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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2008 calendar year, or tax year beginning 09-01-2008 and ending 08-31-2009 D Employer identification number C Name of organization B Check if applicable Please Ashoka use IRS 51-0255908 Address change label or Doing Business As E Telephone number Name change print or type. See (703) 527-8300 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite **G Gross receipts** \$ 35,198,273 Instruc-1700 North Moore Street Suite 2000 Termination tions. City or town, state or country, and ZIP + 4 Arlington, VA 222091939 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for William Drayton affiliates? 1700 North Moore Street Suite 2000 H(b) Are all affiliates included? Arlıngton, V A 22209 (If "No." attach a list See instructions) Tax-exempt status **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 Group Exemption Number 🕨 Web site: ► www ashoka org **K** Type of organization
✓ Corporation

trust
association
other ► L Year of Formation 1980 M State of legal domicile VA Part I Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets 7 Number of voting members of the governing body (Part VI, line 1a) \cdot \cdot 6 Number of independent voting members of the governing body (Part VI, line 1b) . 114 Total number of employees (Part V, line 2a) . 1,925 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 . 0 7b b **Current Year Prior Year** 33,991,266 Contributions and grants (Part VIII, line 1h) . . 35,407,398 8 9 Program service revenue (Part VIII, line 2g) . . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,704,367 1,112,056 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 57,240 15,517 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 37,169,005 35,118,839 10,067,034 9,219,029 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 10,742,649 11,915,188 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 (Total fundraising expenses, Part IX, column (D), line 25 $\frac{1,920,466}{}$ b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 14,553,069 13,872,983 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 35,007,200 18 35,362,752 Revenue less expenses Subtract line 18 from line 12 19 1,806,253 111,639 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 79,250,811 79,054,699 21 Total liabilities (Part X, line 26) 20,280,639 18,732,763 22 Net assets or fund balances Subtract line 21 from line 20 58,970,172 60,321,936 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 **Please** 2010-07-15 Sign Signature of officer Here William Drayton Chairman Type or print name and title Check if Preparer's PTIN (See Gen Inst) Date Preparer's Edward Gotliffe 2010-07-15 signature Paid empolyed 🕨 🦵 Preparer's Cleveland & Gotliffe PC Firm's name (or yours if self-employed). **Use Only** address, and ZIP + 4 11715 Still Brook Court Phone no (703) 231-0793 Reston, VA 20191

May the IRS discuss this return with the preparer shown above? (See instructions) .

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission Ashoka strives to shape a global, entrepreneurial, competetive citizen sector one that allows social entrepreneurs to thrive and enables the world's citizens to think and act as changemakers
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 14,935,152 including grants of \$ 9,219,029) (Revenue \$ 0) Civil Rights, Social Action & Advocacy Programs, G. Social entrepreneurs are the engines of change and role models for the citizen sector. Ashoka identifies and invests in Leading Social Entrepreneurs - entrepreneurs working to achieve positive social impact - supporting the individual, idea, and institution through all phase of their career. (175 Fellows)
4b	(Code) (Expenses \$ 6,667,578 including grants of \$ 0) (Revenue \$ 0) Civil Rights, Social Action & Advocacy Programs, G Through Group Entrepreneurship programs, Ashoka engages communities of entrepreneurs and develops patterns of effective collaborations that accelerate and spread social impact (1 program)
4c	(Code) (Expenses \$ 8,520,740 including grants of \$ 0) (Revenue \$ 0) Community, Business & Industry Programs, General/O Ashoka encourages the creation of sustainable social solutions by developing New Architecture for the sect to support and accelerate progress within the community Systems include access to social financing, bridges to business and academic sectors, and frameworks strategic partnerships that deliver social and financial value (1 program)
	(Code) (Expenses \$ 1,211,225 including grants of \$ 0) (Revenue \$ 0) Civil Rights, Social Action & Advocacy Programs, G Ashoka works to define and strengthen the field of social entrepreneurship through Idea Spread and Education
	programs, including spreading the innovations of both individual social entrepreneurs and those developed cooperatively among social entrepreneurs working on common or related problems. This includes publications, professional training of social entrepreneurs in communications, and Ashoka's web presence. Ashoka make disbursements of funds in support of these objectives directly to individuals and groups as well as through affiliated groups and its own regional and country branches in Southeast Asia, South Asia, Africa, South America, Mexico/the Caribbean Basin, Europe and North America. (1 program)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 1,211,225 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses \$ 31,334,695 Must equal Part IX, Line 25, column (B).

