Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 09-01-2021 , and ending 08-31-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ASHOKA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2200 WILSON BLVD SUITE 102 UNIT

City or town, state or province, country, and ZIP or foreign postal code
ARLINGTON, VA 22201

D Employer identification number
51-0255908

E Telephone number
(703) 527-8300

G Gross receipts $ 53,652,766

F Name and address of principal officer:
WILLIAM DRAYTON
2200 WILSON BLVD SUITE 102 UNIT 313
ARLINGTON,V A 22201

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

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

J Website: ▶ WWW.ASHOKA.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980

M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
MOBILIZE A MOVEMENT TO BUILD AN "EVERYONE A CHANGEMAKER" WORLD.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	112
6	Total number of volunteers (estimate if necessary)	6	2,100
7a	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

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	50,655,267	43,131,861
9	Program service revenue (Part VIII, line 2g)	951,921	1,751,558
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,311,112	839,505
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,473	206,303
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,979,773	45,929,227
Expenses			
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
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	20,112,730	21,261,306
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,025,618		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,240,801	14,337,685
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	40,874,251	40,334,548
19	Revenue less expenses. Subtract line 18 from line 12	12,105,522	5,594,679

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	104,488,565	102,229,455
21	Total liabilities (Part X, line 26)	8,725,665	7,059,768
22	Net assets or fund balances. Subtract line 21 from line 20	95,762,900	95,169,687

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 2023-07-17

GRETCHEN ZUCKER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2023-07-17		P01234578

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 1001 WATER ST STE 500
TAMPA, FL 33602 — Phone no. (813) 316-2300

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission:

THE CREATION OF AN ASSOCIATION OF THE WORLD'S LEADING SOCIAL ENTREPRENEURS - MEN AND WOMEN WITH SYSTEM-CHANGING SOLUTIONS FOR THE WORLD'S MOST URGENT SOCIAL PROBLEMS - AND FOSTERING A GLOBAL CULTURE OF EVERYONE BEING A CHANGEMAKER FOR THE GOOD OF ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 10,966,363 including grants of $ 627,989) (Revenue $ 982,485)

ORGANIZING FOR CHANGEMAKING:WE SEE AN EMERGING PATTERN IN ASHOKA'S NETWORK WHERE ENTREPRENEURS ARE BUILDING A DYNAMIC KIND OF TEAM FOR THIS NEW ECONOMY. WHEN INDIVIDUALS AND ORGANIZATIONS CROSS OLD BOUNDARIES AND ALIGN TOWARD A SHARED GOAL, THEY FORM A "TEAM OF TEAMS," UNLOCKING MASSIVE AMOUNTS OF SOCIAL - AND OFTEN BUSINESS - VALUE.

4b (Code:) (Expenses $ 10,492,742 including grants of $ 3,935,913) (Revenue $ 157,929)

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.

(Code:) (Expenses $ 4,787,048 including grants of $ 84,972) (Revenue $ 162,649)

IDEA SPREAD / FRAMEWORK CHANGE

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

(Expenses $ 4,787,048 including grants of $ 84,972) (Revenue $ 162,649)

4e **Total program service expenses** ▶ 29,552,569

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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	Yes	
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	Yes	
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	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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	Yes	

Part IV **Checklist of Required Schedules** *(continued)*

			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	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	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		No
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 entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete* Schedule L, Part III	27		No
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	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		No
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		No
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		No
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	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	77			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

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

Line	Question	Box	Amount	Line ref	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? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			2b		No
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country: ▶ AR,AU,BR,CA,CI,CO,EG,FR,GM,IN,ID,IT,JA,KE,MX,NL,NI,RP,PL,SG,SN,SF,KS,SP,SW,SZ,TH,TU,UK,VE,RO,IS,BE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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? If "Yes," see instructions and file Form 4720, Schedule N.			15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No
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? If "Yes," complete Form 6069.			17		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

				Yes	No
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 in Schedule O.	**1a** 8			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
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?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	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 taxable entity during the year?	**16a**		No
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

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶SUDEEP POUDEL 2200 WILSON BLVD SUITE 102 UNIT 313 ARLINGTON, VA 22201 (703) 527-8300

