** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	For the	2021 calendar year, or tax year beginning SEP 1, 2021 and e	ending A	JG 31, 2022		
B	Check if applicable	C Name of organization		D Employer ide	entifica	ation number
	Addres	ASHOKA				
	Name change	Doing business as		51-0255	908	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 2200 WILSON BLVD., SUITE 102, UNIT #313	Room/suite	E Telephone nu (703) 52		0
	⊥return/ termin ated	-			7-030	
	ated □Ameno	7 7 77		G Gross receipts \$		53,652,766.
F	return	ARBINGION, VA 22201		H(a) Is this a gro		
	Application pending	a l		for subordi		
_		SAME AS C ABOVE		H(b) Are all subording		
		empt status:	or 527			st. See instructions
		e: WWW.ASHOKA.ORG	/	H(c) Group exer		
	art I	organization: X Corporation	L Year	of formation: 1980	M	State of legal domicile: DC
	1	Briefly describe the organization's mission or most significant activities: MOBILIZ	ZE A MOVE	MENT TO BUILI) AN	
Governance		"EVERYONE A CHANGEMAKER" WORLD.				
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its n	et asse	ts.
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)			3	8
		Number of independent voting members of the governing body (Part VI, line 1b)			4	7
စ္	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5	112
<u>Y</u>	6	Total number of volunteers (estimate if necessary)			6	2100
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.
Φ				Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		50,655,2	267.	43,131,861.
Revenue	9	Program service revenue (Part VIII, line 2g)		951,9	921.	1,751,558.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,311,1	L12.	839,505.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		61,4	173.	206,303.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		52,979,7	773.	45,929,227.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,520,	720.	4,735,557.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		20,112,7	730.	21,261,306.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
ě	b b	Total fundraising expenses (Part IX, column (D), line 25)	518.			
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,240,8	301.	14,337,685.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		40,874,2	251.	40,334,548.
		Revenue less expenses. Subtract line 18 from line 12		12,105,5	522.	5,594,679.
Net Assets or			Ве	ginning of Current \	Year	End of Year
sets	20	Total assets (Part X, line 16)		104,488,5		102,229,455.
t As	21	Total liabilities (Part X, line 26)		8,725,6		7,059,768.
		Net assets or fund balances. Subtract line 21 from line 20		95,762,9	900.	95,169,687.
	art II	Signature Block				
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules		•	-	nowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.		
		Cionatura of officer		Doto		
Sig		Signature of officer		Date		
Her	е	GRETCHEN ZUCKER, CFO				
		Type or print name and title	1	Date Ch		DTIN
. .		Print/Type preparer's name Preparer's signature	if if		PTIN	
Paid	_	KRISTEN BARNETT JUSTEN DOWN	uu 0		f-employed ••	P01234578
-	parer	Firm's name RSM US LLP	Firm's EI	N 🕨	42-0714325	
Use	Only	Firm's address 1001 WATER ST. STE. 500			012	216 2200
		TAMPA, FL 33602		Phone no).813-	316-2300
May	y the IF	S discuss this return with the preparer shown above? See instructions				X Yes No

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	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	THE CREATION OF AN ASSOCIATION OF THE WORLD'S LEADING SOCIAL		
	ENTREPRENEURS - MEN AND WOMEN WITH SYSTEM-CHANGING SOLUTIONS FOR THE		
	WORLD'S MOST URGENT SOCIAL PROBLEMS - AND FOSTERING A GLOBAL CULTURE		
	OF EVERYONE BEING A CHANGEMAKER FOR THE GOOD OF ALL.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	es X No
_	If "Yes," describe these new services on Schedule O.		□
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	es X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses,	and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$10,966,363. including grants of \$627,989.) (Revenue)		182 485 V
4a	ORGANIZING FOR CHANGEMAKING:	\$,02,403.
	WE SEE AN EMERGING PATTERN IN ASHOKA'S NETWORK WHERE ENTREPRENEURS ARE		
	BUILDING A DYNAMIC KIND OF TEAM FOR THIS NEW ECONOMY. WHEN INDIVIDUALS		
	AND ORGANIZATIONS CROSS OLD BOUNDARIES AND ALIGN TOWARD A SHARED GOAL.		
	THEY FORM A "TEAM OF TEAMS," UNLOCKING MASSIVE AMOUNTS OF SOCIAL - AND		
	OFTEN BUSINESS - VALUE.		
4b	(Code:) (Expenses \$10,492,742. including grants of \$3,935,913.) (Revenue	\$ 1	57,929.
	LEADING SOCIAL ENTREPRENEURSHIP:		
	ASHOKA HAS PIONEERED THE FIELD OF SOCIAL ENTREPRENEURSHIP, IDENTIFYING		
	AND SUPPORTING THE WORLD'S LEADING SOCIAL ENTREPRENEURS SINCE 1980.		
	SOCIAL ENTREPRENEURS ARE INDIVIDUALS WITH INNOVATIVE SOLUTIONS TO		
	SOCIETY'S MOST PRESSING SOCIAL, CULTURAL, AND ENVIRONMENTAL CHALLENGES.		
	SOCIAL ENTREPRENEURS ARE AMBITIOUS AND PERSISTENT - TACKLING MAJOR		
	ISSUES AND OFFERING NEW IDEAS FOR SYSTEMS-LEVEL CHANGE. THEY MODEL		
	CHANGEMAKING BEHAVIOR AND CATALYZE ORGANIZATIONS AND MOVEMENTS WHERE		
	EVERYONE CAN BE CHANGEMAKER.		
4c	(Code:) (Expenses \$3,306,416. including grants of \$86,683.) (Revenue	\$	44,537.
	EMPATHY AND YOUNG CHANGEMAKING:		
	TOGETHER WITH OUR PARTNERS, WE ARE AT THE FOREFRONT OF A MOVEMENT TO		
	REDEFINE SUCCESS IN GROWING UP BY INSPIRING EVERY CHILD TO MASTER		
	EMPATHY AND EVERY YOUNG PERSON TO BECOME A CHANGEMAKER.		
4d	Other program services (Describe on Schedule O.)	162 640	
	(Expenses \$ 4,787,048. including grants of \$ 84,972.) (Revenue \$	162,649.)	
4e	Total program service expenses ► 29,552,569.		

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Form 990 (2021) ASHOKA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
J	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10		10	x	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	**	
11				
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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. See instructions	17		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	
	, , , , , , , , , , , , , , , , , , ,			

Form 990 (2021)

Part IV Checklist of Required Schedules (continued) ASHOKA 51-0255908

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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 lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Λ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		х
20	"Yes," complete Schedule L, Part IV	28c 29	х	- 21
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
JZ	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		_		

Form 990 (2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 51-0255908

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 112			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE 0			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		- 25
b		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
и 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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
Ŭ	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 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 N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 8 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 7 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE 0 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website X Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SUDEEP POUDEL - (703) 527-8300 2200 WILSON BLVD., SUITE 102, UNIT #313, ARLINGTON, VA 22201

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

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

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

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

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

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

Check this box if neither the organization n (A)	(C)						(D)	(E)	(F)	
Name and title	(B) Average	hours per box, unles					ne	Reportable	Reportable	Estimated
	hours per						an	compensation	compensation	amount of
	week	-	officer and a director/tr			r/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	related	eord	stee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	m pe n		1099-NEC)	1000 NEO)	and related
	below	idual	ution	 	Key employee	est co oyee	F .			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) DIANA WELLS	40.00									
LEADERSHIP TEAM & PRESIDENT EMERITA	5.00			Х				188,072.	0.	2,750.
(2) ROBERT SPOER	40.00									
LEADERSHIP GROUP MEMBER	5.00					Х		157,224.	0.	22,375.
(3) KEVIN YEA	40.00									
CFO UNTIL 4/30/2022	5.00			Х				162,440.	0.	6,175.
(4) KONSTANZE FRISCHEN	40.00									
LEADERSHIP GROUP MEMBER	5.00					Х		165,512.	0.	0.
(5) ANNE EVANS	40.00									
LEADERSHIP GROUP MEMBER	5.00					Х		157,566.	0.	1,500.
(6) WILLIAM DRAYTON	40.00									
CHAIRMAN	5.00	Х		Х				139,953.	0.	8,447.
(7) STUART YASGUR	40.00									
LEADERSHIP GROUP MEMBER	5.00					Х		145,081.	0.	155.
(8) CONRAD CARTER	40.00									
LEADERSHIP GROUP MEMBER	5.00					Х		142,463.	0.	0.
(9) SAMARA RANDHAWA	40.00									
SECRETARY & TREASURER	5.00			Х				53,279.	0.	22,973.
(10) GRETCHEN ZUCKER	40.00									
INTERIM CFO	5.00			Х				38,816.	0.	0.
(11) KYLE ZIMMER	2.00									
DIRECTOR		Х						0.	0.	0.
(12) SARA HOROWITZ	2.00	-								
DIRECTOR		Х						0.	0.	0.
(13) FELIPE VERGARA	2.00	-								
DIRECTOR		Х						0.	0.	0.
(14) SUSHMITA GOSH	2.00	-								
DIRECTOR		Х						0.	0.	0.
(15) ROGER HARRISON	2.00	-								_
DIRECTOR		Х						0.	0.	0.
(16) MARY GORDON	2.00	-								_
DIRECTOR		Х						0.	0.	0.
(17) FRED HEHUWAT	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.

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Form 990 (2021)

ASHOKA

Par	T VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one		one	Reportable	Reportable		Es	stimate	ed		
		hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensatio			nount	
		week (list any		J			7 11 40		from the	from related organizations			other	
		hours for	Individual trustee or director				ъ		organization	(W-2/1099-MIS			pensa om th	
		related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	trust	nal tru		oyee	om pe		1099-NEC)	,		d relat	:ed	
		below	vidua	Institutional trustee	cer	Key employee	hest coloyee	Former				orga	anizati	ons
		line)	in di	Inst	Officer	Key	High	Form						
									1 250 106					
	Subtotal								1,350,406.		0.		64,	375.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								1,350,406.		0.		64,	375.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	!			0.5
	compensation from the organization													27
											ſ		Yes	No
3	Did the organization list any former officer,	-	-	•	•	•		_		oyee on				
	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a	•				•			•	lual for services				
C	rendered to the organization? If "Yes," com	<u>plete Schedule</u>	Jf	or su	ıch i	oers	on .					5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	-							· · · · · · · · · · · · · · · · · · ·	ensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
	(A) Name and business	address							(B) Description of s	envices	C		C) nsatio	'n
		address							Description of s	ervices		ompe	iisalio	
	MUS CORPORATION NA									GEDIAT GEG			217	454
	W MAIN STREET, LEBANON, IN 46052							-	ACCOUNTING SUPPORT	SEKVICES			31/,	454.
	BAL PRINTING, INC. DBA MORE VANG								DDINMING GERVICES				246	E 0 4
	BOX 16240, ALEXANDRIA, VA 22302	DILIDE							PRINTING SERVICES				246,	584.
	2 ENGINEERING PVT LTD., 401, SAP								DD11D31 DE1101 001-1-	GIIDDOE T			200	014
PLAZ	A, NEW AIRPORT ROAD, VIMAN NAGAR	,						ŀ	DRUPAL DEVELOPMENT	POLLOKI,			222,	814.

