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 $_{\text{Form}}990$

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo			r, or tax year beginning 09		D		
B Che	ck if ap	pplicable Please	C Name of organization Ashoka			D Employer id	dentification number
Add	ress cha	ange use IRS label or	Doing Business As	51-02559 E Telephone I			
_ Nar	ne chan		Doing business as				
_ Inıt	al retur	rn Specific	Number and street (or P O b	ss) Room/suite	(703) 527		
– Ter	mınated	Instruc- tions.	1700 North Moore Street Suit		G Gross receipt	ts \$ 25,344,922	
– _{Am}	ended r	return	City or town, state or country	, and ZIP + 4			
— App	lication	pending	Arlington, VA 222091939				
			L ne and address of principa	Lofficer	U /a) Ta Ab		6
		William	Drayton	. omeer	affilia	ıs a group retu ıtes?	rn for
		1700 N Suite 2	North Moore Street				
			on, VA 222091939			l affiliates inclu	
Tax	r-exem	pt status 🔽 501(c) (3) ◄ (insert no)	(a)(1) or 527		o," attach a lis ip exemption r	st (see instructions)
		∷ ► www ashoka o			n(c)	ip exemption i	idilibel F
					l T		
	n of org r t I		tion Trust Association C	Other 🟲	L Year of fo	rmation 1980	M State of legal domicile VA
Ρā		Summary Briefly describe th	e organization's mission of	r most significant activities			
& Governance		providing them wit our global commun entrepreneurship a citizens that they	h living stipends, profession nity, we develop models for and the citizen sector Our too have the potential to b		al network of ucture needed id spread thei	peers in more to advance th r innovations -	than 60 countries With ne field of social - demonstrating to all
ACTIVITIES &		,		ntinued its operations or disposed			
Ì				body (Part VI, line 1a)			33 4
<u>ទ្</u>				ie governing body (Part VI, line 1b))		-
•			nployees (Part V, line 2a)				
			olunteers (estimate if neces	SSary) Part VIII, column (C), line 12 .			
		_		Form 990-T, line 34	•		7a
		Tree am oracea pas			Prio	or Year	Current Year
	8	Contributions and	d grants (Part VIII, line 1h	n)			
a)						33,991,2661	24,813,865
≘	9	Program service])		33,991,266	24,813,865
wenue	9 10	-	revenue (Part VIII, line 2g	•			
Rayenue		Investment incor	revenue (Part VIII, line 2ç me (Part VIII, column (A),	g)		0	0
Revenue	10	Investment incor Other revenue (P Total revenue—a	revenue (Part VIII, line 2g me (Part VIII, column (A), art VIII, column (A), lines dd lines 8 through 11 (mus	g)		0 1,112,056 15,517	0 335,746 2,964
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Form **990** (2009)

Part III Statement of Program Service Accomplishments 1 Briefly describe the organization's mission

Ashoka strives to shape a global, entrepreneurial,	competetive citizen sector	one that allows soci	ial entrepreneurs to thrive	and enables the
world's citizens to think and act as changemakers.				

2	Did the organization ur the prior Form 990 or 9		ant program services durii	ng the year which were not listed on	Γ Yes Γ No
	If "Yes," describe thes		chedule O		, ,
3	,	ase conducting, or i		n how it conducts, any program	┌ Yes ┌ No
	If "Yes," describe thes	e changes on Sched	ule O		
4	Section 501(c)(3) and	501(c)(4) organizat	ions and section 4947(a)(ion's three largest program services (1) trusts are required to report the a h program service reported	•
4a	(Code) (Expenses \$	10,725,687 including gra	ants of \$ 4,955,841) (Revenue :	\$ 0)
		ntrepreneurs - entrepren		igines of change and role models for the citiz social impact - supporting the individual, ide	
4b	(Code) (Expenses \$	7,964,392 including gra	ants of \$ 0) (Revenue :	\$ 0)
		progress within the comr	nunity Systems include access	ation of sustainable social solutions by develo to social financing, bridges to business and a	
	(Code) (Expenses \$	6,890,238 including gra	ants of \$ 0) (Revenue s	\$ 0)
			Through Group Entrepreneurshi and spread social impact (1 pro	p programs, Ashoka engages communities of gram)	f entrepreneurs and develops
	Other program servic	es (Describe in Sch	edule O) See also Addit io	nal Data for Description	
	(Expenses \$		luding grants of \$	0) (Revenue \$	0)
4e	Total program service	e expenses►\$	26,396,153		

