550,966.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	86,152.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	1,277,576.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	75,781,342.

**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  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19,347,196.	12,861,170.	38,295,290.	57,527,705.	41,001,658.	169,033,019.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	19,347,196.	12,861,170.	38,295,290.	57,527,705.	41,001,658.	169,033,019.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						19,512,757.
<b>6 Public support.</b> Subtract line 5 from line 4.						149,520,262.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	19,347,196.	12,861,170.	38,295,290.	57,527,705.	41,001,658.	169,033,019.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	387,691.	342,314.	1,132,525.	1,146,593.	1,002,669.	4,011,792.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	20,804.	6,264.	109,036.	186,588.	413,942.	736,634.
<b>11 Total support.</b> Add lines 7 through 10						173,781,445.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,687,711.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	86.04 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	83.63 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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 or 990-EZ) 2019

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**Part VI**

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

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

OTHER INCOME

2015 AMOUNT: \$ 20,804.

2016 AMOUNT: \$ 6,264.

2017 AMOUNT: \$ 109,036.

2018 AMOUNT: \$ 186,588.

2019 AMOUNT: \$ 413,942.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

ASHOKA

Employer identification number

51-0255908

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  ASHOKA	Employer identification number  51-0255908
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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	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 802,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,221,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 4,818,292.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 2,151,494.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	KAKAO SHARES _____ _____ _____	\$ 4,818,292.	08/31/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019 Open to Public Inspection

Name of the organization

ASHOKA

Employer identification number

51-0255908

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

**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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,597,317.	24,545,672.	25,259,848.	26,090,034.	24,165,330.
b Contributions	228,886.	1,085,000.	133,954.	112,483.	313,862.
c Net investment earnings, gains, and losses	2,463,422.	-1,023,787.	1,616,448.	1,618,648.	1,956,583.
d Grants or scholarships					
e Other expenditures for facilities and programs			2,450,708.	2,483,803.	295,298.
f Administrative expenses	3,367.	9,567.	13,870.	77,514.	50,443.
g End of year balance	27,286,258.	24,597,318.	24,545,672.	25,259,848.	26,090,034.

- 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  100.00 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		3,329,072.	1,864,117.	1,464,955.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,464,955.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>		
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>		
<b>b</b>	Prior year adjustments .....	<b>2b</b>		
<b>c</b>	Other losses .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

ASHOKA 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)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ASHOKA

Employer identification number

51-0255908

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
EAST ASIA AND THE PACIFIC	5	33	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	2,265,286.
EUROPE (INCLUDING ICELAND & GREENLAND)	13	222	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	11,829,038.
MIDDLE EAST AND NORTH AFRICA	1	21	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	482,979.
NORTH AMERICA	2	19	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	1,100,441.
SOUTH AMERICA	4	43	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	985,395.
SOUTH ASIA	1	45	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	671,821.
SUB-SAHARAN AFRICA	4	24	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	1,007,852.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		383,600.
<b>3 a Subtotal</b> .....	30	407			18,726,412.
<b>b Total from continuation sheets to Part I</b> .....	0	0			3,323,928.
<b>c Totals</b> (add lines 3a and 3b) .....	30	407			22,050,340.

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

Schedule F (Form 990) 2019

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		2,076,469.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		24,192.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS		249,811.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		353,336.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		338,335.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		281,785.
<b>Totals</b> .....					3,323,928.

**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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	11,416.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	13,444.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	21,349.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	7,098.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	26,137.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	13,444.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	13,444.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	11,134.	WIRE	0.		

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

3 Enter total number of other organizations or entities ..... **28**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	11,134.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	44,536.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	23,382.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	5,448.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	6,633.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,589.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	18,610.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	18,610.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	20,569.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	21,040.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	14,692.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,589.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	18,610.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	14,692.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	18,610.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,589.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,589.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	92,357.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	142,009.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FELLOW STIPENDS	11,019.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FELLOW STIPENDS	11,019.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FELLOW STIPENDS	11,090.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FELLOW STIPENDS	11,090.	WIRE	0.		