Form **990** (2021)

197,912.

125,000.

NOURISHING SCHOOLS FOUNDATION

THE BROOKINGS INSTITUTION, 1775

3131 GUYSBOROUGH DR, FAIRFAX, VA 22031

 ${\tt MASSACHUSETTS\ AVENUE,\ N.W.,\ WASHINGTON,\ DC}$

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

NUTRITION

VALUING HOMES IN

BLACK-MAJORITY NEIGHBOU

51-0255908

Form 990 (2021)

Part VIII Statement of Revenue

		Check if Schedule O	conta	ins a re	sponse	or note to anv lin	e in this Part VIII			
						•	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								iunction revenue	business revenue	sections 512 - 514
इ इ	1 a	Federated campaigns		1	а					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues			b					
Ω,E		Fundraising events			С					
äifts ar A		Related organizations			d					
S, G		Government grants (contr			е	479,974.				
Sign	f	All other contributions, gifts,	grants	s, and						
but		similar amounts not included	above	e 1	f	42,651,887.				
P E	g	Noncash contributions included in	lines 1a	a-1f 1	g \$	64,848.				
<u>a Ö</u>	h	Total. Add lines 1a-1f)	43,131,861.			
						Business Code				
e e	2 a	FEE FOR SERVICE				900099	1,683,508.	1,683,508.		
Program Service Revenue	b	ASHOKA U PROGRAM				900099	68,050.	68,050.		
S Š	С									
eve eve	d	l <u></u>								
og B	е									
₫	f	All other program service	reven	ue						
	g	Total. Add lines 2a-2f)	1,751,558.			
	3	Investment income (includ	ling d	lividend	s, intere	st, and				
		other similar amounts)					1,834,527.			1,834,527.
	4	Income from investment of	of tax-	exempt	bond p	roceeds				
	5	Royalties								
				(i) F	Real	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income or (loss)))				
	7 a	Gross amount from sales of		.,	urities	(ii) Other				
		assets other than inventory	7a	6,72	8,517.					
	b	Less: cost or other basis								
an		and sales expenses	-		8,602.					
Revenue		Gain or (loss)	7c		0,085.	· · · · · · · · · · · · · · · · · · ·				
æ		Net gain or (loss)					-995,022.			-995,022.
her	8 a	Gross income from fundraisi	ng eve	ents (not	;					
ð		including \$		c						
		contributions reported on		,						
	_	Part IV, line 18								
		Less: direct expenses								
		Net income or (loss) from				>				
	9 а	Gross income from gamin	•							
	L	Part IV, line 19								
		Less: direct expenses								
		Net income or (loss) from			ities	>				
	ю а	Gross sales of inventory, I			10-					
	h	and allowances								
		Less: cost of goods sold								
\dashv	C	THE THEOTHE OF (1088) ITOTH	saits	or inver	погу	Business Code				
S I	11 a	OTHER REVENUE				900099	206,303.			206,303.
neo	ii a b									
Miscellaneous Revenue	C									
isce		All other revenue								
Σ		Total. Add lines 11a-11d				>	206,303.			
	12	Total revenue. See instruction					45,929,227.	1,751,558.	0.	1,045,808.

Form 990 (2021) Part IX Statement of Functional Expenses

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

00011	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		SAPSHESS	general expenses	experieds
	and domestic governments. See Part IV, line 21	177,607.	177,607.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	163,281.	163,281.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,394,669.	4,394,669.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,319,015.	610,997.	700,306.	7,712.
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	15,172,767.	10,999,859.	3,682,657.	490,251.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,570,166.	1,184,955.	336,028.	49,183.
10	Payroll taxes	3,199,358.	2,211,926.	909,117.	78,315.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	176,215.	79,978.	96,115.	122.
	Accounting	785,747.	225,006.	552,912.	7,829.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	7,922,364.	6,437,086.	1,350,895.	134,383.
12	Advertising and promotion	136,630.	69,249.	66,523.	858.
13	Office expenses	644,004.	270,778.	173,939.	199,287.
14	Information technology	426,117.	294,852.	125,220.	6,045.
15	Royalties	1 746 111	047 000	975 420	22 502
16	Occupancy	1,746,111.	847,088.	875,430.	23,593.
17	Travel	1,058,400.	808,015.	237,942.	12,443.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	266,407.	216,253.	47,899.	2,255.
19	Conferences, conventions, and meetings	200,407.	210,233.	±1,033.	2,233.
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	338,496.	127,731.	208,251.	2,514.
23	Inquirongo	203,419.	70,290.	131,853.	1,276.
23 24	Other expenses. Itemize expenses not covered	200,120.	, , , , , , , , , , , , , , , , , , , ,	202,000.	=,2,5,
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TAXES AND PENALTIES	270,979.	73,760.	188,390.	8,829.
b	OTHER EXPENSES	183,603.	170,361.	13,231.	11.
c	DUES, BOOKS & SUBSCRIPT	128,316.	83,142.	44,575.	599.
d	TRAINING	50,877.	35,686.	15,078.	113.
	All other expenses	, ,	,	,	
25	Total functional expenses. Add lines 1 through 24e	40,334,548.	29,552,569.	9,756,361.	1,025,618.
26	Joint costs. Complete this line only if the organization	. ,	. ,	. ,	· ,
=	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2224)

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Form 990 (2021) Part X Balance Sheet

Pai	τX	Balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X	(A)		
					Beginning of year		End of year
	1	Cash - non-interest-bearing	17,200,936.	1	13,913,601.		
	2	Savings and temporary cash investments		19,013,714.	2	16,422,985	
	3	Pledges and grants receivable, net			28,338,227.	3	30,446,471
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			3,169,565.	9	936,183
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		3,486,445.			
	b			2,459,650.	904,685.	10c	1,026,795.
	11	Investments - publicly traded securities			35,582,192.	11	39,048,880.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			279,246.	15	434,540.
	16	Total assets. Add lines 1 through 15 (must e			104,488,565.	16	102,229,455.
	17	Accounts payable and accrued expenses		1,105,023.	17	1,379,429.	
	18	Grants payable	6,987,162.	18	4,781,197.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or for					
ij		trustee, key employee, creator or founder, sul				00	
Liabilities	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrun Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lir					
		of Schedule D	163 17-24)	. Complete Fait A	633.480.	25	899,142.
	26	Total liabilities. Add lines 17 through 25			8,725,665.	26	7,059,768.
		Organizations that follow FASB ASC 958, c	heck her	<u> </u>	<u>, , , -</u>		, ,
es		and complete lines 27, 28, 32, and 33.					
Fund Balances	27				20,728,518.	27	25,440,230.
Bala	28	Net assets with donor restrictions	75,034,382.	28	69,729,457.		
힏		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund			29		
sets	30	Paid-in or capital surplus, or land, building, or			30		
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or	32	Total net assets or fund balances			95,762,900.	32	95,169,687.
_	33	Total liabilities and net assets/fund balances			104,488,565.	33	102,229,455.

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Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,	929,	227.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,	334,	548.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	3,	253,	829.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,	450,	848.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	95,	169,	687.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

		ASHOKA						51-0255908	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					oublic described in	
		section 170(b)(1)(A)(vi). (C			3		3		
8		A community trust describe		1)(A)(vi). (Complete Par	HII.)				
9	Ħ	An agricultural research org				ed in coniu	inction with a land-grant	college	
·		or university or a non-land-g							
		university:	rant concess or agric.	antaro (666 monachono).		iairio, oity	, and state of the conege	, 01	
10		An organization that norma	lly receives (1) more:	than 33 1/3% of its sunn	ort from c	ontribution	ns membershin fees and	d aross receipts from	
		activities related to its exem	• • • • • • • • • • • • • • • • • • • •				• •	•	
		income and unrelated busin							
		See section 509(a)(2). (Cor		(1033 300tion 511 tax) ite	iii busiiic	soco acquii	red by the organization a	inci dune do, 1373.	
11		An organization organized a	. ,	vely to test for public sat	faty Saa	section 50)Q(a)(4)		
12	H	An organization organized a	•	•	•			nurnoses of one or	
12		more publicly supported or	•	•	-		•		
		lines 12a through 12d that						SHECK THE DOX OH	
_		Type I. A supporting orga	* *					aivina	
а					•	-			
		the supported organization		• • • •	ппајопцу с	n the direc	tors or trustees or the st	аррогинд	
L		organization. You must o	-				d organization(s) by bay	ina	
b	'	☐ Type II. A supporting org	· ·					-	
		control or management o			arrie perso	ns mai coi	ntroi or manage the supp	Jorted	
_		organization(s). You mus			in connect	المناسمة	and functionally integrate	ما در ام	
С	· L	☐ Type III functionally inte					• •	ea with,	
		its supported organization						ti(-)	
d		☐ Type III non-functionally	=				• • • • • •		
		that is not functionally int	-	•	•		•	veness	
		requirement (see instructi	•						
е		Check this box if the orga					Type I, Type II, Type III		
		functionally integrated, or							
		er the number of supported o							
g		vide the following information i) Name of supported	i about the supporte	d organization(s). (iii) Type of organization		anization listed	(v) Amount of monetary	(vi) Amount of other	
	,	organization	(-,	(described on lines 1-10	in your govern	ng document?	support (see instructions)	support (see instructions)	
				above (see instructions))	162	NO			