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 161			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
20	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	AR,BR,CA,CE,CO,EG,EI,FR,GM,HU,ID,IN,KE, MX,NI,NP,PE,PK,PL,RP,SF,SG,SP,TH,TU,UG,			
	If "Yes," enter the name of the foreign country UK, VE			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		l _{No}
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
e		76 7f		No
f				NO
g		7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
9	year?		_ 	
	Did the organization make any taxable distributions under section 4966?	9a		
_		9a 9b		
10	Section 501(c)(7) organizations. Enter	20		
10				
	· · · · · · · · · · · · · · · · · · ·			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	Α.	Gov	ernina	Body	and	Manag	ement	

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 7			
b	Enter the number of voting members that are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed VA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Ashoka 1700 North Moore Street Suite 2000 Attn Finance Arlington, VA 222091939 (703) 527-8300

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- * 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

		Posit tl	(C non (hat a	chec		I			(5)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustea or Prector	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
William Drayton , Chairman	40	Х		Х				119,536	0	5,817
C William Carter , Secretary	5	Χ		Х				0	0	0
Roger Harrison , Director	5	Х						0	0	0
Gloria de Souza , Director	5	Х						0	0	0
Fred Hehuwat , Director	5	Х						0	0	0
Kyle Zımmer , Dırector	5	Х						0	0	0
William Kelly Jr , Treasurer	5	Χ		Х				0	0	0
Mary Gordon , Director	5	Χ						0	0	0
Diana Wells , President	40			Х				157,690	0	1,130
Lucy Perkins , CFO	40			Х				135,804	0	548
Maria Budinich , Manager	40				Х			165,706	0	6,417
Sushmita Ghosh , Manager	40					Х		136,382	0	13,086
Elizabeth Nitze , Manager	40					Х		142,891	0	0
Romanus Berg , COO	40					Х		119,587	0	15,270
Maria Paula Recart , Manager	40					Х		108,807	0	12,960
Beverly Schwartz , Manager	40					Х		110,885	0	5,817

Ves

Part VII Continued

		1	(ition that a	•					(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total			٠.			•	>	1,197,288	(61,045

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►9

			1 03	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
Exponent Partners 601 Minnesota St Unit 103 San Francisco, CA 94107	Software Development Consulting Services	853,250
Adaptive Path 363 Brannan St San Francisco, CA 94107	Design and Information Architecture For Changemakers com web site	490,857
Central Office of Design 80 Liberty Ship Way Suite 5 Sausalito, CA 94965	Research, writing, and visual design for fisheries knowledge product	421,600
Accenture LLP 161 N Clark St Chicago, IL 60601	Software Developement Consulting Services	377,858
The Ford Agency 1660 L St NW Suite 608 Washington, DC 20036	Temporary Staffing	240,345
Total number of independent contractors (including those in 1) who rec from the organization		12