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) WILLIAM DRAYTON CHAIRMAN	40.00 5.00	X		X				139,953	0	8,447
(2) KYLE ZIMMER DIRECTOR	2.00	X						0	0	0
(3) SARA HOROWITZ DIRECTOR	2.00	X						0	0	0
(4) FELIPE VERGARA DIRECTOR	2.00	X						0	0	0
(5) SUSHMITA GOSH DIRECTOR	2.00	X						0	0	0
(6) ROGER HARRISON DIRECTOR	2.00	X						0	0	0
(7) MARY GORDON DIRECTOR	2.00	X						0	0	0
(8) FRED HEHUWAT DIRECTOR	2.00	X						0	0	0
(9) DIANA WELLS LEADERSHIP TEAM & PRESIDENT EMERITA	40.00 5.00			X				188,072	0	2,750
(10) GRETCHEN ZUCKER INTERIM CFO	40.00 5.00			X				38,816	0	0
(11) SAMARA RANDHAWA SECRETARY & TREASURER	40.00 5.00			X				53,279	0	22,973
(12) KEVIN YEA CFO UNTIL 4/30/2022	40.00 5.00			X				162,440	0	6,175
(13) ANNE EVANS LEADERSHIP GROUP MEMBER	40.00 5.00					X		157,566	0	1,500
(14) KONSTANZE FRISCHEN LEADERSHIP GROUP MEMBER	40.00 5.00					X		165,512	0	0
(15) ROBERT SPOER LEADERSHIP GROUP MEMBER	40.00 5.00					X		157,224	0	22,375
(16) STUART YASGUR LEADERSHIP GROUP MEMBER	40.00 5.00					X		145,081	0	155
(17) CONRAD CARTER LEADERSHIP GROUP MEMBER	40.00 5.00					X		142,463	0	0

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

(A) Name and title	**(B)** Average hours per week (list any hours for related organizations below dotted line)	**(C)** Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	**(D)** Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	**(E)** Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	**(F)** Estimated amount of other compensation from the organization and related organizations

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	1,350,406	0	64,375

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 27

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

Section B. Independent Contractors

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

(A) Name and business address	**(B)** Description of services	**(C)** Compensation
OREMUS CORPORATION NA 101 W MAIN STREET LEBANON, IN 46052	ACCOUNTING SUPPORT SERVICES	317,454
GLOBAL PRINTING INC DBA MORE VANG PO BOX 16240 ALEXANDRIA, VA 22302	PRINTING SERVICES	246,584
QED42 ENGINEERING PVT LTD 401 SAPPHIRE PLAZA NEW AIRPORT RO PUNE, MAHARASHTRA 411014 IN	DRUPAL DEVELOPMENT SUPPORT	222,814
NOURISHING SCHOOLS FOUNDATION 3131 GUYSBOROUGH DR FAIRFAX, VA 22031	NUTRITION	197,912
THE BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	VALUING HOMES IN BLACK-MAJORITY NEIGHBOU	125,000

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts					
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	479,974			
f All other contributions, gifts, grants, and similar amounts not included above	1f	42,651,887			
g Noncash contributions included in lines 1a - 1f:$	1g	64,848			
h **Total.** Add lines 1a-1f . . . . ▶		43,131,861			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a FEE FOR SERVICE	900099	1,683,508	1,683,508		
b ASHOKA U PROGRAM	900099	68,050	68,050		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶		1,751,558			

Other Revenue

			(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) . . . ▶			1,834,527			1,834,527
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties . . . . ▶						
	(i) Real	(ii) Personal				
6a Gross rents (6a)						
b Less: rental expenses (6b)						
c Rental income or (loss) (6c)						
d Net rental income or (loss) . . . . ▶						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory (7a)	6,728,517					
b Less: cost or other basis and sales expenses (7b)	7,338,602	384,937				
c Gain or (loss) (7c)	-610,085	-384,937				
d Net gain or (loss) . . . . ▶			-995,022			-995,022
8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18 . . . . (8a)						
b Less: direct expenses (8b)						
c Net income or (loss) from fundraising events . . ▶						
9a Gross income from gaming activities. See Part IV, line 19 . . . (9a)						
b Less: direct expenses (9b)						
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances . . (10a)						
b Less: cost of goods sold . . (10b)						
c Net income or (loss) from sales of inventory . . ▶						

Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a OTHER REVENUE	900099	206,303			206,303
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . ▶		206,303			
12 **Total revenue.** See instructions . . . . . . ▶		45,929,227	1,751,558	0	1,045,808

Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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 (non-employees):				
a Management				
b Legal	176,215	79,978	96,115	122
c Accounting	785,747	225,006	552,912	7,829
d Lobbying				
e 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 Schedule O)	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 . .				
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 for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	266,407	216,253	47,899	2,255
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	338,496	127,731	208,251	2,514
23 Insurance . . .	203,419	70,290	131,853	1,276
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a 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
e 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).				

Part X **Balance Sheet**

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

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . .				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	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	10a	3,486,445			
	b	Less: accumulated depreciation	10b	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, line 11				12	
	13	Investments—program-related. See Part IV, line 11 . .				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 equal line 33) . . .			104,488,565	16	102,229,455
Liabilities	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. Complete Part IV of Schedule D				21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
	23	Secured mortgages and notes payable to unrelated third parties . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			633,480	25	899,142
	26	**Total liabilities.** Add lines 17 through 25 . .			8,725,665	26	7,059,768
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			20,728,518	27	25,440,230
	28	Net assets with donor restrictions			75,034,382	28	69,729,457
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building or equipment fund . . .				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	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

Part XI Reconcilliation of Net Assets

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

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	3	5,594,679
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	95,762,900
5	Net unrealized gains (losses) on investments	5	-4,990,873
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 in 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	10	95,169,687

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

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization
ASHOKA

Employer identification number
51-0255908

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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 grant.") . .	38,295,290	57,527,705	41,001,658	50,655,267	43,131,861	230,611,781
2 Tax revenues levied for the organization'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..						
4 **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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	38,295,290	57,527,705	41,001,658	50,655,267	43,131,861	230,611,781
8 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, etc. (see instructions) . . . . | 12 | 4,854,827

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . | 14 | 87.760 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . | 15 | 84.620 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☑

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . ▶☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . ▶☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . . ▶☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	

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 . . . . ▶☐

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

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) .*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			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 the supported organization(s).*	1		

Section D. 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 in 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 supported organizations played in this regard.*	3		

Section 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 instructions)**:

a ☐ 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.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	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.*	2a		
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.**			
a	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		
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.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*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		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**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-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide 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 organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-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 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is 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:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2017 AMOUNT: $ 109,036. 2018 AMOUNT: $ 186,588. 2019 AMOUNT: $ 413,942. 2020 AMOUNT: $ 61,473. 2021 AMOUNT: $ 206,303.

Additional Data

Return to Form

Software ID:

Software Version:

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

2021

Open to Public Inspection

Name of the organization
ASHOKA

Employer identification number
51-0255908

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . .	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ ______

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . ▶ $ ______

(ii) Assets included in Form 990, Part X . . . . ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . ▶ $ ______

b Assets included in Form 990, Part X . . . . ▶ $ ______

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

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

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance	35,252,739	27,286,259	24,597,317	24,545,672	25,259,848
b Contributions	175,100	272,052	228,886	1,085,000	133,954
c Net investment earnings, gains, and losses	-2,836,793	8,881,669	2,463,422	-1,023,787	1,616,448
d Grants or scholarships					
e 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
g End of year balance	32,589,494	35,252,739	27,286,258	24,597,318	24,545,672

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ....

b Permanent endowment ▶ 90.600 %

c Term endowment ▶ 9.400 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

			Yes	No
	(i) Unrelated organizations	3a(i)		No
	(ii) Related organizations	3a(ii)		No
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		3,486,445	2,459,650	1,026,795