Part IV	Checklist	of Red	uired	Schedule

			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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? 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 U S? 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 U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
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 line 25	24a		N o
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
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? <i>If</i> "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
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		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Part V	Statements	Regarding	Other IRS	Filings a	nd 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 121			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	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, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
L	return			
D	If at least one is reported on line 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 (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
b	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	
ь	AR, BR, CA, CE, CH, CO, EG, EI, FR, GM, ID, IN, IS,			
	KE , MX , NI , NP , PE , PK , PL , RP , SF , SG , SP , SZ , TH , If "Yes," enter the name of the foreign country TU , UG , 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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
Ь	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	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		Νo
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		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	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			
	year 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b

Section A	A Governing Body and Management
р	processes, or changes in Schedule O. See instructions.
D	below, and for a No Tesponse to lines oa, ob, or for below, describe the circumstances,

Se	ction A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body					
ь	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		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
6	Does the organization have members or stockholders?	6		Νο		
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		Νο		
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			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o		
Se	ction B. Policies (This Section B requests information about policies not required by the Internal					
	venue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	Yes			
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
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			
ь	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
	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		No		
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				
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed ►VA					
18	Section 6104 requires an organization to make its 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.					
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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 i	not compen	sate any	/ curi	rent	or fo	rmer c	ffice	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
William Drayton Chairman	40	х		х				116,682	0	5,898
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 Secretary Treasurer	5	х		х				0	0	0
Mary Gordon Director	5	х						0	0	0
Diana Wells President	40			х				135,572	0	2,286
Romanus Berg COO	40			х				119,109	0	16,578
David Tikkala Director of Finance	40					х		126,600	0	5,898
Maria Valeria Budinich Manager	40					х		139,018	0	6,198
Elizabeth Nitze Manager	40					х		119,732	0	2,264
Lucy Perkins Manager	40					х		126,899	0	2,264
Allen Hammond Manager	40					х		122,322	0	14,132

-	1,005,934	0	55,51

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►10

			Yes	No
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 on line 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			
	ındıvıdual	4		No
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

1b Total .

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				
Enomaly 300 The East Mall Suite 102 Etobicoke, Ontario M9B 6B7 CA	Web Services Development	594,386				
Rand Solutions 12001 Remington Drive Silver Spring, MD 20902	Info Tech Support	250,852				
Delyse Sylvester 719 Silica Street Nelson, British Columbia V1L 4N3 CA	Program Content Development	165,467				
4C Consulting 9th Street Building 7 Bayada Cornet Chewah Metn 2425 3423 LE	Info Tech Development	160,725				
McArdle Printing 800 Commerce Drive Upper Marlboro, MD 207748792	Printing Services	140,741				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►10						