Stat	ement	of R	evenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u>*</u> #	1a	Federated cam	paigns 1a	20,430				311
Contributions, gifts, grants and other similar amounts	ь	Membership du	es . 1b	2,041,284				
£ ge	c	Fundraising eve	ents 1c	0				
<u>#</u> #	d	Related organiz	ations 1d	0				
% <u>`</u> E	e	Government grants	s (contributions) 1e	0				
고 당한	f	All other contribution	ons, gifts, grants, and 1f	31,929,552	İ			
를 할	g	similar amounts no	butions included in					
달			1,579,372					
ပ္ပန္	h		s 1a-1f)		33,991,266			
സ				Business Code				
Ĭ	2a							
2€	Ь							
e.	С							
ž	d							
ž,	e							
Program Serwce Revenue	f	All other progra	am service revenue					
Š	g	Total. Add lines						
	_	0						
	3		ome (including dividen nounts)		1,189,113	0	0	1,189,113
	4		tment of tax-exempt bond		0	0	0	0
	5				0	0	0	0
		,,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income	0	0				
	d	or (loss)	lme or (loss)	<u> </u>				
	<u> </u>	Weet remediation	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	2,377	0				
	ь	than inventory Less cost or other basis and sales expenses	79,434	0				
	С	Gain or (loss)	-77,057	0				
	d	Net gaın or (los	s)		-77,057	0	0	-77,057
	8a	Gross income f events (not inc \$						
Other Revenue		See Part IV , lın <i>Attach Schedule</i>	reported on line 1c) te 18 G if total exceeds	0				
Œ	ь		penses b	0				
Ħ.	С		(loss) from fundraising	events 📂				
ō	9a	See part IV, lın	ule G ıf total exceeds					
	b c		apenses b (loss) from gaming acti	vities				
		Gross sales of returns and allo	ınventory, less	·				
	b c		oods sold b (loss) from sales of inve	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a	Misc Income		900,099	15,517	0	0	15,517
	ь							
	С							
	d	All other reven	ue		0	0	0	0
	e		s 11a-11d					
	12			\$ 15,517	35,118,839	0	0	1,127,573
	12	Fotal Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4,	5,6d,7d,8c, ▶	33,118,839	U	U	1,127,573

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re) <u> </u>
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,499,878	1,499,878		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	574,976	574,976		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	7,144,175	7,144,175		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	636,826	539,525	44,284	53,017
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	9,488,265	8,036,358		789,576
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	747,356	638,621	45,648	63,087
10	Payroll taxes	1,042,741	886,227	50,468	106,046
11	Fees for services (non-employees)				
а	Management				
b	Legal	0			
c	Accounting	182,867	160,746	9,696	12,425
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	0			
g	Other	526,706	383,065	47,090	96,551
12	Advertising and promotion	0			
13	Office expenses	1,417,626	1,030,116	122,745	264,765
14	Information technology	0			
15	Royalties				
16	Occupancy	1,297,105	924,271	264,884	107,950
17	Travel	1,553,603	1,418,209	38,118	97,276
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	396,228	373,863	498	21,867
20	Interest				
21	Payments to affiliates	0		0	0
22	Depreciation, depletion, and amortization	118,014	68,714	38,326	10,974
23	Insurance	103,984	77,809	19,428	6,747
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Bad Debt	224,717	139,889	63,285	21,543
ь	A wards	666,971	655,057	2,880	9,034
c	Taxes & Penalties	271,445	258,112	7,633	5,700
d	Local Transportation & Meals	236,227	222,414	5,996	7,817
e	Professional / Consulting Fees	6,650,817	6,094,709	348,977	207,131
f	All other expenses	226,673	207,961	-20,248	38,960
25	Total functional expenses. Add lines 1 through 24f	35,007,200	31,334,695	1,752,039	1,920,466
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

			(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing	1,527,091			1,173,825
	2	Savings and temporary cash investments	17,024,875	2	2	0,042,274
	3	Pledges and grants receivable, net	39,597,324	3	3	7,649,308
	4	Accounts receivable, net	0	4		0
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	0	5		0
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L	0	6		0
	7	Notes and loans receivable, net	0	7		0
	8	Inventories for sale or use	0	8		0
2	9	Prepaid expenses and deferred charges	134,127	9		26,382
Assets	10a	Land, buildings, and equipment cost basis 10a 1,092,194	1			
-4	b	Less accumulated depreciation Complete Part VI of Schedule D		10c		306,106
	11	Investments—publicly traded securities	20,076,423	11	1	9,365,258
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D	0	12		0
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D .		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	594,808	15		491,546
	16	Total assets. Add lines 1 through 15 (must equal line 34)	79,250,811	16	7	9,054,699
	17	Accounts payable and accrued expenses .	1,644,298	17		371,760
	18	Grants payable	18,636,341	18	1	8,361,003
	19	Deferred revenue	0	19		0
_	20	Tax-exempt bond liabilities	0	20		0
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D		21		0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L	0	22		0
	23	Secured mortgages and notes payable to unrelated third parties	0	23		0
	24	Unsecured notes and loans payable		24		0
	25	Other liabilities Complete Part X of Schedule D	0	25		0
	26	Total liabilities. Add lines 17 through 25	20,280,639	26	1	8,732,763
Ses		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.				
Balance	27	Unrestricted net assets	401,524	27		2,270,899
Ba	28	Temporarily restricted net assets	38,492,225	28	3	8,685,779
돧	29	Permanently restricted net assets	20,076,423	29	1	9,365,258
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
AS	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net	33	Total net assets or fund balances	58,970,172	33	6	0,321,936
_	34	Total liabilities and net assets/fund balances	79,250,811	34	7	9,054,699
Pa	rt XI	Financial Statements and Reporting				
		· -			Yes	No