Page 2

Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

ASHOKA

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

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	38,295,290.	57,527,705.	41,001,658.	50,655,267.	43,131,861.	230,611,781.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	38,295,290.	57,527,705.	41,001,658.	50,655,267.	43,131,861.	230,611,781.
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)						21,806,208.
6	Public support. Subtract line 5 from line 4.						208,805,573.
	etion B. Total Support						200,003,373.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	38,295,290.	57,527,705.	41,001,658.	50,655,267.	43,131,861.	230,611,781.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,132,525.	1,146,593.	1,002,669.	1,224,693.	1,834,527.	6,341,007.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	109,036.	186,588.	413,942.	61,473.	206,303.	977,342.
11	Total support. Add lines 7 through 10						237,930,130.
12	Gross receipts from related activities,	,	,			12	4,854,827.
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	ourth, or fifth tax y	rear as a section 5	D1(c)(3)	
<u>S</u>	organization, check this box and stop ction C. Computation of Publi		contage				P
	Public support percentage for 2021 (I			oluma (fl)		14	87.76 %
						15	87.76 % 84.62 %
15 16a	Public support percentage from 2020 33 1/3% support test - 2021. If the co						
102	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						▶ □
b	10% -facts-and-circumstances test	-	-	*	-		
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	s >

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 ASHOKA Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total filts, greats, contributions, and membership fees received. (Do not include any function of the property	Sec	ction A. Public Support						
membarship fear received. (Do not include any "unusual grants") 2 Gross receipts from admissions, membarship sold of services performed, or facilities furnished in any activity that is related to the organization is tax-exempt purpose of Gross receipts from admissions at the services of the property of the organization is tax-exempt purpose of Gross receipts from admissions at the services of facilities furnished in any activity that is related to the organization is tax-exempt purpose of Gross receipts from admissions and the services of facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf or exemption of the organization without charge of Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons by Amousts received from disqualified persons by Amousts received an less 2 and 3 received from disqualified persons by Amousts received an less 2 and 3 received from disqualified persons by Amousts received an less 2 and 3 received from disqualified persons by Amousts received an less 2 and 3 received from disqualified persons and a less 3 and 3 received from disqualified persons and a less 3 and 3 received from disqualified persons and a less 3 and 3 received from disqualified persons and a less 4 and 3 received from disqualified persons and a less 4 and 3 received from disqualified persons and a less 4 and 3 received from disqualified persons and a less 4 and 3 received from disqualified persons and a less 4 and 3 received from disqualified persons and a less 4 and 3 received from disqualified persons and a less 4 and 3 received from disqualified persons and a less 4 and 3 received from disqualified persons and a less 4 and 3 received from disqualified persons and a less 4 and 3 received from disqualified persons and a less 4 and 3 received from disqualified persons and a less 4 and 3 received from disqualified persons and 3 received from similar sources and 3 received from similar sources and 3 re	Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organizations take eventy purpose 3. Gross receipts from admissions, and the properties of the organization is a sewering the properties of the organization is a sewering the properties of the organization is sevential and the organization is selected for the organization is selected for the organization is 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. 7. A mount is included on lines 1, 2, and 3 received from disqualified persons by Amenite Instanction without charge 6. Total. Add lines 1 through 6. 8. Public support. Organization in the properties of the prop	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from admissions and a control of the commission of the commission of the commission of the commission of the commission's benefit and either paid to or expended on its behalf. 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's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5		membership fees received. (Do not						
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's trave-empt purpose organization's travelled for the organization's benefit and either paid to or expended on its behalf or expended or expended on its behalf or expended or exp		include any "unusual grants.")						
formed, or facilities furnished in any activity that is related to the organization is tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons 3 received from disqualified persons 9. A mounts included on lines 1, 2, and 3 received from disqualified persons 9. A mounts included on lines 1, 2, and 3 received from disqualified persons 9. A mounts included on lines 1, 2, and 3 received from disqualified persons 9. A mounts included on lines 1, 2, and 3 received from disqualified persons 1. A public support. (absolute is 10 the by any 1. A public support. (absolute is 10 the by any 1. A public support. (absolute is 10 thing 1. A public support becomes the organization is 10 thing 1. A public support percentage for 2021 (line 10 thing 1. A public support percentage for 2021 (line 10 thing 1. A public support percentage for 2021 (line 10 thing 1. A public support tests 2020. If the organiz	2	Gross receipts from admissions,						
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19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. 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								
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b 33 1/3% support tests - 2020. 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	196							, 19 HOf
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	L							
	r.							
ALL PRIVATE TOURDATION IT THE ORGANIZATION OID NOT CHECK 2 DOY ON IND 1/1 TUB OF TUB CHECK THIS NOV and EAS INSTRUCTIONS	20							

Schedule A (Form 990) 2021 ASHOKA 51-0255908 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	10b		

Sche	edule A (Form 990) 2021 ASHOKA 5:	1-0255908	Ps	age 5
	rt IV Supporting Organizations (continued)			ago o
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	115		
Ū	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or	103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	Ton or Type it oupporting organizations		Vaa	NI-
	Management of the comparison to discontinuous and management to the comparison to the adjustment of the adjustment of the comparison to th		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sac	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	Tion B. All Type III Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	1 <u>s).</u>	ı
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2 a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

3b

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," describe in **Part VI** the role played by the organization in this regard.

Sche	edule A (Form 990) 2021 ASHOKA			51-0255908	Page 6
Pa					
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instr	ructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990) 2021

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)	r age r
Secti	on D - Distributions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
<u>10</u>	Line 8 amount divided by line 9 amount	T	I	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	;	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

Schedul	e A (Fo	rm 99	0) 202	21		ASHOK	A										5	1-0255	908	Page 8
Part \	/I S P lir S	upple art IV, ie 1; P	Section art IV, D, line	ntal In on A, lin Section es 5, 6,	es 1, n D, li	2, 3b, 3 nes 2 ar	• Provide c, 4b, 4c nd 3; Par art V, Sec	, 5a, 6 t IV, Se	, 9a, 9b, ection E	, 9c, 11 , lines 1	a, 11b, 1c, 2a,	, and 1 2b, 3a	1c; Pa ւ, and 3	art IV, 9 3b; Pai	Section t V, line	B, lines 1; Part	1 and 2 V, Sec	2; Part IV tion B, lii	/, Sectior ne 1e; Pa	n C,
SCHEDU					10,	EXPLA	NATION	FOR	OTHER	INCOM	Œ:									
OTHER																				
2017 A	MOUNT	: \$	109	,036.																
2018 A				,588.																
2019 A	MOUNT	: \$,942.																
2020 A	MOUNT	: \$		473.																
2021 A	MOUNT	: \$,303.																

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

	SHOKA	51-0255908						
Organization type (check	cone):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Note: Only a section 501	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.						
General Rule								
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	•						
Special Rules								
sections 509(a)(contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one						
	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, sc	•						
• •	ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e (b) instead of the contributor name and address), II, and III.	entering						
year, contributio is checked, ente purpose. Don't o	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>						
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,	**						
that it doesn't meet the fi	ing requirements of Schedule B (Form 990).							
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)						

Name of organization

ASHOKA

Employer identification number

51-0255908

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Page 2 Schedule B (Form 990) (2021) Name of organization Employer identification number ASHOKA 51-0255908 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ${\bf ZIP}$ + 4 **Total contributions** Type of contribution

		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Trainis, additions, and Elit	\$ 1,200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 1,536,990.	Person X Payroll

Name of organization **Employer identification number** ASHOKA 51-0255908 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 Х Person **Payroll** 2,214,176. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 14 Х Person **Payroll** 1,500,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

51-0255908

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	rganization		Employer identification number
ASHOKA			51-0255908
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
_	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of git d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of git d ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(-,	(-, 555 5. g	
-	Transferee's name, address, and	(e) Transfer of git	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number ASHOKA 51 - 0255908

Part	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
;	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
1	or charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Part	II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)	
	Preservation of land for public use (for example, recreati	on or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
•	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b ·	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
	Number of conservation easements included in (c) acquired af		ure
- 1	isted in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	/ear ▶		
	Number of states where property subject to conservation ease	\(\frac{1}{2}\)	
	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	servation easements during the year
ı	>		
	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	tion easements during the year
	> \$		
	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
	n Part XIII, describe how the organization reports conservation	•	
	palance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
Part	organization's accounting for conservation easements. III Organizations Maintaining Collections of A	Art Historical Treasures or Of	ther Similar Assets
ı aı ı	Complete if the organization answered "Yes" on Form 9		inci olilliai Assets.
10	f the organization elected, as permitted under FASB ASC 958		and balance about works
	of art, historical treasures, or other similar assets held for publi	•	
	•	, ,	·
	service, provide in Part XIII the text of the footnote to its finance		
	f the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public e		
		exhibition, education, or research in furti	lerance of public service,
	provide the following amounts relating to these items:		•
	ii) Revenue included on Form 990, Part VIII, line 1		
		gurgo, er ether similar agosta for financia	
	f the organization received or held works of art, historical treas the following amounts required to be reported under FASB AS		ıı gairi, provide
	Revenue included on Form 990, Part VIII, line 1		> \$

0.1	dule D (Form 990) 2021 ASHOKA					51-025	5000	_	2
	dule D (Form 990) 2021 ASHOKA † III Organizations Maintaining Co	Mactions of Art	Historical Tro	acures or Othe	r Similar				age 2
		-					(contir	nued)	
3	Using the organization's acquisition, accession	n, and other records,	check any of the f	ollowing that make s	significant u	se of its			
	collection items (check all that apply):	_	<u> </u>						
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's exe	mpt purpos	e in Part)	KIII.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be mai						Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organization	n answered "Yes" o	n Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ry for contributions	s or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
	, ,	•	· ·				Amoun	t	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance						1 1/2 -		٦
	Did the organization include an amount on Fo				•		Yes		∐ No
	If "Yes," explain the arrangement in Part XIII. (
Par	t V Endowment Funds. Complete if						() [h1-
	_	(a) Current year	(b) Prior year	(c) Two years back			(e) Four	-	
1a	Beginning of year balance	35,252,739.	27,286,259.		· ·	15,672.		259,	
b	Contributions	175,100.	272,052.	228,886.	1,08	35,000.		133,	954.
С	Net investment earnings, gains, and losses	-2,836,793.	8,881,669.	2,463,422.	-1,02	23,787.	1,	616,	448.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs		1,184,775.				2,	450,	708.
f	Administrative expenses	1,552.	2,466.	3,367.		9,567.		13,	870.
	End of year balance	32,589,494.	35,252,739.	27,286,258.	24,59	7,318.	24	545,	672.
2	Provide the estimated percentage of the curre				,	,			
	Board designated or quasi-endowment	The year error balarioe	%) 1101d do.					
h	Permanent endowment 90.6000	%	_/0						
	Term endowment 9.4000 %								
C									
_	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses .	sion of the organizati	on that are held an	id administered for t	ne organiza	tion	1	Vaa	Na
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the o		ment funds.						
Par	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or oth	ner (b) Cost	or other (c)	Accumulate	d _	(d) Boo	k valu	e
	-	basis (investme	ent) basis	(other) de	epreciation				
1a	Land								
	Buildings								
	Leasehold improvements								

Schedule D (Form 990) 2021

1,026,795.