Page 8

Form 9			(D					Page 9
Part	/	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
まる	1a	Federated cam	paigns 1a	23,009				
豆豆	b	Membership du	es 1b	0				
S, Ç	c	Fundraising eve	ents 1c	0				
無無	d	Related organiz	ations 1d	0				
<u>∞</u> ≡	e	Government grants	s (contributions) 1e	0				
Contributions, gifts, grants and other similar amounts	f	All other contribution	ons, gifts, grants, and 1f	24,790,856				İ
5 ± 5	g		butions included in					
뒫			,210,884					
ဝမ	h	Total. Add lines	s 1a-1f	🖊	24,813,865			
				Business Code				
Ĭ.	2a							
\$5 \$4	ь							
e H	c		_					
ž	d	_						
Ÿ,	e	-						
<u>ह</u>	f	All other progra	ım service revenue					
Program Serwce Revenue								
	g		s 2a – 2f		0			
	3		ome (including dividen	. 1	468,893	0	0	468,893
	4		ar amounts) stment of tax-exempt bond		0	0	0	100,033
	5		anient of tax exempt bond	proceeds	0	0	0	0
		Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	0	0				
	ь	Less rental	0	0				
	_c	expenses Rental income	0	0				
		or (loss)			0	0	0	
	d	Net rental incol	me or (loss)		0	0	0	-
	7a	Gross amount from sales of assets other	(i) Securities 59,200	(II) O ther				
	ь	than inventory Less cost or	192,347	0				
	-	other basis and sales expenses	,					
	c	Gain or (loss)	-133,147	0				
	d	Net gaın or (los	s)		-133,147	0	0	-133,147
ne	8a	Gross income f events (not inc \$						
Other Revenue			reported on line 1c)	0				
<u> </u>	ь	Less direct ex	penses b	0				
δ	С	Net income or ((loss) from fundraising	events 🟲	0	0	0	0
	9a	Gross income f See Part IV, lin	rom gaming activities le 19	0				
	b c		penses b (loss) from gaming acti	0	0	0	0	0
	10a	Gross sales of returns and allo		0				
	ь	Less cost of g	oods sold b	0				
	с		(loss) from sales of inve	entory 🛏	0	0	0	0
		Miscellaneous	Revenue	Business Code				
	11a	Miscellaneous	ıncome	900,099	2,964	0	0	2,964
	ь							
	c							
	d	All other reven	ue		0	0	0	0
	е	Total. Add lines	s 11a-11d		2,964			
	12	Total revenue.	See Instructions .	▶	25,152,575	0	0	338,710

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	l other organizations must complete column (A) but are not required to	compicte column	15 (<i>D)</i> // (<i>C)</i> // and	(-) .	
	ot include amounts reported on lines 6b, o, 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				<u> </u>
	in the U.S. See Part IV, line 21	630,000	630,000		
2	Grants and other assistance to individuals in the				
	U S See Part IV, line 22	198,348	198,348		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See	4 427 402	4 427 402		
	Part IV, lines 15 and 16	4,127,493	4,127,493		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	10,087,825	8,468,426	677,955	941,444
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	876,766	721,523	54,970	100,273
10	Payroll taxes	1,163,637	1,003,328	· · ·	94,672
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	0	0	0	0
с	Accounting	190,877	158,418	14,650	17,809
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	487,007	428,696	17,845	40,466
12	Advertising and promotion	0	0	0	0
13	Office expenses	1,748,473	1,161,245	99,646	487,582
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	1,253,711	990,674	161,910	101,127
17	Travel	2,017,533	1,826,353	23,406	167,774
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	602,297	590,325	570	11,402
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	102,363	63,292	29,153	9,918
23	Insurance	99,880	33,231	66,160	489
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	Equipment expensed	195,582	181,606	7,104	6,872
b	A wards	1,089,075	1,085,961	0	3,114
С	Dues, Books & Subscriptions	91,203	75,067	10,286	5,850
d	Local Transportation & Meals	321,843	307,529	2,407	11,907
e	Professional/Consulting Fees	4,763,352	4,171,297	323,478	268,577
f	All other expenses	220,808	173,341	19,042	28,425
25	Total functional expenses. Add lines 1 through 24f	30,268,073	26,396,153	1,574,219	2,297,701
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1,173,825 1.089.222 1 Cash—non-interest-bearing 1 20.042.274 2 16.734.726 2 37,649,308 30.980.971 3 3 4 0 4 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of ol 5 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 0 0 6 0 0 7 0 0 26,382 9 115,843 Land, buildings, and equipment cost or other basis Complete 1.101.906 10a 10a Part VI of Schedule D 306,106 10c 10b 888.451 213.455 b Less accumulated depreciation 19.365.258 11 19,077,637 11 ol 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 491.546 15 15 501.113 16 16 79,054,699 68,712,967 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 371.760 17 667.513 17 Accounts payable and accrued expenses . 18,361,003 14,102,943 18 18 0 19 0 19 0 0 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 0 21 0 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified ol 0 22 οl 0 23 23 Secured mortgages and notes payable to unrelated third parties . . ol 0 24 Unsecured notes and loans payable to unrelated third parties 24 ol 0 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 18,732,763 26 14,770,456 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 2.270.899 132,657 27 Unrestricted net assets 27 28 38.685.779 28 34.732.217 Temporarily restricted net assets Fund 19.365.258 29 19.077.637 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 60,321,936 33 Total net assets or fund balances 33 53,942,511 34 Total liabilities and net assets/fund balances 79.054.699 34 68,712,967