Dart YT	Financial	Statements	and Reporting

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3ь		

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As Filed Data -

DLN: 93493200004020

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Achoko

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

ASHOR	a							51	-025590	8		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıc					
The c	rganı	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	nurches de	escribed ii	Section :	170(b)(1)((A)(i).			
2	Γ	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	tion 170(b)(1)(A)(i	ii). (Attac	:h Schedul	e H)	
4	Γ		esearch organı name, cıty, and	zation operated in conjuncti state	on with a	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the	
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	d by a gove	ernmental	unıt desc	rıbed ın	
		Section 170)(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	ribed in Se	ct ion 170	(b)(1)(A)	(v).			
7	<u>~</u>	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fror	n the gene	ral public	
		described i	n Sect ion 170())(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ns, membe	ership fees	, and gross	3
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certan	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (less sectio	on 511 ta	x) from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ect ion 509((a)(4). (S	ee instruc	tions)	
11	Γ	one or more the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organiza	d ın secti	on 509(a) omplete l	(1) or sec ines 11e t	tion 509(a hrough 11	a)(2) See	Section 5		heck
e	Γ	•	foundation man	rtify that the organization is agers and other than one or			•			•	•	
f g		check this	box	d a written determination fro as the organization accepted					• •	supportir	ig organizat	tion,
,		following pe	ersons?	r indirectly controls, either a				•			Yes	No No
		and (111) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) a	bove?				11g(iii)	
h		Provide the	following inform	mation about the organizatio	ns the org	janızatıon	supports					
	Supp	ame of ported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	s the ation in listed in everning ment?	the orga	you notify anization i) of your port?	organiz col (i) d	Is the zation in organized	(vii) A mo	
					Yes	No	Yes	No	Yes	No		
				_								

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu tile box ol	11 lille 3, 7, 01	o or Part 1.)				
	ıblic Support							
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	22.052.171	25 420 460	20 044 770	25 407 200		22 001 266	147.016.065
	membership fees received (Do not	23,052,171	25,420,460	30,044,770	35,407,398		33,991,266	147,916,065
_	<pre>include any "unusual grants ") Tax revenues levied for the organization's</pre>						+	
2	benefit and either paid to or expended on	l o	0	0				0
	its behalf	Ĭ	· ·	Š.				Ū
3	The value of services or facilities							
,	furnished by a governmental unit to the	o	0	0				0
	organization without charge							
4	Total. Add line 1-3	23,052,171	25,420,460	30,044,770	35,407,398		33,991,266	147,916,065
5	The portion of total contribution by each							
•	person (other than a government unit or							
	publicly supported organization) included							42,303,876
	on line 1 that exceed 2% of the amount							42,303,070
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							105,612,189
	4							
	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007		2008	(f) Total
7	A mounts from line 4	23,052,171	1,174,397	30,044,770	35,407,398		33,991,266	147,916,065
8	Gross income from interest, dividends,							
	payments received on securities loans,	739,492	1,174,397	1,777,139	1,732,104		1,189,113	6,612,245
	rents, royalties and income from similar	, i	, ,		, ,		, ,	
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in	35,674	141,191	109,891	57,240		15,517	359,513
	Part IV)							•
11	Total Support (Add lines 7 through 10)							154,887,823
12	Gross receipts from related activities, etc	(See instruction	s)	-		12		
				J 60	.		(2)	
13	First Five Years. If the Form 990 is for the organization, check this box and stop here	organization's iir	st, second, third	a, lourth, or litth	tax year as a 5	01(6)(▶ ┌
	organization, check this box and stop here						•	- 1
C	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (fl)		14		68.186 %
		• •	•				<u> </u>	
15	Public Support Percentage for 2007 Sched					15	<u> </u>	56.77 %
16a	33 1/3% Test - 2008. If the organization die				1/3% or more,	check	this box	_
	and stop here. The organization qualifies as		-					►✓
b	33 1/3% Test - 2007. If the organization di			,	.5 is 33 1/3% o	r more	, check thi	
	box and stop here. The organization qualification							► □
1/a	10% Facts and Circumstances Test - 2008.	-						
	more, and if the organization meets the "fac							w the
L	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.							
D	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							₩ ▶□
18	Private Foundation. If the organization did							- 1
	instructions			, = = = , = , = , = 01	_,			▶ □