**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)
FELLOW STIPENDS	EAST ASIA AND THE PACIFIC	2	226,059.	WIRE	0.		
FELLOW STIPENDS	EUROPE (INCLUDING ICELAND & GREENLAND)	22	1,118,227.	WIRE	0.		
FELLOW STIPENDS	MIDDLE EAST AND NORTH AFRICA	3	57,448.	WIRE	0.		
FELLOW STIPENDS	NORTH AMERICA	7	229,862.	WIRE	0.		
FELLOW STIPENDS	SOUTH AMERICA	6	140,699.	WIRE	0.		
FELLOW STIPENDS	SOUTH ASIA	9	227,935.	WIRE	0.		
AWARDS	EAST ASIA AND THE PACIFIC	15	13,064.	WIRE	0.		
AWARDS	EUROPE (INCLUDING ICELAND & GREENLAND)	37	52,991.	WIRE	0.		
AWARDS	MIDDLE EAST AND NORTH AFRICA	7	5,856.	WIRE	0.		

<b>Part III Continuation of Grants and Other Assistance to Individuals Outside the United States.</b> (Schedule F (Form 990), Part III)							
<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
AWARDS	NORTH AMERICA	2	84.	WIRE	0.		
AWARDS	SOUTH AMERICA	49	129,170.	WIRE	0.		
AWARDS	SOUTH ASIA	40	8,375.	WIRE	0.		
AWARDS	SUB-SAHARAN AFRICA	12	22,163.	WIRE	0.		

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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 Instructions for Form 5471)* .....  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; 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 IDEAS UP TO 4 YEARS,

ON AVERAGE 3 YEARS, FROM THEIR 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 OR FELLOW REVIEWS 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 GLOBAL'S POLICY

AND ENSURE ITS FAIR APPLICATION ACROSS ITS FELLOWSHIP.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH CENTRAL COLLEGE 30 N. BRAINARD ST. NAPERVILLE, IL 60540	36-2169157	501(C)(3)	10,000.	0.			AWARD
PORTLAND STATE UNIVERSITY PO BOX 751 PORTLAND, OR 97207	36-4776757	501(C)(3)	10,000.	0.			AWARD
MEDIC MOBILE INC 3254 19TH STREET, 2ND FLOOR SAN FRANCISCO, CA 94110	27-5104203	501(C)(3)	8,000.	0.			AWARD

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

**3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2019)

**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 noncash assistance
AWARD	3	7,550.	0.		
FELLOW STIPENDS	9	725,000.	0.		

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

PART I, LINE 2:

THE GOAL OF THE STIPEND IS TO PROVIDE ASHOKA FELLOWS THE FINANCIAL FREEDOM

TO FULLY PURSUE THE EXPANSION OF THEIR NEW IDEA FOR UP TO 4 YEARS AND ON

AVERAGE 3 YEARS FROM 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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

ASHOKA

Employer identification number

51-0255908

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM DRAYTON CHAIRMAN	(i)	131,590.	51,182.	48,812.	0.	6,961.	238,545.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DIANA WELLS LEADERSHIP GROUP MEMBER	(i)	122,530.	12,525.	65,731.	0.	5,675.	206,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VISHNU SWAMINATHAN LEADERSHIP GROUP MEMBER	(i)	105,271.	11,019.	50,000.	0.	19,546.	185,836.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERT SPOER LEADERSHIP GROUP MEMBER	(i)	113,219.	11,019.	40,000.	0.	16,742.	180,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KONSTANZE FRISCHEN LEADERSHIP GROUP MEMBER	(i)	121,833.	9,143.	40,000.	0.	3,228.	174,204.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STUART YASGUR LEADERSHIP GROUP MEMBER	(i)	103,163.	8,804.	38,000.	0.	18,116.	168,083.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANNE EVANS LEADERSHIP GROUP MEMBER	(i)	137,431.	10,761.	0.	0.	5,084.	153,276.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 7:

BONUSES ARE BASED ON YEAR-END JOB PERFORMANCE AND ARE TAXABLE TO EACH

RECIPIENT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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				
2				
3				
4				
5				
6				
7				
8				
9	X	11	5,073,756.	AVERAGE SELLING PRICE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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

	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 three 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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ASHOKA

Employer identification number

51-0255908

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

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.

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

IDEA SPREAD / FRAMEWORK CHANGE

EXPENSES \$ 4,332,533. INCLUDING GRANTS OF \$ 27,406. REVENUE \$ 54,205.

PART IV AND XIII, FINANCIAL STATEMENTS AND REPORTING:

PART IV, LINE 12B AND PART XIII, 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

08/31/2020.