1,026,795.

2,459,650.

3,486,445.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

51-0255908

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
	al derivatives			•
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" o	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) result arrival Farmer 0000 Part V and (P) line 10 \			
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		Description	, ,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4)	4-1		
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
Tarex	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25.	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
	E TO RELATED PARTIES			899,142.
(3)				·
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line of for uncertain tax positions. In Part XIII. provide	•		899,142.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2021 ASHOKA		51-0255908	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revent	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts 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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	5	
Par	t XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Par	t XIII Supplemental Information.	•		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; I	Part V, line 4; Part X, line 2; Part	XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		
PART	V, LINE 4:			
ASHO	KA MAINTAINS DONOR-RESTRICTED AND BOARD-DESIGNATED FUNDS	WHOSE PURPOSE		
IS T	O PROVIDE LONG TERMS SUPPORT FOR PROGRAMS. ON THOSE FUN	DS THAT ARE		
PERM	NAMENTLY RESTRICTED OR TEMPORARILY RESTRICTED, THE ENDOWM	ENT TRUSTEES		
FOLL	OW THE EXPLICIT DIRECTIONS OF THE DONOR WHERE APPLICABLE	. PERMANENTLY		
REST	RICTED NET ASSETS ARE RESTRICTED TO INVESTMENT IN PERPET	UITY, THE		
INCO	ME FROM WHICH IS AVAILABLE FOR PROGRAMS INCLUDING CHANGE	-MAKING,		
		·		
EDUC	ATION AND SOCIAL DEVELOPMENT, WOMEN ENTREPRENEURS, HEALT	H AND HUNGER,		
THE	ENVIRONMENT, JUSTICE AND PEACE, AND SOCIAL ENTREPRENEURS	HIP AMONG		
	· ·			
ОТНЕ	RS.			

Schedule D	(Form 990) 2021 ASHOKA	51-0255908	Page 5
Part XIII	(Form 990) 2021 ASHOKA Supplemental Information (continued)		
	11 (continued)		

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

ASHOKA 51-0255908 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE PACIFIC 30 PROGRAM SERVICES FELLOW SEARCH/SUPPORT 2,066,804. EUROPE (INCLUDING 15,436,687. ICELAND & GREENLAND) 15 163 PROGRAM SERVICES FELLOW SEARCH/SUPPORT MIDDLE EAST AND NORTH AFRICA 29 PROGRAM SERVICES FELLOW SEARCH/SUPPORT 84,523. 2 NORTH AMERICA PROGRAM SERVICES FELLOW SEARCH/SUPPORT 1,287,029. 2 28 SOUTH AMERICA 4 45 PROGRAM SERVICES FELLOW SEARCH/SUPPORT 1,676,677. SOUTH ASIA PROGRAM SERVICES FELLOW SEARCH/SUPPORT 929,961. SUB-SAHARAN AFRICA 4 PROGRAM SERVICES FELLOW SEARCH/SUPPORT 1,369,650. EAST ASIA AND THE PACTETO 0 0 GRANTS TO RECIPIENTS 253,924. 33 355 23,105,255. 3 a Subtotal **b** Total from continuation 0 4,140,745. 0 sheets to Part I Totals (add lines 3a 355 27,246,000.

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

Schedule F (Form 990) 2021

and 3b)

Schedule F (Form 990) ASHOKA 51-0255908 Page 1

(a) Region (b) Number of offices in the region offices in the region of offices in the region (c) Number of offices employees or agents in region (by type) (i.e., fundraising, program service, grants to recipients located in the region) EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 GRANTS TO RECIPIENTS (c) Number of employees or agents in region (by type) (i.e., fundraising, program service, grants to of service(s) in region 1,907,59 MIDDLE EAST AND NORTH AFRICA 0 0 GRANTS TO RECIPIENTS 18,49 SOUTH AMERICA 0 0 GRANTS TO RECIPIENTS 270,19 SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 279,69 SOUTH ASIA	Schedule F (Form 990)	ASHOKA			51-0255908	Page 1
offices in the region of agents in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) of service(s) in region (or region) EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 GRANTS TO RECIPIENTS 1,907,51 MIDDLE EAST AND NORTH AFRICA 0 0 GRANTS TO RECIPIENTS 18,41 NORTH AMERICA 0 0 GRANTS TO RECIPIENTS 270,61 SOUTH AMERICA 0 0 GRANTS TO RECIPIENTS 279,61 SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,51						
ICELAND & GREENLAND) 0 0 SRANTS TO RECIPIENTS 1,907,59 MIDDLE EAST AND NORTH AFRICA 0 0 GRANTS TO RECIPIENTS 18,49 NORTH AMERICA 0 0 GRANTS TO RECIPIENTS 270,19 SOUTH AMERICA 0 0 GRANTS TO RECIPIENTS 279,69 SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,59	(a) Region	offices	employees or agents in	(by type) (i.e., fundraising, program services, grants to	is a program service, describe specific type	(f) Total expenditures for region
ICELAND & GREENLAND) 0 0 SRANTS TO RECIPIENTS 1,907,59 MIDDLE EAST AND NORTH AFRICA 0 0 GRANTS TO RECIPIENTS 18,49 NORTH AMERICA 0 0 GRANTS TO RECIPIENTS 270,19 SOUTH AMERICA 0 0 GRANTS TO RECIPIENTS 279,69 SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,59						
ICELAND & GREENLAND) 0 0 SRANTS TO RECIPIENTS 1,907,59 MIDDLE EAST AND NORTH AFRICA 0 0 GRANTS TO RECIPIENTS 18,49 NORTH AMERICA 0 0 GRANTS TO RECIPIENTS 270,19 SOUTH AMERICA 0 0 GRANTS TO RECIPIENTS 279,69 SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,59	EUROPE (INCLUDING					
NORTH AFRICA 0 0 GRANTS TO RECIPIENTS 18,49 NORTH AMERICA 0 0 GRANTS TO RECIPIENTS 270,19 SOUTH AMERICA 0 0 GRANTS TO RECIPIENTS 279,69 SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,59		0	0	GRANTS TO RECIPIENTS		1,907,558.
NORTH AFRICA 0 0 GRANTS TO RECIPIENTS 18,49 NORTH AMERICA 0 0 GRANTS TO RECIPIENTS 270,19 SOUTH AMERICA 0 0 GRANTS TO RECIPIENTS 279,69 SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,59						
NORTH AFRICA 0 0 GRANTS TO RECIPIENTS 18,49 NORTH AMERICA 0 0 GRANTS TO RECIPIENTS 270,19 SOUTH AMERICA 0 0 GRANTS TO RECIPIENTS 279,69 SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,59	MIDDLE EAST AND					
SOUTH AMERICA 0 0 GRANTS TO RECIPIENTS 279,69 SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,59		0	0	GRANTS TO RECIPIENTS		18,491.
SOUTH AMERICA 0 0 GRANTS TO RECIPIENTS 279,69 SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,59						
SOUTH AMERICA 0 0 GRANTS TO RECIPIENTS 279,69 SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,59						
SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,59	NORTH AMERICA	0	0	GRANTS TO RECIPIENTS		270,150.
SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,59						
SOUTH ASIA 0 0 GRANTS TO RECIPIENTS 479,59						
	SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		279,655.
SUB-SAHARAN AFRICA 0 0 GRANTS TO RECIPIENTS 1,185,3	SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		479,551.
SUB-SAHARAN AFRICA 0 0 GRANTS TO RECIPIENTS 1,185,3						
SUB-SAHARAN AFRICA 0 0 GRANTS TO RECIPIENTS 1,185,3						
	SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		1,185,340.
Totals	Totals					4,140,745.

ASHOKA

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	FELLOW STIPENDS	5,703.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
			AWARDS	5,199.	WIRE	0.		
		EUDODE / INGLUDING						
		EUROPE (INCLUDING ICELAND &						
			AWARDS	19,059.	WIRE	0.		
				,				
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	19,059.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	19,059.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
			AWARDS	19,059.	WIRE	0.		
		EUROPE (INCLUDING ICELAND &						
			AWARDS	19,059.	WIRE	0.		
				,				
		EUROPE (INCLUDING						
		ICELAND &		10.0-0				
			AWARDS ecognized as charities by th	19,059.	1	0.		

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2021

30 30

3 Enter total number of other organizations or entities

Schedule F (Form 990)	ASHOKA				51-025			Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	19,059.	WIRE	0.		
		CHEEN ELLIND /		15,005.	WILL			
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	19,059.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	19,059.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	19,059.	WIRE	0.		
		GREEN ELINED /	IMIKDO	15,055.	WILL	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	28,406.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &		10.440				
		GREENLAND)	AWARDS	19,449.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	9,033.	WIRE	0.		
				,				
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	19,230.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &		0.534				
		GREENLAND)	AWARDS	8,531.	MIKE	0.		

chedule F (Form 990)	ASHOKA				51-025			Page :
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
			AWARDS	5,695.	WIRE	0.		
		,						
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	5,695.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &		5 605				
		GREENLAND)	AWARDS	5,695.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	5,695.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	5,695.	WIRE	0.		
		EUROPE / INGLUDING						
		EUROPE (INCLUDING ICELAND &						
			AWARDS	34,170.	WIRE	0.		
		CHEER ETERNO		31,170	77.2	3.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	66,063.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	51,114.	WIKE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	16,219.	WIRE	0.		

chedule F (Form 990)	ASHOKA				51-025	5908		Page
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	5,514.	WIRE	0.		
		OKEDINE NO.	IMIKDO	3,314.	WIKE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	447,011.	WIRE	0.		
				,				
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	62,716.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	50,681.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	10,544.	WIRE	0.		
		DUDODE / TNOI UDING						
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	AWARDS	6,775.	MIDE	0.		
		GREENLAND)	AWARDS	6,775.	MIKE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	AWARDS	62,932.	WTRE	0.		
		,		02,502.				
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	FELLOW STIPENDS	21,462.	WIRE	0.		
				, ·				
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	FELLOW STIPENDS	70,591.	WIRE	0.		