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Part II Line 10 Other Income- This represents miscellaneous revenues received

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization 51-0255908

Par	Organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
4 /	Aggregate value at end of year		
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?		•
Part	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure) Preservation of ar Preservation of ce	n historically importantly land area ertified historic structure n of a conservation easement
	on the last day of the tax year		Held at the End of the Yea
а	Total number of conservation easements		2a
b			2b
	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)	•	2d
	Number of conservation easements modified, transf the taxable year ►	erred, released, extinguished, or terminate	ed by the organization during
4	Number of states where property subject to conserv	ration easement is located 🕨	
	Does the organization have a written policy regardine enforcement of the conservation easements it holds		ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the	e year ▶
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the y	ear ►\$
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion Yes No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia ments	l statements that describes
Part	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch in furtherance of public service,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i	·
	(i) Revenues included in Form 990, Part VIII, line :	1	► \$
	(ii) Assets included in Form 990, Part X		▶ - \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	- т
	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assats included in Form 990 Part Y		. .

3	Using the organization's accession and othe								ontinuea)
	items (check all that apply)			_	_				
а	Public exhibition		d	ı	Loan or exch	ange programs			
b	Scholarly research		e	Γ	O ther				
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	w the	y further the or	ganızatıon's ex	cempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					nization answ	ered "Yes" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	for c	ontributions or	other assets (not Γ	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	e						
						_	A mou	Int	
C _ı	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 Fo	•	21?				Γ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year)Prior			t IV, line 10. Three Years Back (e	Neour V	oars Back
1a	Beginning of year balance	20,076,423	(1)	PHOL	real (c) iwo	Teals back (u)	Tillee feats back (e)roui i	ears back
ь	Contributions	1,019,950							
c	Investment earnings or losses	2,269,215							
d	Grants or scholarships	0							
e	Other expenditures for facilities and programs	1,900,000							
f	Administrative expenses	0							
g	End of year balance	21,465,588							
_	Provide the estimated percentage of the yea		•						
2		9 78 %	5						
а	Board designated or quasi-endowment	3 7 0 70							
Ь	Permanent endowment - 90 22 %								
C	Term endowment ► 0 %								
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	tion	that	are held and ad	lministered for	the	Yes	No
	(i) unrelated organizations						3a(i)	103	No
	(ii) related organizations						3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	on S	chec	lule R?		3b		
4	Describe in Part XIV the intended uses of th	e organızatıon's end	owme	ent fu	ınds		·		
Par	t VI Investments—Land, Buildings	s, and Equipmer	າt. Տ	ee F	orm 990, Pai	rt X, line 10.			
	Description of investment				a) Cost or other asis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land				0	0			0
b	Buildings				0	0	0		C
c	Leasehold improvements				169,708	0	163,256		6,452
	Equipment		_		864,626	0	576,712		287,914
d	Equipment		•	- 1	001,020	ı	3,0,,12		207,517
	Other			-	57,860		46,120		11,740