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

ARGENTINA, AUSTRIA, BRAZIL, CANADA,

CHILE, COLOMBIA, EGYPT, FRANCE,

GERMANY, INDIA, INDONESIA, ITALY,

JAPAN, KENYA, MEXICO, NETHERLANDS,

NIGERIA, NORWAY, PHILIPPINES, POLAND,

SENEGAL, SINGAPORE, SOUTH AFRICA, SOUTH KOREA,

SPAIN, SWEDEN, SWITZERLAND, THAILAND,

TURKEY, UNITED KINGDOM, VENEZUELA, ROMANIA

Name of the organization ASHOKA	Employer identification number 51-0255908
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## FORM 990, PART VI, SECTION B, 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 CONTROLLER AND CFO REVIEW THE FORM 990 AFTER A DRAFT IS PREPARED. ONCE APPROVED BY THE 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.

## FORM 990, PART V, LINE 2A: NUMBER OF EMPLOYEES

THE NUMBER SHOWN IN PART V, LINE 2A, REPRESENTS NUMBER REPORTED ON 2018 FORM W-3. THERE ARE 411 EMPLOYEES, ACROSS THE FILING ORGANIZATION'S FOREIGN SUBSIDIARIES AND GLOBAL OFFICES.

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

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

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

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

AT ASHOKA, SALARIES ARE SET BY USING A SALARY FRAMEWORK FOR THAT COUNTRY,

WHICH IS DEVELOPED BY AN EXTERNAL CONSULTANT THAT USES MARKET/INDUSTRY

INFORMATION TO DETERMINE THE SALARY RANGES FOR EACH OF 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 FY20.

Name of the organization ASHOKA	Employer identification number 51-0255908
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## FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

WV, WI

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

ASHOKA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,  
FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS  
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE INFORMATION  
IS AVAILABLE UPON WRITTEN REQUEST AT 1700 NORTH MOORE STREET, SUITE 2000,  
ARLINGTON, VA 22209. THE FORM 990 IS ALSO AVAILABLE TO THE PUBLIC ON  
WWW.GUIDESTAR.ORG AND ON ASHOKA'S WEBSITE.

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

## OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	1,695,575.
MANAGEMENT AND GENERAL EXPENSES	588,156.
FUNDRAISING EXPENSES	416,525.
TOTAL EXPENSES	2,700,256.