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶ 1,026,795

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	899,142

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	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**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	ASHOKA MAINTAINS DONOR-RESTRICTED AND BOARD-DESIGNATED FUNDS WHOSE PURPOSE IS TO PROVIDE LONG TERMS SUPPORT FOR PROGRAMS. ON THOSE FUNDS THAT ARE PERMANENTLY RESTRICTED OR TEMPORARILY RESTRICTED, THE ENDOWMENT TRUSTEES FOLLOW THE EXPLICIT DIRECTIONS OF THE DONOR WHERE APPLICABLE. PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED TO INVESTMENT IN PERPETUITY, THE INCOME FROM WHICH IS AVAILABLE FOR PROGRAMS INCLUDING CHANGE-MAKING, EDUCATION AND SOCIAL DEVELOPMENT, WOMEN ENTREPRENEURS, HEALTH AND HUNGER, THE ENVIRONMENT, JUSTICE AND PEACE, AND SOCIAL ENTREPRENEURSHIP AMONG OTHERS.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to 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

2021

Open to Public Inspection

Name of the organization
ASHOKA

Employer identification number
51-0255908

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

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

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

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	EAST ASIA AND THE PACIFIC	5	30	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	2,066,804
(2)	EUROPE (INCLUDING ICELAND & GREENLAND)	15	163	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	15,436,687
(3)	MIDDLE EAST AND NORTH AFRICA	2	29	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	84,523
(4)	NORTH AMERICA	2	28	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	1,287,029
(5)	SOUTH AMERICA	4	45	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	1,676,677
(6)	SOUTH ASIA	1	28	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	929,961
(7)	SUB-SAHARAN AFRICA	4	32	PROGRAM SERVICES	FELLOW SEARCH/SUPPORT	1,369,650
(8)	EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		253,924
(9)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		1,907,558
(10)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		18,491
(11)	NORTH AMERICA	0	0	GRANTS TO RECIPIENTS		270,150
(12)	SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		279,655
(13)	SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		479,551
(14)	SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		1,185,340
(15)						
(16)						
(17)						
3a	Sub-total	33	355			23,105,255
b	Total from continuation sheets to Part I . . .	0	0			4,140,745
c	**Totals** (add lines 3a and 3b)	33	355			27,246,000

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EAST ASIA AND THE PACIFIC	FELLOW STIPENDS	5,703	WIRE	0		
(2)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	5,199	WIRE	0		
(3)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,059	WIRE	0		
(4)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,059	WIRE	0		
(5)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,059	WIRE	0		
(6)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,059	WIRE	0		
(7)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,059	WIRE	0		
(8)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,059	WIRE	0		
(9)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,059	WIRE	0		
(10)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,059	WIRE	0		
(11)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,059	WIRE	0		
(12)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,059	WIRE	0		
(13)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	28,406	WIRE	0		
(14)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,449	WIRE	0		
(15)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	9,033	WIRE	0		
(16)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	19,230	WIRE	0		
(17)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	8,531	WIRE	0		
(18)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	5,695	WIRE	0		
(19)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	5,695	WIRE	0		
(20)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	5,695	WIRE	0		
(21)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	5,695	WIRE	0		
(22)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	5,695	WIRE	0		
(23)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	34,170	WIRE	0		
(24)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	66,063	WIRE	0		
(25)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	51,114	WIRE	0		
(26)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	16,219	WIRE	0		
(27)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	5,514	WIRE	0		
(28)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	447,011	WIRE	0		
(29)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	62,716	WIRE	0		
(30)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	50,681	WIRE	0		
(31)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	10,544	WIRE	0		
(32)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	6,775	WIRE	0		
(33)		EUROPE (INCLUDING ICELAND & GREENLAND)	AWARDS	62,932	WIRE	0		
(34)		EUROPE (INCLUDING ICELAND & GREENLAND)	FELLOW STIPENDS	21,462	WIRE	0		
(35)		EUROPE (INCLUDING ICELAND & GREENLAND)	FELLOW STIPENDS	70,591	WIRE	0		
(36)		EUROPE (INCLUDING ICELAND & GREENLAND)	FELLOW STIPENDS	6,578	WIRE	0		
(37)		SOUTH AMERICA	AWARDS	10,000	WIRE	0		
(38)		SOUTH AMERICA	AWARDS	35,000	WIRE	0		
(39)		SOUTH ASIA	FELLOW STIPENDS	17,732	WIRE	0		
(40)		SOUTH ASIA	FELLOW STIPENDS	22,060	WIRE	0		
(41)		SOUTH ASIA	FELLOW STIPENDS	15,595	WIRE	0		
(42)		SOUTH ASIA	FELLOW STIPENDS	22,691	WIRE	0		
(43)		SOUTH ASIA	FELLOW STIPENDS	19,092	WIRE	0		
(44)		SOUTH ASIA	FELLOW STIPENDS	14,695	WIRE	0		
(45)		SOUTH ASIA	FELLOW STIPENDS	10,747	WIRE	0		
(46)		SOUTH ASIA	FELLOW STIPENDS	10,294	WIRE	0		
(47)		SOUTH ASIA	FELLOW STIPENDS	22,983	WIRE	0		
(48)		SOUTH ASIA	FELLOW STIPENDS	22,706	WIRE	0		
(49)		SOUTH ASIA	FELLOW STIPENDS	17,732	WIRE	0		
(50)		SUB-SAHARAN AFRICA	AWARDS	9,895	WIRE	0		
(51)		SUB-SAHARAN AFRICA	AWARDS	83,900	WIRE	0		
(52)		SUB-SAHARAN AFRICA	AWARDS	56,728	WIRE	0		
(53)		SUB-SAHARAN AFRICA	AWARDS	68,485	WIRE	0		
(54)		SUB-SAHARAN AFRICA	AWARDS	69,610	WIRE	0		
(55)		SUB-SAHARAN AFRICA	AWARDS	69,610	WIRE	0		
(56)		SUB-SAHARAN AFRICA	AWARDS	53,410	WIRE	0		
(57)		SUB-SAHARAN AFRICA	AWARDS	80,319	WIRE	0		
(58)		SUB-SAHARAN AFRICA	AWARDS	50,839	WIRE	0		
(59)		SUB-SAHARAN AFRICA	AWARDS	50,839	WIRE	0		
(60)		SUB-SAHARAN AFRICA	AWARDS	51,038	WIRE	0		
(61)		SUB-SAHARAN AFRICA	AWARDS	51,120	WIRE	0		
(62)		SUB-SAHARAN AFRICA	AWARDS	51,230	WIRE	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 30