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

51-0255908

Pai	rt I	Reaso	on for Pub	olic Charity Stat	us (All org	anızatıons	must comp	olete this p	art.) See ins	tructions		
he c	rganız	zation is	not a private	foundation because	ıtıs (Forli	nes 1 throu	gh 11, check	only one bo	x)			
1	Γ	A churc	h, conventio	n of churches, or as:	sociation of	churches s	ection 170(b)(1)(A)(i).				
2	Г	A schoo	l described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	ıle E)					
3	Γ			erative hospital serv				n 170(b)(1)	(A)(iii).			
4	Γ		al research 's name, cit	organization operate y, and state	ed in conjunc	tion with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). Ente	rthe	
5	Г	An orga	nızatıon ope	rated for the benefit	of a college	or universit	y owned or o	perated by a	governmenta	l unit describ	_ ed in	
		section	170(b)(1)(A	()(iv). (Complete Pa	rt II)		•		-			
6	Γ			ocal government or		al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).			
7	<u>\</u>	describe	ed in	t normally receives a		part of its	support from	a governme	ntal unit or fro	m the general	public	
8	Г			described in section		.)(vi) (Com	nplete Part II	:)				
9	Ė			normally receives					outions, memb	ership fees. a	nd aro	5 S
	•											
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
				anızatıon after June 3						•		
10	Г	An organization organized and operated exclusively to test for public safety See section 509(a)(4).										
11	Γ	An orga one or n the box	nızatıon orga nore publicly	anized and operated supported organizates the type of supported by Type II	exclusively tions describ erting organiz	for the bene bed in secti zation and c	efit of, to perf on 509(a)(1)	orm the func or section ! s 11e throug	tions of, or to 509(a)(2) See gh 11h	•	a)(3).	Check
e f g	ı	other th section If the or check th Since A	an foundation 509(a)(2) ganization r his box ugust 17, 20	x, I certify that the or in managers and othe eceived a written de 206, has the organiz	er than one o	or more pub	licly supporto	ed organızat Type I, Type	ions described	d in section 5	09(a)(:	1) or
			g persons? rson who dire	ectly or indirectly co	ntrols, eithe	r alone or to	ogether with i	persons des	cribed in (ii)		Yes	No
				overning body of the	•		-		,	11g(i)	1.55	
				r of a person describ		=				11g(ii)		
		• •	•	ed entity of a person			bove?			11g(iii)		
h				g information about t							ı	
(i) Name suppoi organiz		of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e Ion In ted In Irning	Did you no organiza col (i) c suppo	otify the ition in of your	(vi) Is th organiza col (i) org in the U	ie tion in janized	A m	vii) ount of oport?
				(see instructions))	Yes	No	Yes	No	Yes	No	1	
				,,		1						
						1						
						1				1		
						1						
						1				1		
	1					+	1	+			 	

ınstructions

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.)

S	ection A. Public Support			,	/			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	25,420,460	30,044,770	35,407,398	33,991,266	24	4,813,865	149,677,759
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	C	0	0	0		0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	C	0	0	0		0	0
4	Total. Add lines 1 through 3	25,420,460	30,044,770	35,407,398	33,991,266	24	4,813,865	149,677,759
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							30,137,014
6	Public Support. Subtract line 5 from line 4							119,540,745
S	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	209	(f) Total
7	beginning in) A mounts from line 4	25,420,460	1,777,139	35,407,398	33,991,266	24,813,865		149,677,759
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	1,174,397	1,777,139	1,732,104	1,189,113	468,893		6,341,646
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	141,191	109,891	57,240	15,517		2,964	326,803
11	Total support (Add lines 7							156,346,208
12	through 10) Gross receipts from related activiti	as atc (Saa inst	ructions \			1		·
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or f	ifth tax year as a	12 501(c)(<u> </u> 3) organi:	zation,
S	ection C. Computation of Pub							
14	Public Support Percentage for 2009	9 (lıne 6 column ((f) divided by line	11 column (f))		14		76 459 %
15	Public Support Percentage for 2008	15		68 186 %				
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization	ılıfıes as a publıc organızatıon dıd	ly supported orga not check the bo	nization x on line 13 or 16				► ▼
	10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part IV how the organization mee organization	tion meets the "fa ets the "facts and	acts and circums circumstances"	tances" test, che test The organiz	ck this box and st ation qualifies as	t op here . a public	Explain ly suppor	ted ▶┌
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets the	e "facts and circu	mstances" test, o	check this box an	d stop h	ere.	, ▶ □