## CONSULTING:

PROGRAM SERVICE EXPENSES	3,169,329.
MANAGEMENT AND GENERAL EXPENSES	488,742.
FUNDRAISING EXPENSES	187,958.
TOTAL EXPENSES	3,846,029.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,546,285.
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## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CUMULATIVE TRANSLATION ADJUSTMENTS	1,627,657.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ASHOKA LLC - 81-4708972 1700 NORTH MOORE STREET, STE 200 ARLINGTON, VA 22209	PLATFORM FOR SOCIAL ENTREPRENEURS	DELAWARE	7,212,338.	7,469,318.	ASHOKA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GET AMERICA WORKING, INC. - 54-1882605 1700 NORTH MOORE STREET, NO 2000 ARLINGTON, VA 22209	PLATFORM FOR SOCIAL ENTREPRENEURS	VIRGINIA	501(C)(3)	LINE 7	ASHOKA	X	
YOUTH VENTURE, INC. - 54-1744720 1700 NORTH MOORE STREET, NO 2000 ARLINGTON, VA 22209	DEVELOPING YOUNG CHANGEMAKERS	VIRGINIA	501(C)(3)	LINE 7	ASHOKA	X	
ASHOKA CONOSUR ESTE (ARGENTINA) TEODORO GARCA 2964 BUENOS AIRES, ARGENTINA 1426	PLATFORM FOR SOCIAL ENTREPRENEURS	ARGENTINA	501(C)(3)		ASHOKA	X	
ASHOKA CEE SCHOTTENRING 16/3.OG WIEN, AUSTRIA A-1010	PLATFORM FOR SOCIAL ENTREPRENEURS	AUSTRIA	501(C)(3)		ASHOKA	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ASHOKA BRASIL RUA CARLOS COMENALE, 263 SAO PAULO, BRAZIL 01332-030	PLATFORM FOR SOCIAL ENTREPRENEURS	BRAZIL	501(C)(3)		ASHOKA	X	
ASHOKA CANADA 366 ADELAIDE ST W TORONTO, ONTARIO, CANADA M5V 1R9	PLATFORM FOR SOCIAL ENTREPRENEURS	CANADA	501(C)(3)		ASHOKA	X	
ASHOKA CHILE AVENIDA ITALIA 850B (IF), PROVIDENCIA SANTIAGO, CHILE	PLATFORM FOR SOCIAL ENTREPRENEURS	CHILE	501(C)(3)		ASHOKA	X	
ASHOKA EAST AFRICA (KENYA) GARDEN RD OFFICE 4, B2 HOUSE, 8 NAIROBI, KENYA	PLATFORM FOR SOCIAL ENTREPRENEURS	KENYA	501(C)(3)		ASHOKA	X	
ASHOKA FRANCE 28 PLACE DE LA BOURSE PARIS, FRANCE 75002	PLATFORM FOR SOCIAL ENTREPRENEURS	FRANCE	501(C)(3)		ASHOKA	X	
ASHOKA DEUTSCHLAND PRINZREGENTENPLATZ 10 MUNCHEN, GERMANY 81675	PLATFORM FOR SOCIAL ENTREPRENEURS	GERMANY	501(C)(3)		ASHOKA	X	
ASHOKA INDIA 54, 1ST CROSS, DOMLUR LAYOUT BANGALORE, INDIA 560071	PLATFORM FOR SOCIAL ENTREPRENEURS	INDIA	501(C)(3)		ASHOKA	X	
ASHOKA INDONESIA JL. ANCOL TIMUR XIV NO. 1 BANDUNG, JAWA BARAT, INDONESIA 40254	PLATFORM FOR SOCIAL ENTREPRENEURS	INDONESIA	501(C)(3)		ASHOKA	X	
ASHOKA ITALIA VIA AURELIO SALICETI 10, ROMA, RM 00153 - VI MILANO, ITALY 20121	PLATFORM FOR SOCIAL ENTREPRENEURS	ITALY	501(C)(3)		ASHOKA	X	
ASHOKA JAPAN GINZA FUGETSUDO, BUILDING 6F, 6-6-1 GINZA CH TOKYO, JAPAN 104-0061	PLATFORM FOR SOCIAL ENTREPRENEURS	JAPAN	501(C)(3)		ASHOKA	X	
ASHOKA KOREA SUNG DONG-GU, DDUKSUM-RO 1 NA-GIL 5, HEYGROUN SOUTH KOREA, SOUTH KOREA 04779	PLATFORM FOR SOCIAL ENTREPRENEURS	SOUTH KOREA	501(C)(3)		ASHOKA	X	
ASHOKA MEXICO (ASHOKA EMPRENDEDORES SOCIALES ASOCIACION CIVIL (A.C.)), TUXPAN 57, COLONIA PLATFORM FOR SOCIAL, MEXICO CITY, MEXICO	PLATFORM FOR SOCIAL ENTREPRENEURS	MEXICO	501(C)(3)		ASHOKA	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ASHOKA NETHERLANDS (STICHTING ASHOKA) LANGE VOORHOUT 32 THE HAGUE, NETHERLANDS 2514 EE	PLATFORM FOR SOCIAL ENTREPRENEURS	NETHERLANDS	501(C)(3)		ASHOKA	X	
ASHOKA PHILIPPINES UNIT 301 3RD FLOOR, #3 BRIXTON STREET, BRGY PASIG CITY, PHILIPPINES 1603	PLATFORM FOR SOCIAL ENTREPRENEURS	PHILIPPINES	501(C)(3)		ASHOKA	X	
ASHOKA POLAND UL PACA 40 WARSAWA, POLAND 04-386	PLATFORM FOR SOCIAL ENTREPRENEURS	POLAND	501(C)(3)		ASHOKA	X	
ASHOKA SINGAPORE AND MALAYSIA 141 MIDDLE ROAD, GSM BUILDING, #05-05 DHOBY GHAUT, SINGAPORE 188976	PLATFORM FOR SOCIAL ENTREPRENEURS	SINGAPORE	501(C)(3)		ASHOKA	X	
ASHOKA ESPANA (FUNDACION ASHOKA EMPRENEDORES SOCIALES), CALLEVANDERGOTEN, 1 LOOM HOUSE, MADRID, SPAIN 28014	PLATFORM FOR SOCIAL ENTREPRENEURS	SPAIN	501(C)(3)		ASHOKA	X	
ASHOKA SCANDINAVIA BIRGER JARLSGATAN 57 C STOCKHOLM, SWEDEN 113 56	PLATFORM FOR SOCIAL ENTREPRENEURS	SWEDEN	501(C)(3)		ASHOKA	X	
ASHOKA SWITZERLAND (FONDATION ASHOKA SUISSE) RUE DU CONSEIL GENRAL 20 GENEVA, SWITZERLAND 1205	PLATFORM FOR SOCIAL ENTREPRENEURS	SWITZERLAND	501(C)(3)		ASHOKA	X	
ASHOKA SOUTHERN AFRICA TYRWHITT AVENUE, ROSEBANK JOHANNESBURG, SOUTH AFRICA FT-2196	PLATFORM FOR SOCIAL ENTREPRENEURS	SOUTH AFRICA	501(C)(3)		ASHOKA	X	
ASHOKA THAILAND 101/8, PHAHONYOTHIN 32 ROAD, SENA NIKHOM, KH BANGKOK, THAILAND 10900	PLATFORM FOR SOCIAL ENTREPRENEURS	THAILAND	501(C)(3)		ASHOKA	X	
ASHOKA TURKIYE GENERAL YAZGAN SOK. NO:14 ISTANBUL, TURKEY	PLATFORM FOR SOCIAL ENTREPRENEURS	TURKEY	501(C)(3)		ASHOKA	X	
ASHOKA UK & IRELAND PEOPLE'S MISSION HALL, 20-30 WHITE CHAPEL RD LONDON, UNITED KINGDOM E1 1EW	PLATFORM FOR SOCIAL ENTREPRENEURS	UNITED KINGDOM	501(C)(3)		ASHOKA	X	
ASHOKA VENEZUELA EDIF. MENE GRANDE, PISO 5, OFICINA 5-4, URB. CARACAS, VENEZUELA	PLATFORM FOR SOCIAL ENTREPRENEURS	VENEZUELA	501(C)(3)		ASHOKA	X	