3 Enter total number of other organizations or entities . . . . ▶ 30

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)	FELLOW STIPENDS	EAST ASIA AND THE PACIFIC	9	232,850	WIRE			
(2)	FELLOW STIPENDS	EUROPE (INCLUDING ICELAND & GREENLAND)	14	564,269	WIRE			
(3)	FELLOW STIPENDS	NORTH AMERICA	10	265,808	WIRE			
(4)	FELLOW STIPENDS	SOUTH AMERICA	14	211,304	WIRE			
(5)	FELLOW STIPENDS	SOUTH ASIA	19	268,162	WIRE			
(6)	FELLOW STIPENDS	SUB-SAHARAN AFRICA	7	352,660	WIRE			
(7)	AWARDS	EAST ASIA AND THE PACIFIC	14	5,038	WIRE			
(8)	AWARDS	EUROPE (INCLUDING ICELAND & GREENLAND)	17	105,958	WIRE			
(9)	AWARDS	MIDDLE EAST AND NORTH AFRICA	7	11,603	WIRE			
(10)	AWARDS	NORTH AMERICA	7	3,910	WIRE			
(11)	AWARDS	SOUTH AMERICA	7	19,921	WIRE			
(12)	AWARDS	SOUTH ASIA	22	15,063	WIRE			
(13)	AWARDS	SUB-SAHARAN AFRICA	86	84,759	WIRE			
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . ☐ Yes ☑ No

Part V Supplemental Information

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

ReturnReference	Explanation
PART I, LINE 2:	THE GOAL OF THE STIPEND IS TO PROVIDE ASHOKA FELLOWS THE FINANCIAL FREEDOM TO FULLY PURSUE THE EXPANSION OF THEIR NEW IDEAS UP TO FOUR YEARS, ON AVERAGE THREE YEARS, FROM THEIR ELECTION. ONCE A CANDIDATE HAS BEEN APPROVED BY THE BOARD AND IS ELECTED AN AFFILIATE (NON-FELLOW) OR FELLOW, THE GLOBAL VENTURE TEAM AND THE AFFILIATE OR FELLOW REVIEWS HIS/HER FINANCIAL DISCLOSURE FORM TO DETERMINE THE APPROPRIATE STIPEND THAT WILL ALLOW THE RECIPIENT TO FOCUS ON HIS/HER NEW IDEA FULL-TIME. GLOBAL VENTURE PROVIDES AN IMPORTANT CHECK-IN ENSURING THAT STIPENDS ARE ALIGNED WITH ASHOKA GLOBAL POLICY AND ENSURE ITS FAIR APPLICATION ACROSS ITS FELLOWSHIP.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
ASHOKA