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

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

Explanation
Part II Line 10 Other Income- Thisrepresents miscellaneous revenues received

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493140002131

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

Part I	Organizations Maintaining Donor Ad		Other Similar F		0255908 or Accounts	. Complet	e if the
	organization answered "Yes" to Form 99	•	l	T .	1.) = 1		
Total	number at end of year	(a) Donor ac	ivisea tunas	,	b) Funds and o	ther accoun	its
	egate contributions to (during year)						
	egate contributions to (during year)						
	egate value at end of year						
funds	he organization inform all donors and donor advi s are the organization's property, subject to the	organization's exclus	ıve legal control?			☐ Yes	☐ No
us e d c o n fe	he organization inform all grantees, donors, and only for charitable purposes and not for the ben erring impermissible private benefit	efit of the donor or do	nor advisor, or for a	iny othe	r purpose	┌ Yes	┌ No
art II	Conservation Easements. Complete	ıf the organızatıon	answered "Yes" t	to Forn	າ 990, Part IV	/, line 7.	
	ose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat	·				•	ı
Comp	Preservation of open space plete lines 2a-2d if the organization held a quali	ıfıed conservatıon co	ntrıbutıon ın the forn	n of a co	nservation		
ease	ment on the last day of the tax year				Held at the	End of the	Vaar
Total	number of conservation easements			2a	neid at the	end of the	reai
	l acreage restricted by conservation easements			2b			
	ber of conservation easements on a certified his		led in (a)	2c			
	ber of conservation easements included in (c) a		• •	2d			
	ber of conservation easements modified, transfe				o organization	during	
	axable year 🛌	erreu, rereaseu, extini	juisneu, or terminat	eu by th	e organization	uuriiig	
Numl	ber of states where property subject to conserva	ation easement is loc	ated ►				
	the organization have a written policy regarding cement of the conservation easements it holds?		ring, inspection, han	ıdlıng of	violations, and	☐ Yes	┌ No
Staff	and volunteer hours devoted to monitoring, insp	pecting and enforcing	conservation easer	ments d	uring the year 🖡	•	
A mot	unt of expenses incurred in monitoring, inspectii	ng, and enforcing con	servation easement	s during	g the year ► \$ _		
	each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the	requirements of se	ction		☐ Yes	┌ No
balan	art XIV, describe how the organization reports conce sheet, and include, if applicable, the text of t rganization's accounting for conservation easen	the footnote to the or		•	•		
rt III	Organizations Maintaining Collection Complete if the organization answered '			or Otl	ner Similar	Assets.	
art, h	e organization elected, as permitted under SFAS historical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fin	for public exhibition,	education or resear	ch ın fu			,
hısto	e organization elected, as permitted under SFAS rical treasures, or other similar assets held for j de the following amounts relating to these items	public exhibition, edu					
(i) _R	evenues included in Form 990, Part VIII, line 1				► \$		
(ii) _A	ssets included in Form 990, Part X				► \$		
Ifthe	e organization received or held works of art, history ving amounts required to be reported under SFA:			or finan			
Reve	nues included in Form 990, Part VIII, line 1				> \$		