Schedule F (Form 990)	ASHOKA				Page 2			
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		EUROPE (INCLUDING						
			FELLOW STIPENDS	6,578.	WIRE	0.		
		SOUTH AMERICA	AWARDS	10,000.	, WIRE	0.		
		SOUTH AMERICA	AWARDS	35,000.	. WIRE	0.		
		SOUTH ASIA	FELLOW STIPENDS	17,732.	.WIRE	0.		
				,				
		SOUTH ASIA	FELLOW STIPENDS	22,060.	. WIRE	0.		
		SOUTH ASIA	FELLOW STIPENDS	15,595.	.WIRE	0.		
		SOUTH ASIA	FELLOW STIPENDS	22,691.	.WIRE	0.		
		SOUTH ASIA	FELLOW STIPENDS	19,092.	.WIRE	0.		
		SOUTH ASIA	FELLOW STIPENDS	14,695.	WIRE	0.		

Schedule F (Form 990)	ASHOKA					Page 2		
	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH ASIA	FELLOW STIPENDS	10,747.	. WIRE	0.		
		SOUTH ASIA	FELLOW STIPENDS	10,294.	, WIRE	0.		
		SOUTH ASIA	FELLOW STIPENDS	22,983.	WIRE	0.		
		SOUTH ASIA	FELLOW STIPENDS	22,706.	WIRE	0.		
		SOUTH ASIA	FELLOW STIPENDS	17,732.	. WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AWARDS	9,895.	WIRE	0.		
		SUB-SAHARAN AFRICA	AWARDS	83,900.	MIDE	0.		
		AFILCA	Бимли	03,300,	MIRE	0.		
		SUB-SAHARAN AFRICA	AWARDS	56,728.	WIRE	0.		
		SUB-SAHARAN AFRICA	AWARDS	68,485.	, WIRE	0.		

Page 2

Part II Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	1	Fage 2	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		SUB-SAHARAN						
		AFRICA	AWARDS	69,610.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AWARDS	69,610.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AWARDS	53,410.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AWARDS	80,319.	WIRE	0.		
		SUB-SAHARAN AFRICA	AWARDS	50,839.	WIDE	0.		
		AFRICA	MAKUS	30,035.	WIKE	0.		
		avp						
		SUB-SAHARAN AFRICA	AWARDS	50,839.	WIRE	0.		
				,				
		SUB-SAHARAN						
		AFRICA	AWARDS	51,038.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AWARDS	51,120.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AWARDS	51,230.	WIRE	0.		

Schedule F (Form 990)

ASHOKA

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
FELLOW STIPENDS	PACIFIC	9	232,850.	WIRE	0.		
	EUROPE (INCLUDING						
FELLOW STIPENDS	GREENLAND)	14	564,269.	WIRE	0.		
FELLOW STIPENDS	NORTH AMERICA	10	265,808.	WIRE	0.		
FELLOW STIPENDS	SOUTH AMERICA	14	211,304.	WIRE	0.		
FELLOW STIPENDS	SOUTH ASIA	19	268,162.	WIRE	0.		
	SUB-SAHARAN	_					
FELLOW STIPENDS	AFRICA	7	352,660.	WIRE	0.		
	EAST ASIA AND THE						
AWARDS	PACIFIC	14	5,038.	WIRE	0.		
	EUROPE (INCLUDING						
	ICELAND &						
AWARDS	GREENLAND)	17	105,958.	WIRE	0.		
	MIDDLE EAST AND						
AWARDS	NORTH AFRICA	7	11,603.	WIRE	0.		

Page 3

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
					assistance		appraisal, other
WARDS	NORTH AMERICA	7	3,910.	WIRE	0.		
WARDS	SOUTH AMERICA	7	19,921.	WIRE	0.		
WARDS	SOUTH ASIA	22	15,063.	WIRE	0.		
	SUB-SAHARAN						
WARDS	AFRICA	86	84,759.	WIRE	0.		

Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization							Employer identification number
ASHOKA							51-0255908
Part I General Information on Grants and							
1 Does the organization maintain records to							
criteria used to award the grants or assista							Yes No
2 Describe in Part IV the organization's process						· " =	
Part II Grants and Other Assistance to Do recipient that received more than \$5	_				anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
					(f) Method of	(g) Description of	(h) Duwn ood of grount
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	vàluation (book, FMV, appraisal, other)	noncash assistance	(h) Purpose of grant or assistance
ENTERPRISE COMMUNITY PARTNERS,							
INC 70 CORPORATE CENTER, 11000							
BROKEN LAND PARKWAY; SUITE 700 -							
COLUMBIA, MD 21044	52-1231931	501(C)(3)	17,500.	0.			AWARD
WITH ACTION							
7408 CHAMBERLAIN AVENUE;							
UNIVERSITY CITY - SAINT LOUIS, MO							
63130	81-2107661	501(C)(3)	17,500.	0.			AWARD
GREATER MILWAUKEE COMMITTEE FOR							
COMMUNITY DEVELOPMENT - 247 W.							
FRESHWATER WAY SUITE 400 -	20 0540510	E01/G1/21	15 500				
MILWAUKEE, WI 53204	39-0749512	501(C)(3)	17,500.	0.			AWARD
GOOD CALL NYC CO.							
1420 N STREET NW							
WASHINGTON DC 20005	82-1011857	501(C)(3)	16,032.	0.			AWARD
			, ,	-			
FAMILY HOUSING FUND							
1250 CONNECTICUT AVE NW , SUITE 700							
WASHINGTON, DC 20036	41-1380923	501(C)(3)	10,000.	0.			AWARD
HOUSTON COMMUNITY LAND TRUST							
228 S WABASH, 5TH FLOOR							
CHICAGO, IL 60604	83-1135085	501(C)(3)	10,000.	0.			AWARD
2 Enter total number of section 501(c)(3) and	•	•	ne line 1 table				
3 Enter total number of other organizations I							> 4.
LHA For Paperwork Reduction Act Notice, s	ee the Instructi	ions for Form 990.					Schedule I (Form 990) 2021

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WORKS, INC							
1820 N. SPAULDING AVE. APT 210							
CHICAGO, IL 60647	62-1751430	501(C)(3)	10,000.	0.			AWARD
GARY VENTURES INC.							
310 4TH AVE S, SUITE 9000							
MINNEAPOLIS, MN 55415	84-1094590		10,000.	0.			AWARD
PARITY BALTIMORE INCORPORATED							
547 NE 88TH ST							
SEATTLE, WA 98115	85-0771143	501(C)(3)	7,500.	0.			AWARD
BENJAMIN BANNEKER DEVELOPMENT							
CORPORATION - 1705 17TH ST., SUITE	50 0060456	E01/G)/2)	T 500	0			
200 - DENVER, CO 80202	52-0260476	501(C)(3)	7,500.	0.			AWARD
BLACKSTAR STABILITY MANAGER, LLC							
81 WILLOUGHBY STREET, SUITE 601							
BROOKLYN, NY 11201	85-1029748		7,500.	0.			AWARD
FROLIC COMMUNITY LLC							
P.O. BOX 8056							
HOUSTON, TX 77004	85-2191292		7,500.	0.			AWARD
,			.,				
CHICAGO AREA FAIR HOUSING ALLIANCE							
1727 S.INDIANA, #G03							
CHICAGO, IL 60616	36-3384397	501(C)(3)	7,500.	0.			AWARD
THE GUILD COLLECTIVE LLC							
1014 W 36TH STREET, UNIT #96							
BALTIMORE, MD 21211	82-0970601		7,500.	0.			AWARD
	02 03,0001		7,300.	· ·			
METROPOLITAN TENANTS ORGANIZATION							
1803 DANCING FOX ROAD							
DECATUR, GA 30032	36-3351193	501(C)(3)	7,500.	0.			AWARD

51-0255908

Part II Continuation of Grants and Oth	er Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUO DEVELOPMENT 1471 GENESIS CIRCLE							
MEMPHIS, TN 38106	83-4345525	501(C)(3)	7,500.	0.			AWARD
							Sahadula I (Farm 000

Page 1

Schedule I (Form 990)

ASHOKA

Schedule I (Form 990) 2021 ASHOKA 51-0255908 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARD	7	13,281.	0.		
FELLOW STIPENDS	3	150,000.	0.		
Don't IV Complemental Information Describe the information of	and a Death lie	o Or Dort III. column	(b) and any other a		
PART I, LINE 2:	equired in Part I, IIII	e 2, Part III, Column	(b), and any other ad	ditional information.	
·	OMC THE EINANG	ITAL EDEEDOM			
THE GOAL OF THE STIPEND IS TO PROVIDE ASHOKA FELL					
TO FULLY PURSUE THE EXPANSION OF THEIR NEW IDEA F	OR UP TO 4 TEA	IRS AND ON			
AVERAGE 3 YEARS FROM THE ELECTION.					
ONCE A CANDIDATE HAS BEEN APPROVED BY THE BOARD A	ND IS ELECTED	AN AFFILIATE			
(NON-FELLOW) OR FELLOW, THE GLOBAL VENTURE TEAM A					
REVIEW HIS/HER FINANCIAL DISCLOSURE FORM TO DETER					
STIPEND THAT WILL ALLOW THE RECIPIENT TO FOCUS ON					

Part IV Supplemental Information	51-0255908	Page 2
Part IV Supplemental Information		
PULL-TIME. GLOBAL VENTURE PROVIDES AN IMPORTANT CHECK-IN ENSURING THAT		
STIPENDS ARE ALIGNED WITH ASHOKA'S GLOBAL POLICY AND ENSURE ITS FAIR		
APPLICATION ACROSS ITS FELLOWSHIP.		