Employer identification number
51-0255908

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 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
(2) WITH ACTION 7408 CHAMBERLAIN AVENUE UNIVERSITY CITY SAINT LOUIS,MO 63130	81-2107661	501(C)(3)	17,500	0			AWARD
(3) GREATER MILWAUKEE COMMITTEE FOR COMMUNITY DEVELOPMENT 247 W FRESHWATER WAY SUITE 400 MILWAUKEE,WI 53204	39-0749512	501(C)(3)	17,500	0			AWARD
(4) GOOD CALL NYC CO 1420 N STREET NW WASHINGTON,DC 20005	82-1011857	501(C)(3)	16,032	0			AWARD
(5) FAMILY HOUSING FUND 1250 CONNECTICUT AVE NW SUITE 700 WASHINGTON,DC 20036	41-1380923	501(C)(3)	10,000	0			AWARD
(6) HOUSTON COMMUNITY LAND TRUST 228 S WABASH 5TH FLOOR CHICAGO,IL 60604	83-1135085	501(C)(3)	10,000	0			AWARD
(7) THE WORKS INC 1820 N SPAULDING AVE APT 210 CHICAGO,IL 60647	62-1751430	501(C)(3)	10,000	0			AWARD
(8) GARY VENTURES INC 310 4TH AVE S SUITE 9000 MINNEAPOLIS,MN 55415	84-1094590		10,000	0			AWARD
(9) PARITY BALTIMORE INCORPORATED 547 NE 88TH ST SEATTLE,WA 98115	85-0771143	501(C)(3)	7,500	0			AWARD
(10) BENJAMIN BANNEKER DEVELOPMENT CORPORATION 1705 17TH ST SUITE 200 DENVER,CO 80202	52-0260476	501(C)(3)	7,500	0			AWARD
(11) BLACKSTAR STABILITY MANAGER LLC 81 WILLOUGHBY STREET SUITE 601 BROOKLYN,NY 11201	85-1029748		7,500	0			AWARD
(12) FROLIC COMMUNITY LLC PO BOX 8056 HOUSTON,TX 77004	85-2191292		7,500	0			AWARD
(13) CHICAGO AREA FAIR HOUSING ALLIANCE 1727 SINDIANA G03 CHICAGO,IL 60616	36-3384397	501(C)(3)	7,500	0			AWARD
(14) THE GUILD COLLECTIVE LLC 1014 W 36TH STREET UNIT 96 BALTIMORE,MD 21211	82-0970601		7,500	0			AWARD
(15) METROPOLITAN TENANTS ORGANIZATION 1803 DANCING FOX ROAD DECATUR,GA 30032	36-3351193	501(C)(3)	7,500	0			AWARD
(16) DUO DEVELOPMENT 1471 GENESIS CIRCLE MEMPHIS,TN 38106	83-4345525	501(C)(3)	7,500	0			AWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 4

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) AWARD	7	13,281			
(2) FELLOW STIPENDS	3	150,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE GOAL OF THE STIPEND IS TO PROVIDE ASHOKA FELLOWS THE FINANCIAL FREEDOM TO FULLY PURSUE THE EXPANSION OF THEIR NEW IDEA FOR UP TO 4 YEARS AND ON AVERAGE 3 YEARS FROM THE ELECTION. ONCE A CANDIDATE HAS BEEN APPROVED BY THE BOARD AND IS ELECTED AN AFFILIATE (NON-FELLOW) OR FELLOW, THE GLOBAL VENTURE TEAM AND THE AFFILIATE/FELLOW REVIEW HIS/HER FINANCIAL DISCLOSURE FORM TO DETERMINE THE APPROPRIATE STIPEND THAT WILL ALLOW THE RECIPIENT TO FOCUS ON HIS/HER NEW IDEA FULL-TIME. GLOBAL VENTURE PROVIDES AN IMPORTANT CHECK-IN ENSURING THAT STIPENDS ARE ALIGNED WITH ASHOKA'S GLOBAL POLICY AND ENSURE ITS FAIR APPLICATION ACROSS ITS FELLOWSHIP.