Assets included in Form 990, Part X

'ar	Till Organizations Maintaining Co	llections of Art	, His	toric	<u>:al Tre</u>	asur	es, or O	<u>the</u>	<u>r Similai</u>	Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e follo	owing th	at are	a sıgnıfıca	nt u	se of its co	llection	n	
а	Public exhibition		d	Γ	Loan or	excha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
1	Provide a description of the organization's contact Part XIV	ollections and expla	ın how	they	further	the or	ganızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								ıılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answered	7" t	es" to For	m 990),	
	Part IV, line 9, or reported an ar											
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lan or other interme	ediary	for co	ntributi	ons or	otherass	ets 1	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	ble		_					
							-			A mou	ınt	
С	Beginning balance						_	1c				
d	Additions during the year						L	1d				
е	Distributions during the year							1e				
f	Ending balance							1 f				
la	Did the organization include an amount on F	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	1										
a'	rt V Endowment Funds. Complete											
		(a)Current Year	(b)Prior		(c) Tw	o Years Back	(d	Three Years	Back (e	e)Four Ye	ears Back
а	Beginning of year balance	21,465,588			,076,423			+				
b	Contributions	2,500			,019,950			_				
C	Investment earnings or losses	-290,121		2	,269,215			_				
d	Grants or scholarships	0			0			\bot				
e	Other expenditures for facilities and programs	1,450,000		1	,900,000							
f	Administrative expenses	0			0			\top				
g	End of year balance	19,727,967		21	,465,588							
2	Provide the estimated percentage of the year	r end halance held a	95									
а	Board designated or quasi-endowment	3.3 %										
_												
ь	remailent endowment P											
с -	remi endowment	and afthe organize			ra bald m		m.n.atarad	.	+h.a			
a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	.паса	re neiu a	anu au	iiiiiis tered	101	tile		Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)		Νo
b	If "Yes" to 3a(II), are the related organization	•								3b		
	Describe in Part XIV the intended uses of th											
a i	t VI Investments—Land, Building	s, and Equipme	nt. S	<u>ee Fo</u>	orm 990	0, Par	t X, line	10.				
	Description of investment) Cost or d is (investr		(b) Cost or o basis (othe		(c) Accumi deprecia		(d) Bo	ok value
.a	Land					0		0				C
b	Buildings		•			0		0		0		C
c	Leasehold improvements				16	59,708		0	:	165,099		4,609
d	Equipment				87	74,338		0	(69,405		204,933
e	Other					57,860		0		53,947		3,913

213,455

Part VII Investments—Other Securities. Se	ee 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 va	alue
Financial derivatives		·	
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	+		
Part VIII Investments—Program Related. S		3.	
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market va	alue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X,		425	
(a) Desc	ription	(b) Book v	
Other Receivables			430,411
Security Deposits			70,702
Total. (Column (b) should equal Form 990, Part X, col.(B) lin			501,113
Part X Other Liabilities. See Form 990, Par			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
See Additional Data Table			
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	• 0		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,152,575
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,268,073
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,115,498
4	Net unrealized gains (losses) on investments	4	-646,858
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-617,069
9	Total adjustments (net) Add lines 4 - 8	9	-1,263,927
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,379,425
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	29,543,670
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	4,257,948
3	Subtract line 2e from line 1	3	25,285,722
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)		
С	Add lines 4a and 4b	4c	-133,147
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	25,152,575
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	35,923,095
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	5,655,022
3	Subtract line 2e from line 1	3	30,268,073
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
ь	Other (Describe in Part XIV) 4b 0		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	30,268,073
Pa	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04		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		Represents 133,147 of Realized Investment Losses, 646,858 of Unrealized Investment Losses and 617,069 of Foreign Exchange Losses Added Together

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SCHEDULE F

Department of the Treasury

(a) Region

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493140002131

Statement of Activities Outside the United States

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

(e) If activity listed in (d)

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public **Inspection**

(f) Total expenditures

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.

(d) Activities conducted in

1	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			
	the grants or assistance?	Yes	Γ	No

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	(b) Number of offices in the region	(c) Number of employees or agents in region	region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region	
Central America and the Caribbean	0	0	Grantmakıng		50,272	
East Asia and the Pacific	4	19	Grantmakıng		128,055	
East Asia and the Pacific			Program Services	Search and support for Fellows	627,765	
Europe (including Iceland and Greenland)	7	56	Grantmakıng		2,103,886	
Europe (including Iceland and Greenland)			Program Services	Search and support for Fellows	5,170,923	
Middle East and North Africa	2	9	Grantmakıng		259,467	
Middle East and North Africa			Program Services	Search and support for Fellows	724,833	
North America (including Canada and Mexico, but not the United States)	2	26	Grantmaking		572,796	
North America (including Canada and Mexico, but not the United States)			Program Services	Search and support for fellows	1,171,446	
South America	4	37	Grantmakıng		756,014	
South America			Program Services	Search and support for Fellows	2,867,290	
South Asia	3	33	Grantmakıng		30,235	
South Asia			Program Services	Search and support for Fellows	956,499	
Sub-Saharan Africa	4	11	Grantmakıng		226,768	
Sub-Saharan A frica			Program Services	Search ans support for Fellows	643,959	
Totals ▶	26	191			16,290,208	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009						

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	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 n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

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.