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number ASHOKA 51 - 0255908**Questions Regarding Compensation**

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DIANA WELLS	(i)	125,686.	61,652.	734.	0.	6,409.	194,481.	0.
LEADERSHIP TEAM & PRESIDENT EMERITA	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT SPOER	(i)	115,851.	41,373.	0.	0.	28,796.	186,020.	0.
LEADERSHIP GROUP MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN YEA	(i)	113,428.	49,012.	0.	0.	6,716.	169,156.	0.
CFO UNTIL 4/30/2022	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KONSTANZE FRISCHEN	(i)	114,733.	41,547.	9,232.	0.	1,007.	166,519.	0.
LEADERSHIP GROUP MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANNE EVANS	(i)	135,139.	21,695.	732.	0.	3,853.	161,419.	0.
LEADERSHIP GROUP MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
SONUSES ARE BASED ON YEAR-END JOB PERFORMANCE AND ARE TAXABLE TO EACH
RECIPIENT.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Par	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		•	
		applicable		Form 990, Part VIII, line 1g	noncash contribut	lion amo	unts	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	10	64,848.	CLOSING SELLING P	RICE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	_	-				_	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29			0	
					Г	Y	es	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.			, , , , , , , , , , , , , , , , , , , ,			,	
31	Does the organization have a gift acceptance po				ions?	31 2	ζ	
32a	Does the organization hire or use third parties o							v
	contributions?					32a		X
	If "Yes," describe in Part II.	l		. fa	J. a. al			
33	If the organization didn't report an amount in co	iumn (c) for	a type of property	Tor which column (a) is chec	скеа,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Inspection

Employer identification number

51-0255908

Department of the Treasury Internal Revenue Service

Name of the organization

ASHOKA

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: IDEA SPREAD / FRAMEWORK CHANGE EXPENSES \$ 4,787,048. INCLUDING GRANTS OF \$ 84,972. REVENUE \$ 162,649. PART IV AND XIII, FINANCIAL STATEMENTS AND REPORTING: PART IV, LINE 12B AND PART XIII, LINE 2B, 2C HAS BEEN ANSWERED NO DUE TO THE FACT THAT ASHOKA IS IN THE PROCESS OF COMPLETING THE AUDIT FOR THE CONSOLIDATED ASHOKA FINANCIAL STATEMENTS FOR FISCAL YEAR ENDING 08/31/2022. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: ARGENTINA, AUSTRIA, BRAZIL, CANADA, CHILE, COLOMBIA, EGYPT, FRANCE GERMANY, INDIA, INDONESIA, ITALY JAPAN, KENYA, MEXICO, NETHERLANDS NIGERIA, PHILIPPINES, POLAND, SENEGAL SINGAPORE, SOUTH AFRICA, SOUTH KOREA, SPAIN SWEDEN, SWITZERLAND, THAILAND, TURKEY, UNITED KINGDOM, VENEZUELA, ROMANIA, ISRAEL **BELGIUM** FORM 990, PART VI, SECTION B, LINE 11B: ASHOKA HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. THE CONTROLLER AND CFO REVIEW THE FORM

Name of the organization ASHOKA	Employer identification number 51-0255908
990 AFTER A DRAFT IS PREPARED. ONCE APPROVED BY THE CONTROLLER AND CFO, THE	
CFO FORWARDS THE 990 TO THE CEO FOR REVIEW. ANY COMMENTS OR UPDATES GIVEN	
TO THE CFO BY THE CEO ARE PASSED ALONG TO THE ACCOUNTING FIRM. THE	
ACCOUNTING FIRM REVIEWS THE COMMENTS AND MAKES CHANGES AS WARRANTED. THE	
UPDATED 990 IS GIVEN TO THE BOARD SECRETARY, WHO DISTRIBUTES THE 990	
ELECTRONICALLY TO THE FULL BOARD OF DIRECTORS FOR REVIEW BEFORE FILING WITH	
THE IRS.	
FORM 990, PART V, LINE 2A: NUMBER OF EMPLOYEES	
THE NUMBER SHOWN IN PART V, LINE 2A, REPRESENTS NUMBER REPORTED ON 2021	
FORM W-3. THERE ARE 467 EMPLOYEES, ACROSS THE FILING ORGANIZATION'S	
FOREIGN SUBSIDIARIES AND GLOBAL OFFICES.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ASHOKA CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY THAT APPLIES TO	
BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES, WHICH IT ANNUALLY MONITORS AND	
ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL MEMBERS OF MANAGEMENT AND	
THE GOVERNING BODY ANNUALLY DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT	
MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE	
INTERESTED PARTY SHALL LEAVE THE BOARD OR BOARD COMMITTEE MEETING WHILE THE	
DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE	
REMAINING BOARD OR BOARD COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF	
INTEREST EXISTS AND THE APPROPRIATE COURSE OF REMEDY.	
THE MINUTES OF THE BOARD AND ALL BOARD COMMITTEES SHALL CONTAIN:	
(A) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE	
A FINANCIAL INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION	

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization ASHOKA	Employer identification number 51-0255908
TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE	
BOARD'S OR BOARD COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST	
IN FACT EXISTED, AND	
(B) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES	
RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION,	
INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND	
A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
AT ASHOKA, SALARIES ARE SET BY USING A SALARY FRAMEWORK FOR THAT COUNTRY,	
WHICH IS DEVELOPED BY AN EXTERNAL CONSULTANT THAT USES MARKET/INDUSTRY	
INFORMATION TO DETERMINE THE SALARY RANGES FOR EACH OF ASHOKA'S	
PROFESSIONAL LEVELS. THIS SALARY FRAMEWORK IS APPLIED TO ALL EMPLOYEES	
SALARIES, INCLUDING THE ONES OF THE LEADERSHIP TEAM (INCLUDING CEO) AND	
SENIOR LEADERS. ANY COMPENSATION CHANGES FOR THE CEO MUST BE APPROVED BY	
THE BOARD COMPENSATION COMMITTEE. ANY COMPENSATION CHANGES FOR THE TWO	
OTHER MEMBERS OF THE LEADERSHIP TEAM MUST BE APPROVED BY THE CEO. ANY	
COMPENSATION CHANGES FOR SENIOR LEADERS ARE TO BE REVIEWED AND APPROVED BY	
THE LEADERSHIP TEAM MEMBER WHO IS THEIR ACCOUNTABILITY PARTNER (MANAGER).	
ONCE THE PERFORMANCE REVIEW DECISIONS ARE FINALIZED, ASHOKA COMMUNICATES	
THIS TO ALL SENIOR LEADERS AND THE LEADERSHIP TEAM IN WRITING (LETTER	
FORMAT). THIS PROCESS WAS LAST UNDERTAKEN IN FY22.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MS, MN, NJ, NH, NM, NY, OR, PA, RI, SC, TN, UT, VA	
wv,wi	

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization ASHOKA		Employer identification number 51-0255908
FORM 990, PART VI, SECTION C, LINE 19:		
ASHOKA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY,	
FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE FOR PUBLIC INS	SPECTION AS	
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE.	THE INFORMATION	
IS AVAILABLE UPON WRITTEN REQUEST AT 2200 WILSON BLVD., SUI	TE 102, UNIT	
#313, ARLINGTON, VA 22201. THE FORM 990 AND AUDITED FINANCE	CIALS ARE ALSO	
AVAILABLE TO THE PUBLIC ON ASHOKA'S WEBSITE AND ON WWW.GUID	DESTAR.ORG.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONSULTING:		
PROGRAM SERVICE EXPENSES	4,323,491.	
MANAGEMENT AND GENERAL EXPENSES	918,944.	
FUNDRAISING EXPENSES	108,538.	
TOTAL EXPENSES	5,350,973.	
OUTSIDE SERVICES:		
PROGRAM SERVICE EXPENSES	2,113,595.	
MANAGEMENT AND GENERAL EXPENSES	431,951.	
FUNDRAISING EXPENSES	25,845.	
TOTAL EXPENSES	2,571,391.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,922,364.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CUMULATIVE TRANSLATION ADJUSTMENTS	-4,654,057.	
UNREALIZED FOREIGN EXCHANGE LOSS	203,209.	
TOTAL TO FORM 990, PART XI, LINE 9	-4,450,848.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

ASHOKA

Employer identification number 51-0255908

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
ASHOKA LLC - 81-4708972					
2200 WILSON BLVD., SUITE 102, UNIT #313	PLATFORM FOR SOCIAL				
ARLINGTON, VA 22201	ENTREPRENEURS	DELAWARE	5,687,734.	1,760,767.	ASHOKA
ASHOKA CONOSUR ESTE (ARGENTINA)					
TEODORO GARCA 2964	PLATFORM FOR SOCIAL				
BUENOS AIRES, ARGENTINA 1426	ENTREPRENEURS	ARGENTINA	643,506.	231,548.	ASHOKA
ASHOKA CEE					
SCHOTTENRING 16/3.OG	PLATFORM FOR SOCIAL				
WIEN, AUSTRIA A-1010	ENTREPRENEURS	AUSTRIA	1,890,696.	1,647,248.	ASHOKA
ASHOKA BRASIL					
RUA CARLOS COMENALE, 263	PLATFORM FOR SOCIAL				
SAO PAULO, BRAZIL 01332-030	ENTREPRENEURS	BRAZIL	1,060,051.	1,160,372.	ASHOKA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled tity?
777 NOTE 10 NOTE 10 10 10 10 10 10 10 10 10 10 10 10 10				501(c)(3))		Yes	No
GET AMERICA WORKING, INC 54-1882605 1700 NORTH MOORE STREET, NO 2000 ARLINGTON, VA 22209	PLATFORM FOR SOCIAL ENTREPRENEURS	VIRGINIA	501(C)(3)	LINE 7	ASHOKA	x	
YOUTH VENTURE, INC 54-1744720 1700 NORTH MOORE STREET, NO 2000 ARLINGTON, VA 22209	DEVELOPING YOUNG CHANGEMAKERS	VIRGINIA	501(C)(3)	LINE 7	ASHOKA	x	
ASHOKA CANADA - 98-1648109 366 ADELAIDE STREET WEST, SUITE 606 TORONTO, ONTARIO, CANADA M5V 1R9	PLATFORM FOR SOCIAL ENTREPRENEURS	CANADA		LINE 7	ASHOKA	х	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
ASHOKA CHILE					
AVENIDA ITALIA 850B (IF), PROVIDENCIA	PLATFORM FOR SOCIAL				
SANTIAGO, CHILE	ENTREPRENEURS	CHILE	546,340.	217,468.	ASHOKA
ASHOKA EAST AFRICA (KENYA)					
GARDEN RD OFFICE 4, B2 HOUSE, 8	PLATFORM FOR SOCIAL				
NAIROBI, KENYA	ENTREPRENEURS	KENYA	119,331.	260,105.	ASHOKA
ASHOKA FRANCE					
28 PLACE DE LA BOURSE	PLATFORM FOR SOCIAL				
PARIS, FRANCE 75002	ENTREPRENEURS	FRANCE	1,966,210.	1,790,473.	ASHOKA
ASHOKA DEUTSCHLAND					
PRINZREGENTENPLATZ 10	PLATFORM FOR SOCIAL				
MUNCHEN, GERMANY 81675	ENTREPRENEURS	GERMANY	5,869,513.	4,849,204.	ASHOKA
ASHOKA INDIA					
54, 1ST CROSS, DOMLUR LAYOUT	PLATFORM FOR SOCIAL				
BANGALORE, INDIA 560071	ENTREPRENEURS	INDIA	1,398,216.	857,344.	ASHOKA
ASHOKA INDONESIA					
JL. ANCOL TIMUR XIV NO. 1	PLATFORM FOR SOCIAL				
BANDUNG, JAWA BARAT, INDONESIA 40254	ENTREPRENEURS	INDONESIA	262,345.	191,307.	ASHOKA
ASHOKA ITALIA					
VIA AURELIO SALICETI 10, ROMA, RM 00153 - VI	PLATFORM FOR SOCIAL				
MILANO, ITALY 20121	ENTREPRENEURS	ITALY	601,075.	498,398.	ASHOKA
ASHOKA JAPAN					
GINZA FUGETSUDO, BUILDING 6F, 6-6-1 GINZA CH	PLATFORM FOR SOCIAL				
TOKYO, JAPAN 104-0061	ENTREPRENEURS	JAPAN	275,686.	338,479.	ASHOKA
ASHOKA KOREA					
SUNGDONG-GU, DDUKSUM-RO 1 NA-GIL 5, HEYGROUN	PLATFORM FOR SOCIAL				
SOUTH KOREA, SOUTH KOREA 04779	ENTREPRENEURS	SOUTH KOREA	459,941.	1,040,608.	ASHOKA
ASHOKA MEXICO (ASHOKA EMPRENDEDORES SOCIALES					
ASOCIACION CIVIL (A.C.)), TUXPAN 57, COLONIA	PLATFORM FOR SOCIAL				
PLATFORM FOR SOCIAL, MEXICO CITY, MEXICO	ENTREPRENEURS	MEXICO	509,948.	280,308.	ASHOKA

Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
ASHOKA NETHERLANDS (STICHTING ASHOKA)					
LANGE VOORHOUT 32	PLATFORM FOR SOCIAL				
THE HAGUE, NETHERLANDS 2514 EE	ENTREPRENEURS	NETHERLANDS	341,936.	1,171,528. ASHO	KA
ASHOKA PHILIPPINES					
UNIT 301 3RD FLOOR, #3 BRIXTON STREET, BRGY	PLATFORM FOR SOCIAL				
PASIG CITY, PHILIPPINES 1603	ENTREPRENEURS	PHILIPPINES	195,951.	149,468. ASHO	KA
ASHOKA POLAND					
UL PACA 40	PLATFORM FOR SOCIAL				
WARSZAWA, POLAND 04-386	ENTREPRENEURS	POLAND	1,423,066.	789,632. ASHO	KA
ASHOKA SINGAPORE AND MALAYSIA					
141 MIDDLE ROAD, GSM BUILDING, #05-05	PLATFORM FOR SOCIAL				
DHOBY GHAUT, SINGAPORE 188976	ENTREPRENEURS	SINGAPORE	88,958.	208,869. ASHO	KA
ASHOKA ESPANA (FUNDACION ASHOKA					
EMPRENDEDORES SOCIALES), CALLEVANDERGOTEN, 1	PLATFORM FOR SOCIAL				
LOOM HOUSE, MADRID, SPAIN 28014	ENTREPRENEURS	SPAIN	5,089,558.	4,654,016. ASHO	KA
ASHOKA SCANDINAVIA					
BIRGER JARLSGATAN 57 C	PLATFORM FOR SOCIAL				
STOCKHOLM, SWEDEN 113 56	ENTREPRENEURS	SWEDEN	2,890,738.	2,884,863. ASHO	KA
ASHOKA SWITZERLAND (FONDATION ASHOKA SUISSE)					
RUE DU CONSEIL GENRAL 20	PLATFORM FOR SOCIAL				
GENEVA, SWITZERLAND 1205	ENTREPRENEURS	SWITZERLAND	519,549.	516,263. ASHO	KA
ASHOKA SOUTHERN AFRICA					
TYRWHITT AVENUE, ROSEBANK	PLATFORM FOR SOCIAL				
JOHANNESBURG, SOUTH AFRICA FT-2196	ENTREPRENEURS	SOUTH AFRICA	0.	45,999. ASHO	KA
ASHOKA THAILAND					
101/8, PHAHONYOTHIN 32 ROAD, SENA NIKHOM, KH	PLATFORM FOR SOCIAL				
BANGKOK, THAILAND 10900	ENTREPRENEURS	THAILAND	15,026.	29,651. ASHO	KA
ASHOKA TURKIYE					
GENERAL YAZGAN SOK. NO:14	PLATFORM FOR SOCIAL				
ISTANBUL, TURKEY	ENTREPRENEURS	TURKEY	183,581.	110,342. ASHO	KA

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
of disregarded entity	Timaly dotivity	foreign country)	Total moonie	End of your doorto	entity
ASHOKA UK & IRELAND					
PEOPLE'S MISSION HALL, 20-30 WHITE CHAPEL RD	PLATFORM FOR SOCIAL				
LONDON, UNITED KINGDOM E1 1EW	ENTREPRENEURS	UNITED KINGDOM	3,486,825.	3,065,098.	ASHOKA
ASHOKA VENEZUELA					
EDIF. MENE GRANDE, PISO 5, OFICINA 5-4, URB.	PLATFORM FOR SOCIAL				
CARACAS, VENEZUELA	ENTREPRENEURS	VENEZUELA	3.	112,497.	ASHOKA
ASOCIACION ASHOKA - COLOMBIA					
LA CALLE 71 NO. 5-23 OFICINA 501	PLATFORM FOR SOCIAL				
BOGOTA, COLOMBIA	ENTREPRENEURS	COLOMBIA	24,025.	117,518.	ASHOKA
FUNDATIA ASHOKA					
SECTOR 5, PETRACHE POENARU ST, NO.	PLATFORM FOR SOCIAL				
BUCHAREST, ROMANIA	ENTREPRENEURS	ROMANIA	186,351.	356,435.	ASHOKA
ASHOKA ISRAEL					
TEL AVIV, ISRAEL	PLATFORM FOR SOCIAL				
TEL AVIV, ISRAEL	ENTREPRENEURS	ISRAEL	426,382.	126,210.	ASHOKA
ASHOKA ARAB WORLD					
3A ABDEL AZIZ AL SAUD ST, 7TH FLOO	PLATFORM FOR SOCIAL				
CAIRO, EGYPT 11451	ENTREPRENEURS	EGYPT	3,968,039.	4,849,172.	ASHOKA
ASHOKA BELGIUM					
1000 BRUXELLES	PLATFORM FOR SOCIAL				
RUE JOSEPH II 20, BELGIUM	ENTREPRENEURS	BELGIUM	0.	0.	ASHOKA
			-		
	1				
	1				
	-				
	-				

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion b)(13) rolled tity?
		country)		0				Yes	No
									_
	_								

Page 2

Schedule R (Form 990) 2021 ASHOKA 51-0255908 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

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

						+	
b	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organ				11	X	
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	X	
0	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a)	(b)	(c)	(d)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
(1) ³	OUTH VENTURE INCORPORATION	L	1,032,521.	NET OF COST AND REVENUE			
(2)							
(3)							
(4)							
(5)							
(6)							
0016	2 11 17 21			Schedule	D (Ear	~ 000	2021

Yes No

1a

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Schedule R (Form 990) 2021 ASHOKA 51-0255908

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)	redominant income paid (related, unrelated, 5) excluded from tax under	01(c)(3) orgs.?	(f) Share of total ncome	(g) Share of end-of-year assets	Disprotional	por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	al or Pging ler?	(k) Percentage ownership
	-											
	-											
	-											
	-											
	-											
	-											

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Schedule R (Form 990) 2021 ASHOKA	51-0255908	Page 5
Part VII Supplemental Information		<u> </u>
Provide additional information for responses to questions on Schedule R. See instructions.		
PART I, IDENTIFICATION OF DISREGARDED ENTITIES:		
NAME AND ADDRESS OF DISCRESS DED FAMILY		
NAME AND ADDRESS OF DISREGARDED ENTITY:		
ASHOKA MEXICO (ASHOKA EMPRENDEDORES SOCIALES ASOCIACION		
IDIOMI IDII TOO (IDIOMI DII MEMBEROME DOOTIIDE IDOOTIIOTOM		
CIVIL (A.C.))		
TUXPAN 57, COLONIA PLATFORM FOR SOCIAL		
MEXICO CITY, MEXICO 06760		

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print ASHOKA 51-0255908 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2200 WILSON BLVD., SUITE 102, UNIT #313 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22201 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 **Application** Return **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 SUDEEP POUDEL Telephone No. ▶ (703) 527-8300 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. JULY 17, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning SEP 1, 2021 AUG 31, 2022 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form 8868 (Rev. 1-2022)

3b

0.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print ASHOKA 51-0255908 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2200 WILSON BLVD., SUITE 102, UNIT #313 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22201 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 SUDEEP POUDEL Telephone No. ▶ (703) 527-8300 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. JULY 17, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning SEP 1, 2021 AUG 31, 2022 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form	OMB No. 1545-0047				
			(and proxy tax under section 6033(e))		2024
		For cal	endar year 2021 or other tax year beginning SEP 1, 2021 , and ending AUG 31, 2022	·	2021
Depart Interna	ment of the Treasury I Revenue Service	•	► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A _	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmbl	oyer identification number
B Ex	empt under section	Print	ASHOKA		51-0255908
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		o exemption number
	408(e) 220(e)	Type	2200 WILSON BLVD., SUITE 102, UNIT #313	(500)	nsu ucuons)
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
	529(a) 529A		ARLINGTON, VA 22201	F 🗌	Check box if
		С Во	ok value of all assets at end of year 102,229,455.		an amended return.
G (Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H C	Check if filing only to	>	Claim credit from Form 8941 Claim a refund shown on Form 2439		
I C	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>
J E	nter the number of	attache	ed Schedules A (Form 990-T)		1
K [Ouring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	▶□	Yes X No
I1	"Yes," enter the na	ame an	d identifying number of the parent corporation.		
	he books are in car			703)	527-8300
Par	t I Total Unr	elate	d Business Taxable Income	_	
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4	Charitable contrib	utions (see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net	operati	ng loss. See instructions	6	
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	j	7	
8	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A ded	duction. See instructions	9	
10	Total deductions.	. Add lii	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	0.
Par	t II Tax Com	putati	on	_	
1	=		s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041) ▶	2	
3	Proxy tax. See ins			3	
4	Other tax amounts			4	
5	Alternative minimu			5	
6			cility income. See instructions	6	
7			n 6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	Reduct	on Act Notice, see instructions.		Form 990-T (2021)