Part VII Investments—Other Securities. Se	e Form 990, Part X, line	12	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Metho	d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation -year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X,			(h) Baak yalua
(a) Description	приоп		(b) Book value
Other Recievables			428,171
Security Deposits			63,375
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part		<u> </u>	491,546
(a) Description of Liability	(b) A mount		
Federal Income Taxes	(b) Amount	,	
redefai income raxes		4	
		-	
		1	
		1	
		1	
		1	
		-	
		-	
		-	
		4	
Total (Column (h) should agreed Form 000, Part V, and (R) for 25)		-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	► C	' 	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	35,118,839
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,007,200
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	111,639
4	Net unrealized gains (losses) on investments	4	1,700,715
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-460,590
9	Total adjustments (net) Add lines 4 - 8	9	1,240,125
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,351,764
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial		42,473,502
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
е	Add lines 2a through 2d	2e	7,277,606
3	Subtract line 2e from line 1	3	35,195,896
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	-77,057
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	35,118,839
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	41,121,738
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		6 4 4 4 5 3 3
e	Add lines 2a through 2d	2e	6,114,538
3	Subtract line 2e from line 1	3	35,007,200
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
Ь	Other (Describe in Part XIV)		_
с -	Add lines 4a and 4b	4c	0 25 007 200
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	35,007,200
70	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The income generated from endowment fund investments is used to provide fellow stipends and other program support in accordance with the donor's stipulations, if any
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Represents Foreign Exchange Losses
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Represents Realized Investment Losses
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Represents the 77,057 of Realized Investment Losses and 460,590 of Foreign Exchange Losses Added Together

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public Inspect ion

Name of the organization	Employer identification number
Ashoka	
	51-0255908

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

For grantmakers. 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

(d) Activities conducted in

(e) If activity listed in (d)

- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(b) Number of (c) Number of

(a) Region	offices in the region	employees or agents in region	fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean	0	0	Grantmaking		199,054
East Asia and the Pacific	3	14	Grantmakıng		234,185
East Asia and the Pacific			Program Services	Search and support for Fellows	297,647
Europe (including Iceland and Greenland)	6	31	Grantmakıng		3,021,914
Europe (including Iceland and Greenland)			Program Services	Search and support for Fellows	3,838,156
Middle East and North Africa	2	15	Grantmakıng		242,003
Middle East and North Africa			Program Services	Search and support for Fellows	521,597
North America (including Canada and Mexico, but not the United States)	2	30	Grantmakıng		781,968
North America (including Canada and Mexico, but not the United States)			Program Services	Search and support for Fellows	1,142,937
South America	4	45	Grantmakıng		1,156,778
South America			Program Services	Search and support for Fellows	3,564,669
South Asia	4	23	Grantmakıng		463,688
South Asia			Program Services	Search and support for Fellows	595,760
Sub-Saharan Africa	4	13	Grantmakıng		1,044,586
Sub-Saharan Africa			Program Services	Search and support for Fellows	881,139
Totals ▶	25	171			17,986,081
For Paperwork Reduction Act Notice, see the instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2008					

Pa	Part IV,	line 15, for any edule F-1 if add	sistance to Orga recipient who rec litional space is ne	nizations or Entiti eived more than \$5, eded.	es Outside the Ur ,000. Check this bo	nited States. Composite of the composition of the c	plete if the organiza received more thai	tion answered "Yes n \$5,000	" to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		_							
		-							
		-							
		-							
		-							
		-							
		- -							
		-							
		-							
		-							
		-							
		-							
		-							
		-							
2	Enter total nu has provided	mber of organi a section 501(c	zations that are re	cognized as charities	s by the foreign cou	ntry or for which th	e grantee or counse	el . ▶	
3	Enter total number of other organizations or entities								

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Fellow stipends	Central America and the Caribbean	4	199,054	Wire transfer			
Fellow stipends	East Asia and the Pacific	9	234,185	Wire transfer			
Fellow stipends	Europe (including Iceland and Greenland)	31	3,021,914	Wire transfers			
Fellow stipends	Middle East and North Africa	5	242,003	Wire transfers			
Fellow stipends	North America (including Canada and Mexico, but not the United States)	11	781,968	Wire transfer			
Fellow stipends	South America	25	1,156,778	Wire transfers			
Fellow stipends	South Asia	21		Wire transfers			
Fellow stipends	Sub-Saharan Africa	25		Wire transfers			
-							
·		•		•			II E (E 000) 2000

Schedule F (Form 990) 2008

Part IV Supplementa Complete this	part to provide the information requ	ured in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	A shoka has developed an extensive and thorough grantee selection process. Grantees provide periodic progress reports and participate in fellowship activities. A shoka field staff provide oversight and support.