(c) Number of (a) Type of grant or (b) Region (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash assistance (book, FMV, assistance appraisal, other) Fellow stipends Central America and 50,272 Wire transfer 1 the Carıbbean Fellow stipends East Asia and the 8 128,055 Wire transfer Pacific Fellow stipends Europe (including 35 2,103,886 Wire transfer Iceland and Greenland) 259,467 Wire transfer Fellow stipends Middle East and North 4 A frıc a 572,796 Wire transfer Fellow stipends North America 8 (including Canada and Mexico, but not the United States) South America 12 756,014 Wire transfer Fellow stipends Fellow stipends South Asia 12 30,235 Wire transfer Fellow stipends Sub-Saharan Africa 10 226,768 Wire transfer

Schedule F (Form 990) 2009

Part IV Supplemental I	Information rt to provide the information requ	ired in Part I, line 2, and any 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.

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493140002131

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Ashoka

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

> Employer identification number 51-0255908

Form 990, Part I	ner Assistance to V, line 21 for any i	o Governments and received of additional space of additional space	Organizations in more than \$5,000.	the United States Check this box if n	o one recipient rece	ived more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Resonate Inc251 Rhode Island Street Suite 105 San Francisco, CA 94103	201836547		90,000	0			Stipend Support
Wholesome Wave Foundation Charitable Ventures Inc189 State Street Bridgeport, CT 06604	260352899		90,000	0			Stipend Support
Rocketship EducationPO Box 21366 San Jose, CA 95151	204040597		90,000	0			Stipend Support
Fresh Lifelins for Youth Inc 120 W Mission Street San Jose, CA 95110	522234593		90,000	0			Stipend Support
MIA Consulting Group Foundation Inc5208 Alton Road Miami, FL 33140	272597388		90,000	0			Stipend Support
Trans Form CA436 14th Street Oakland, CA 94612	721521579		90,000	0			Stipend Support
PRX IncPO Box 382234 Cambridge, MA 02238	263347402		90,000	0			Stipend Support

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

(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
3	198,348	0		
	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance (book, FMV, appraisal, other)

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

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Ashoka has developed an extensive and thorough grantee selection process Grantees provide progress reports and participate in fellowship activities Ashoka field staff provide oversight and support
SchI_P02_S00_L01	Schedule I, Part II, Line 1	During FY2010, Ashoka elected a total of 10 Fellows based in the United States Of the ten, seven are reported in Part II and three are reported in Part III

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization **Employer identification number** F1 02FF000

Pa	rt I Types of Property			1	51-0255908			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	etermi	nıng	
1	Art—Works of art	аррисавіе		19				
	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	26	1,210,884	Market Value			
10	Securities—Closely held stock \cdot							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18								
19	•							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	Other ►()							
	O ther ►()							
28	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29			0
20-	During the year did the organize	tion rocally	a by contribution any propa	rty reported in Bart I. lines	1 20 +hat #		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	a to be used			NI -
	for exempt purposes for the enti					30a		No_
31	If "Yes," describe the arrangement of the organization have a gif			eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 51-0255908

Name: Ashoka

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493140002131

OMB No 1545-0047

2009

Open to Public Inspection

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990**

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

Attach to Form 990.