Additional Data

Return to Form

Software ID:

Software Version:

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

2021

Open to Public Inspection

Name of the organization
ASHOKA

Employer identification number
51-0255908

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing 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 ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization? . . . . If "Yes," on line 6a or 6b, describe in Part III.	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not listed on Form 990, Part VII.

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

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

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.

Return Reference	Explanation
PART I, LINE 7	BONUSES ARE BASED ON YEAR-END JOB PERFORMANCE AND ARE TAXABLE TO EACH RECIPIENT.

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
ASHOKA

Employer identification number
51-0255908

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	64,848	CLOSING SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	USING A COMBINATION OF THE TWO METHODS ABOVE

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization	Employer identification number
ASHOKA	51-0255908

Return Reference	Explanation
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 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 11B	ASHOKA HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. THE CONTROLLER AND CFO REVIEW THE FORM 990 AFTER A DRAFT IS PREPARED. ONCE APPROVED BY THE CONTROLLER AND CFO, THE CFO FORWARDS THE 990 TO THE CEO FOR REVIEW. ANY COMMENTS OR UPDATES GIVEN TO THE CFO BY THE CEO ARE PASSED ALONG TO THE ACCOUNTING FIRM. THE ACCOUNTING FIRM REVIEWS THE COMMENTS AND MAKES CHANGES AS WARRANTED. THE UPDATED 990 IS GIVEN TO THE BOARD SECRETARY, WHO DISTRIBUTES THE 990 ELECTRONICALLY TO THE FULL BOARD OF DIRECTORS FOR REVIEW BEFORE FILING WITH THE IRS.
FORM 990, PART 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 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, SECTION C, LINE 19	ASHOKA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE INFORMATION IS AVAILABLE UPON WRITTEN REQUEST AT 2200 WILSON BLVD., SUITE 102, UNIT #313, ARLINGTON, VA 22201. THE FORM 990 AND AUDITED FINANCIALS ARE ALSO AVAILABLE TO THE PUBLIC ON ASHOKA'S WEBSITE AND ON WWW.GUIDESTAR.ORG.
FORM 990, PART IX, LINE 11G	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.
FORM 990, PART XI, LINE 9:	CUMULATIVE TRANSLATION ADJUSTMENTS -4,654,057. UNREALIZED FOREIGN EXCHANGE LOSS 203,209.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
ASHOKA