DLN: 93493200004020 OMB No 1545-0047

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Ashoka

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

Inspection

Employer identification number

51-0255908

2 Describe in Part IV the or	ganızatıon's proce	dures for monitoring th	e use of grant funds in th	e United States			
Form 990, Part I Part IV and Sche	V, line 21 for an edule I-1 if addit	y recipient that rece ional space is			tes. Complete if the oil if no one recipient rece	eived more than \$5,0	
needed						. ▶ ┌	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of New Mexico Foundation Inc700 Lomas Blvd NE Ste 108 Albuquerque, NM 87131	85-0275408	501 (c) (3)	149,976				Stipend Support
Girls Educational and Mentoring Services201 W 148th Street New York, NY 10039	13-4150972		149,976				Stipend Support
Policy and Economic Research Council100 Europa Drive Suite 405 Chapel Hill, NC 27517	20-5179792		149,998				Stipend Support
Build Change169 Throckmorton Avenue No 2 Mill Valley, CA 94941	35-2237155	501 (c) (3)	150,000				Sipend Support
Institute for Leadership Education Advancement and Development IncPO BOX 48310 Philadelphia, PA 19144	23-2821833		149,976				Stipend Support
Volunteers for the Homebound and Family Caregivers Inc1515 N Federal Hwy Ste 214 Boca Raton, FL 33432	65-0866677		149,976				Stipend Support
Partnerships for Cures70 W Madison Street Ste 1500 Chicago, IL 60602	20-3620169		150,000				Stipend Support
Generations of Hope Development Corporations 609 West University Avenue Champaign, IL 61820	37-1374080		150,000				Stipend Support
Lidya Home Association 4300 W Irving Park Road Chicago, IL 60641	36-1412810		150,000				Stipend Support
Kıva Mıcrofunds3180 18th Street Ste 201 San Francisco, CA 94110	71-0992446		149,976				Stipend Support

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, P	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Stipend Support	5	574,976	0		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02		A shoka has developed an extensive and thorough grantee selection process. Grantees provide progress reports and participate in fellowship activities. A shoka field staff provide oversight and support.

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DLN: 93493200004020

OMB No 1545-0047

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2008

Schedule J (Form 990)

Compensation Information

Department of the Treasury Internal Revenue Service

Ashoka

Name of the organization

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Inspection **Employer identification number**

51-0255908

Pa	rt I Questions Regarding Compensation	on			
				Yes	Νo
1a		rovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "	written policy regarding payment or reimbursement or 'No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv	reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all	that apply			
	Compensation committee	Written employment contract			
	✓ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	, Part VII, Section A , line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a supplement	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
	104,269	56,864	4,577 0	0	6,417 0	172,123 0	176,802 0	
	107,389	,	4,348 0	16,667 0	1,130 0	175,488 0	152,391 0	
)							
(i)							
()							
(i)							
()							
(i)							
)							
	i)							
)							
	i)							
)							
	i)							
)							
	i)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation						
-								
	·							

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DLN: 93493200004020

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Open to Public Inspection

a m shok	e of the organization				Employer identificat	ion nu	mber	
51101		51-0255908						
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	14	1,579,372	Market Value			
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
L3	Qualified conservation contribution (historic structures)							
L 4	Qualified conservation contribution (other)							
L 5	Real estate—Residential .							
L 6	Real estate—Commercial							
L 7	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)				<u> </u>			
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			0
30a	During the year, did the organization	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date of for the entire holding period? .		•	not required to be used for	exempt purposes	30a		No
b	If "Yes", describe the arrangem							
	Does the organization have a gif			eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	-	to solicit, process, or sell	non-cash	32a		Νo
ь	If "Yes", describe in Part II							
	If the organization did not report	t revenues :	ın Column (c) for a type of p	roperty for which Column (a) ıs			

checked, describe in Part II

Part II Supplemental Infor 32b, and 33. Also com	mation. Complete this part to property of the property of the part for any additional	ovide the information required by Part I, lines 30b, information.
Identifier	ReturnReference	Explanation
240111111	Notal III Colored	Explanation
	1	1