Name of the organization

Employer identification number

51-0255908

ldentifier	Return Reference	Explanation
F990_P01_S00_L06	Form 990, Part I, Line 6	Volunteers are integral and essential in nearly all aspects of Ashoka's activities. Volunteers allow for leveraging of talent and maximization of program impact, as well as, they provide consultation and legal services. The largest component of our volunteer corps is engaged in a worldwide, grassroots search effort to identify changemakers and to help them grow their ideas and impact.

ldentifier	Return Reference	Explanation
F990_P01_S00_L19		The overall net expense for the fiscal year ending August 31, 2010, after excluding unrealized gains and losses, is comprised of 1) a \$3,953,562 decrease in temporarily restricted net assets (a result of the satisfaction of restrictions as compared to new restricted funds raised), 2) a decrease in unrestricted net assets of \$1,390,003, covered by available prior years' endow ment earnings, and 3) a \$228,067 increase in permanently restricted net assets. The current year decline was chiefly due to the timing of the awards of major multi-year grants.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	Form 990 review and approval process. An outside preparer is employed to complete the return. It is the Board's policy to distribute for comment the Form 990 draft prior to submittal. Finally, the Form 990 is reviewed, approved, and signed by the CEO.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c		Conflict of Interest Policy Ashoka's conflict of interest policy has been in place since 1993

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

ldentifier	Return Reference	Explanation						
F990_P06_S0C_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						

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

DLN: 93493140002131

2009

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2009

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

Insp

Employer identification number

Asnoka				51	-0255908		
Part I Identification of Disregarded Entities (Comple	te if the organization a	answered "Yes" on	ı Form 990, Paı	t IV, lın	e 33.)		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	End-of-y	(e) year assets	Dii	(f) rect controlling entity
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ations (Complete if t e tax year.)	he organization ar	nswered "Yes" (n Form	990, Part 1	[V, lır	ne 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ection F	(e) Public chanty sta f section 501(c)	atus (3))	(f) Direct controlling entity
Youth Venture Inc 1700 North Moore Street Suite 2000 Arlington, VA 22209 54-1744720	Youth Entrepreneurship	VA	501(c)(3)			Yes	N/A
Get America Working Inc 1700 North Moore Street Suite 2000 Arlington, VA 22209 54-1882605	Promoting Full Employment	VA	501(c)(3)			Yes	N/A

Cat No 50135Y

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	ol (d) cile Direct controlling or 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 Disprop if-year allocat		Code amount II Sched	(i) ode V—UBI nt in box 20 of hedule K-1 orm 1065)) ral or iging ner?
								Yes	No			Yes	No
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

Pa	rt V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 34, 35, or 36.)						
	Not e.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No			
1 D	uring th	e tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV 7	•						
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity								
b	b Gift, grant, or capital contribution to other organization(s)								
c	Gıft, g	ant, or capital contribution from other organization(s)		1c		No			
d	d Loans or loan guarantees to or for other organization(s)								
e	Loans	or loan guarantees by other organization(s)		1e		No			
f	Sale	assets to other organization(s)		1f		No			
g	Purch	ase of assets from other organization(s)		1 g		No			
h	Excha	nge 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	mance of services or membership or fundraising solicitations for other organization(s)		1k		No			
ı	I Performance of services or membership or fundraising solicitations by other organization(s)								
m	Sharır	g of facilities, equipment, mailing lists, or other assets		1m	Yes				
n	Sharıı	g of paid employees		1n	Yes				
o	Reiml	ursement paid to other organization for expenses		10		No			
р	Reiml	ursement paid by other organization for expenses		1р	Yes				
q	0 ther	transfer of cash or property to other organization(s)		1 q		No			
r	Other	ransfer of cash or property from other organization(s)		1r		No			
2	Ifthe	inswer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	and transaction thresh	olds					
		(a)	(b) Transaction		(c)				
		Name of other organization	type(a-r)	Amour	t involv	ed			
(1)									
(2)									
(3)									
(3)									
(4)									
(.,									
(5)									
` '									
(6)									

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Additional Data

Software ID: Software Version:

EIN: 51-0255908

Name: Ashoka

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program ser	vices				
(Code) (Expenses \$	815,836	ıncludıng grants of \$	0) (Revenue \$	0)
Idea Spread and Educa cooperatively among s	ition programs, including s	preading the i g on common	innovations of both individua or related problems This in	en the field of social entrepreneurship al social entrepreneurs and those deve ncludes publications, professional trair	eloped

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Equipment expensed	195,582	181,606	7,104	6,872
A wards	1,089,075	1,085,961	0	3,114
Dues, Books & Subscriptions	91,203	75,067	10,286	5,850
Local Transportation & Meals	321,843	307,529	2,407	11,907
Professional/Consulting Fees	4,763,352	4,171,297	323,478	268,577