Part	III T	Tax and Payments								
1a	Foreig	gn tax credit (corporations attach Form 1	118; trusts attach Forn	n 1116)	1a					
b	Other	credits (see instructions)			1b					
С	Gener	ral business credit. Attach Form 3800 (se								
d		t for prior year minimum tax (attach Form								
е	Total	credits. Add lines 1a through 1d					1e			
2			·····				2			0.
3	Other	amounts due. Check if from: Form	4255 Form 86	611 Forn	n 8697	Form 8866				
		Other	(attach statement)				3			
4	Total	tax. Add lines 2 and 3 (see instructions).								
	sectio	on 1294. Enter tax amount here		•	▶ .		4			0.
5		nt net 965 tax liability paid from Form 96					5			0.
6a	Paym	ents: A 2020 overpayment credited to 20	21		6a					
b		estimated tax payments. Check if section			6b					
С					6c					
d	Foreig	gn organizations: Tax paid or withheld at	source (see instruction	ns)	6d					
е	Backu	up withholding (see instructions)			6e					
f	Credit	t for small employer health insurance pre	miums (attach Form 89	941)	6f					
g	Other	credits, adjustments, and payments:	Form 2439		_					
		Form 4136	Other	Total	▶ 6g					
7	Total	payments. Add lines 6a through 6g					7			
8		ated tax penalty (see instructions). Check					8			
9	Tax d	lue. If line 7 is smaller than the total of line	es 4, 5, and 8, enter ar	mount owed			9			
10	Overp	payment. If line 7 is larger than the total of	of lines 4, 5, and 8, ent	er amount ove	rpaid		10			
11		the amount of line 10 you want: Credite			_	Refunded >	11			
Part	IV S	Statements Regarding Certain	Activities and Otl	ner Informa	tion (see in	structions)				
1	At any	y time during the 2021 calendar year, did	the organization have	an interest in o	or a signature	or other authorit	У	L'	Yes	No
	over a	a financial account (bank, securities, or ot	her) in a foreign count	ry? If "Yes," the	e organization	may have to file)			
	FinCE	N Form 114, Report of Foreign Bank and	l Financial Accounts. If	f "Yes," enter tl	ne name of th	e foreign country	/			
	here	SEE STATEMENT 1							Х	
2	During	g the tax year, did the organization receiv	e a distribution from, o	or was it the gra	antor of, or tra	ınsferor to, a				
	foreig	n trust?								X
		s," see instructions for other forms the or								
3		the amount of tax-exempt interest receiv								
4		available pre-2018 NOL carryovers here						_		
	show	n on Schedule A (Form 990-T). Don't redu	ice the NOL carryover	shown here by	any deduction	n reported on P	art I, line	4.		
5		2017 NOL carryovers. Enter available Bus	•	•	-					
	the ar	mounts shown below by any NOL claimed	d on any Schedule A, F	Part II, line 17 f	or the tax yea	r. See instructior	ns.			
		Business Activi	ty Code			e post-2017 NOL	_ carryove	r		
					\$					
					\$					
6a		ne organization change its method of acc	• •	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						X
b		s "Yes," has the organization described t	he change on Form 99	0, 990-EZ, 990	PF, or Form	1128? If "No,"				
Part		in in Part V Supplemental Information								
					0 .					
rovide	the ex	xplanation required by Part IV, line 6b. Als	so, provide any other a	idditional inforr	nation. See in	structions.				
	Ur	nder penalties of perjury, I declare that I have examined	this return, including accompa	inving schedules and	d statements, and	to the best of my know	vledge and b	elief, it is true.		
Sign		prrect, and complete. Declaration of preparer (other than					- J			
Here				CFO				discuss this re		/ith
		Signature of officer	Date	Title				r shown below (No
		Print/Type preparer's name	Preparer's signature	· ·	Date	Check	if PTII			110
		Triniv Type preparer S haine	'\/ · ,	2 4	שמוכ	self- employe		u		
Paid		KRISTEN BARNETT	puster L	Jamett	07/17/23	Seil- ellipidyt		1234578		
Prepa		Firm's name RSM US LLP	<u> </u>	1 07/11/23				12-071432	25	
Use C	nıy	1001 WATER ST.	STE. 500			Firm's EIN	-			
		Firm's address TAMPA FL 33602				Phone no	813-31	5-2300		

ASHOKA 51-0255908

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 1

NAME OF COUNTRY

ARGENTINA

AUSTRIA

BRAZIL

CANADA

CHILE

COLOMBIA

EGYPT

FRANCE

GERMANY

INDIA

INDONESIA

ITALY

JAPAN

KENYA

MEXICO

NETHERLANDS

NIGERIA

PHILIPPINES

POLAND

SENEGAL

SINGAPORE

SOUTH AFRICA

SOUTH KOREA

SPAIN

SWEDEN

SWITZERLAND

THAILAND

TURKEY

UNITED KINGDOM

VENEZUELA

ROMANIA

ISRAEL

BELGIUM

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

0004

2021

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

A Name of the organization
ASHOKA

B Employer identification number
51-0255908

C Unrelated business activity code (see instructions)
901101

D Sequence: 1 of 1

art I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
Gross receipts or sales				
b Less returns and allowances c E	Balance ▶ 1c			
Cost of goods sold (Part III, line 8)	2			
Gross profit. Subtract line 2 from line 1c	3			
a Capital gain net income (attach Sch D (Form 1041 or Fo	rm			
1120)). See instructions	4a			
Net gain (loss) (Form 4797) (attach Form 4797). See inst				
Capital loss deduction for trusts	4c			
Income (loss) from a partnership or an S corporation (att	ach			
statement)	5			
Rent income (Part IV)	6			
Unrelated debt-financed income (Part V)	7			
Interest, annuities, royalties, and rents from a controlled				
organization (Part VI)	8			
Investment income of section 501(c)(7), (9), or (17)				
organizations (Part VII)	9			
Exploited exempt activity income (Part VIII)				
Advertising income (Part IX)	11			
Other income (see instructions; attach statement)				
Total. Combine lines 3 through 12	13	0.		

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

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages			
3	Repairs and maintenance	3		
4	Bad debts			
5	Interest (attach statement). See instructions			
6	Taxes and licenses			
7	Depreciation (attach Form 4562). See instructions			
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9	Depletion		9	
10	Contributions to deferred compensation plans			
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)			
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	Total deductions. Add lines 1 through 14		15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	m Part I, line 13,		
	column (C)		16	0.
17	Deduction for net operating loss. See instructions	17	0.	
18	Unrelated business taxable income. Subtract line 17 from line 16		18	
1 1 1 1 4	For Denominate Deduction Act Notice and instructions		Cobodula A /Cours	000 T) 0004

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

n -	_	_	
rа	a	e	- 2

Part	III Cost of Goods Sold Enter met	thod of inventory valuatio	n 🕨		Page Z
1	Little me	thod of inventory valuation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				Yes No
Part					
1	Description of property (property street address, city,	•			
•	A	otato, Zii oodoj. Oriook ii	a dadi doc. Occ inoliac	otiono.	
	В				
	c				
	D				
		Α	В	С	
2	Rent received or accrued		_		
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3 4 5 Part '	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E	nter here and on Part I, lin			0.
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	eck if a dual-use. See ii	nstructions.	
	A				
	B				
	D				
	<u> </u>	Α	В	С	D
2	Gross income from or allocable to debt-financed	Α			<u>_</u>
_	property				
3	Deductions directly connected with or allocable				
·	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
·	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
J	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6	, -	,,	70	70
8	Total gross income (add line 7, columns A through D		I, line 7, column (A)	•	0.
-	- (· , 20.5	,	, , ,	<u> </u>	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here and	on Part I, line 7, columr	n (B)	0.
11	Total dividends-received deductions included in line	e 10	·····		0.

Part	VI Interest, Annu	ities, Ro	yalties, and Re	ents fror	n Control	led Or	ganizations	s (see	e instruct	ions)	Page 3
	,						Exempt Contro	, ,			
	1. Name of controlled organization	t	2. Employer identification number	incon	unrelated ne (loss) structions)		al of specified ments made	that is contro	t of colur included olling orga gross inc	in the iniza-	Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
<u>(4)</u>			NI-		2						
	7. Taxable Income	0 1	Net unrelated	1	Controlled Orotal of specif		ions 10. Part o	of colum	on O	44 0	Deductions directly
	7. Taxable income	in	come (loss) e instructions)		yments mad		that is inc	luded ir	n the ation's	С	connected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and 11. here and on Part I, le 8, column (B)
Totals	;					•			0.		0.
Parl	VII Investment I	ncome (of a Section 50	1(c)(7), (9), or (17)	Orga	nization (s	ee instr	uctions)		
		ription of i			2. Amou incon	nt of	3. Deduction directly connected (attach states	ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amou						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
				_	line 9, colu						line 9, column (B)
Totals Pari		vemnt A	ctivity Income	Other 1	⊥ Than Λdvo	0.	a Income	'aaa !:=:::	hu roti \		0.
1			ctivity income,	, Other i	IIIaII Auve	ri uəiri <u>ş</u>	g income (see insi	tructions)		
2	Description of exploited Gross unrelated busined		o from trado or busi	noss Ento	r hara and o	n Dort I	lino 10. colum	ο (Λ)		2	
3	Expenses directly conr										
·	line 10, column (B)		•							3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from act	tivity that is	s not unrelated busi	iness incor	me					5	
6	Expenses attributable									6	
7	Excess exempt expens	ses. Subtra	act line 5 from line 6	S, but do no	ot enter more	e than th	ne amount on l	ine			
	4. Enter here and on Pa	art II, line 1	12							7	

Schedule A (Form 990-T) 2021

Pan	۵	4
rau	ı	•

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a	consolidated basis		
	A				
	В 🔲				
	c				
	D				
Enter	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		>	0.
а	B				
3	Direct advertising costs by periodical	·		•	0.
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		>	
4	Advertising gain (loss). Subtract line 3 from lin	na			
7	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	1			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	SS			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7	·			
а	Add line 8, columns A through D. Enter the gr				0
	Part II, line 13				0.
Part	Part II, line 13			>	
	X Compensation of Officers, Dir	ectors, and Trustees		3. Percentage	4. Compensation
	Part II, line 13			3. Percentage of time devoted	4. Compensation attributable to
Part	X Compensation of Officers, Dir	ectors, and Trustees		3. Percentage	4. Compensation
Part	X Compensation of Officers, Dir	ectors, and Trustees		3. Percentage of time devoted to business	4. Compensation attributable to
Part	X Compensation of Officers, Dir	ectors, and Trustees		3. Percentage of time devoted to business	4. Compensation attributable to
(1)	X Compensation of Officers, Dir	ectors, and Trustees		3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name	ectors, and Trustees		3. Percentage of time devoted to business %%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	4. Compensation attributable to
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	4. Compensation attributable to
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, Dir 1. Name I. Name	ectors, and Trustees (3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business