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

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

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

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

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

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

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

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ASHOKA CEE (ASHOKA GEMEINNUTZIGE GMBH)	L	413,957.	NET OF COST AND REVENUE
(2) ASHOKA BRASIL	L	276,694.	NET OF COST AND REVENUE
(3) ASHOKA EAST AFRICA	L	178,891.	NET OF COST AND REVENUE
(4) ASHOKA FRANCE	L	252,617.	NET OF COST AND REVENUE
(5) ASHOKA DEUTSCHLAND	L	357,175.	NET OF COST AND REVENUE
(6) ASHOKA INDIA	L	757,947.	NET OF COST AND REVENUE

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ASHOKA JAPAN	L	97,962.	NET OF COST AND REVENUE
(8) ASHOKA KOREA	L	70,907.	NET OF COST AND REVENUE
(9) ASHOKA NETHERLANDS	L	721,332.	NET OF COST AND REVENUE
(10) ASHOKA PHILIPPINES	L	155,805.	NET OF COST AND REVENUE
(11) ASHOKA POLAND	L	86,488.	NET OF COST AND REVENUE
(12) ASHOKA SPAIN	L	122,959.	NET OF COST AND REVENUE
(13) ASHOKA SCANDINAVIA	L	884,831.	NET OF COST AND REVENUE
(14) ASHOKA SWITZERLAND	L	295,708.	NET OF COST AND REVENUE
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII Supplemental Information**

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME AND ADDRESS OF RELATED ORGANIZATION:**

ASHOKA MEXICO (ASHOKA EMPRENDEDORES SOCIALES ASOCIACION

CIVIL (A.C.))

TUXPAN 57, COLONIA PLATFORM FOR SOCIAL

MEXICO CITY, MEXICO 06760

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  ASHOKA	Taxpayer identification number (TIN)  51-0255908
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1700 NORTH MOORE STREET, NO. 2000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22209	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KEVIN YEA

- The books are in the care of ▶ 1700 NORTH MOORE STREET, NO. 2000 - ARLINGTON, VA 22209  
Telephone No. ▶ (703) 527-8300 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until JULY 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning SEP 1, 2019, and ending AUG 31, 2020.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.