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public

Inspection

Name of the organization
Ashoka

Employer identification number

51-0255908

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	I FORM 990 Part VI	Form 990 review and approval process. An outside preparer is employed to complete the return. It is the Board's policy to distribute for comment the Form 990 draft prior to submittal. Finally, the Form 990 is reviewed, approved, and signed by the CEO.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L1	Form 990, Part VI, Section B, Line 12a	Conflict of Interest Policy Ashoka's conflict of interest policy has been in place since 1993

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c		All staff are required to voluntarily disclose any conflict of interest. Disclosures are considered by the leadership group for actual and apparent conflicts for any needed actions

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	CEO compensation An outside compensation specialist in consulted. The Board of Directors review's performance and approves all compensation adjustments.

Identifie	fier Return Reference		Explanation				
F990_P06_S00	_L19	Form 990, Part VI, Section C, Line 19	Availability of documents - 990, AFS, 1023 & COI policy THe documents are on file and available on request				

DLN: 93493200004020

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Internal Revenue Service **Employer identification number** Name of the organization 51-0255908 **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity Youth Venture Inc 501(c)(3) 1700 North Moore Street Youth Entrepreneurship VA Yes N/A Suite 2000Arlington, VA22209 54-1744720 Get America Working Inc 1700 North Moore Street Promoting Full Employment 501(c)(3) Yes N/A VA Suite 2000Arlington, VA22209 54-1882605

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V Transactions with Related Organizations	
--	--

Par	t V	Transactions with Related Organizations						
	Not e.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
1 Du	ırıng tl	ne tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?				
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity						No	
b								
c	Gıft, g	rant, or capital contribution from other organization(s)			1c		No	
d	Loans	or loan guarantees to or for other organization(s)			1d		No	
e	Loans	or loan guarantees by other organization(s)			1e		No	
f	Sale	of assets to other organization(s)			1f		No	
g	Purch	ase of assets from other organization(s)			1g		No	
h	Exch	ange of assets			1h		No	
i	Lease	of facilities, equipment, or other assets to other organization(s)			1i		No	
j	Lease	of facilities, equipment, or other assets from other organization(s)			1j		No	
k	Perfo	rmance of services or membership or fundraising solicitations for other org	ianization(s)		1k		No	
ı	I Performance of services or membership or fundraising solicitations by other organization(s)							
m	Sharıı	ng of facilities, equipment, mailing lists, or other assets			1m	Yes		
n	Sharı	ng of paid employees			1n	Yes		
o	Reıml	oursement paid to other organization for expenses			10		No	
р	Reıml	pursement paid by other organization for expenses			1р	Yes		
q	O the	transfer of cash or property to other organization(s)			1q		No	
r	r Other transfer of cash or property from other organization(s)							
						•		
	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsh	nips and transaction thresholds				
		(A)	(B) Transaction	(C)				
		Name of other organization(s)	Transaction type(a-r)	Amount Involved				
(1)								
(2)								
(3)								
(4)								
(5)								

Part VI Unrelated Organizations Taxable as a Partnership

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

									_							
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No						
			•	•		•		Cabadul	. D / Farms	9907 2008						

Additional Data

Software ID: Software Version:

EIN: 51-0255908

Name: Ashoka

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

The creation of an association of the world's leading social entrepreneursmen and women with system changing solutions for the world's most urgent social problems. Since 1981, we have elected over 2,000 leading social entrepreneurs as Ashoka Fellows, providing them with living stipends, professional support, and access to a global network of peers in more than 60 countries. With our global community, we develop models for collaboration and design infrastructure needed to advance the field of social entrepreneurship and the citizen sector. Our Fellows inspire others to adopt and spread their innovations - demonstrating to all citizens that they too have the potential to be powerful changemakers.

Software ID: 08000095

Software Version: v1.00

EIN: 51-0255908

Name: Ashoka

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
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