Employer identification number
51-0255908

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ASHOKA LLC 2200 WILSON BLVD SUITE 102 UNIT 313 ARLINGTON, VA 22201 81-4708972	PLATFORM FOR SOCIAL ENTREPRENEURS	DE	5,687,734	1,760,767	ASHOKA
(2) ASHOKA CONOSUR ESTE (ARGENTINA) TEODORO GARCA 2964 BUENOS AIRES 1426 AR	PLATFORM FOR SOCIAL ENTREPRENEURS	AR	643,506	231,548	ASHOKA
(3) ASHOKA CEE SCHOTTENRING 16/3OG WIEN A-1010 AU	PLATFORM FOR SOCIAL ENTREPRENEURS	AU	1,890,696	1,647,248	ASHOKA
(4) ASHOKA BRASIL RUA CARLOS COMENALE 263 SAO PAULO 01332-030 BR	PLATFORM FOR SOCIAL ENTREPRENEURS	BR	1,060,051	1,160,372	ASHOKA
(5) ASHOKA CHILE AVENIDA ITALIA 850B IF PROVIDENC SANTIAGO CI	PLATFORM FOR SOCIAL ENTREPRENEURS	CI	546,340	217,468	ASHOKA
(6) ASHOKA EAST AFRICA (KENYA) GARDEN RD OFFICE 4 B2 HOUSE 8 NAIROBI KE	PLATFORM FOR SOCIAL ENTREPRENEURS	KE	119,331	260,105	ASHOKA
(7) ASHOKA FRANCE 28 PLACE DE LA BOURSE PARIS 75002 FR	PLATFORM FOR SOCIAL ENTREPRENEURS	FR	1,966,210	1,790,473	ASHOKA
(8) ASHOKA DEUTSCHLAND PRINZREGENTENPLATZ 10 MUNCHEN 81675 GM	PLATFORM FOR SOCIAL ENTREPRENEURS	GM	5,869,513	4,849,204	ASHOKA
(9) ASHOKA INDIA 54 1ST CROSS DOMLUR LAYOUT BANGALORE 560071 IN	PLATFORM FOR SOCIAL ENTREPRENEURS	IN	1,398,216	857,344	ASHOKA
(10) ASHOKA INDONESIA JL ANCOL TIMUR XIV NO 1 BANDUNG JAWA BARAT 40254 ID	PLATFORM FOR SOCIAL ENTREPRENEURS	ID	262,345	191,307	ASHOKA
(11) ASHOKA ITALIA VIA AURELIO SALICETI 10 ROMA RM 0 MILANO 20121 IT	PLATFORM FOR SOCIAL ENTREPRENEURS	IT	601,075	498,398	ASHOKA
(12) ASHOKA JAPAN GINZA FUGETSUDO BUILDING 6F 6-6-1 TOKYO 104-0061 JA	PLATFORM FOR SOCIAL ENTREPRENEURS	JA	275,686	338,479	ASHOKA
(13) ASHOKA KOREA SUNGDONG-GU DDUKSUM-RO 1 NA-GIL 5 SOUTH KOREA 04779 KS	PLATFORM FOR SOCIAL ENTREPRENEURS	KS	459,941	1,040,608	ASHOKA
(14) ASHOKA MEXICO (ASHOKA EMPRENDEDORES SOCIALES ASOCIACION CIVIL (AC)) TUXPAN 57 COLONIA PLATFORM FOR SOC MEXICO CITY 06760 MX	PLATFORM FOR SOCIAL ENTREPRENEURS	MX	509,948	280,308	ASHOKA
(15) ASHOKA NETHERLANDS (STICHTING ASHOKA) LANGE VOORHOUT 32 THE HAGUE 2514 EE NL	PLATFORM FOR SOCIAL ENTREPRENEURS	NL	341,936	1,171,528	ASHOKA
(16) ASHOKA PHILIPPINES UNIT 301 3RD FLOOR 3 BRIXTON STRE PASIG CITY 1603 RP	PLATFORM FOR SOCIAL ENTREPRENEURS	RP	195,951	149,468	ASHOKA
(17) ASHOKA POLAND UL PACA 40 WARSZAWA 04-386 PL	PLATFORM FOR SOCIAL ENTREPRENEURS	PL	1,423,066	789,632	ASHOKA
(18) ASHOKA SINGAPORE AND MALAYSIA 141 MIDDLE ROAD GSM BUILDING 05- DHOBY GHAUT 188976 SN	PLATFORM FOR SOCIAL ENTREPRENEURS	SN	88,958	208,869	ASHOKA
(19) ASHOKA ESPANA (FUNDACION ASHOKA EMPRENDEDORES SOCIALES) CALLEVANDERGOTEN 1 LOOM HOUSE MADRID 28014 SP	PLATFORM FOR SOCIAL ENTREPRENEURS	SP	5,089,558	4,654,016	ASHOKA
(20) ASHOKA SCANDINAVIA BIRGER JARLSGATAN 57 C STOCKHOLM 113 56 SW	PLATFORM FOR SOCIAL ENTREPRENEURS	SW	2,890,738	2,884,863	ASHOKA
(21) ASHOKA SWITZERLAND (FONDATION ASHOKA SUISSE) RUE DU CONSEIL GENRAL 20 GENEVA 1205 SZ	PLATFORM FOR SOCIAL ENTREPRENEURS	SZ	519,549	516,263	ASHOKA

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(22) ASHOKA SOUTHERN AFRICA TYRWHITT AVENUE ROSEBANK JOHANNESBURG FT-2196 SF	PLATFORM FOR SOCIAL ENTREPRENEURS	SF	0	45,999	ASHOKA
(23) ASHOKA THAILAND 101/8 PHAHONYOTHIN 32 ROAD SENA N BANGKOK 10900 TH	PLATFORM FOR SOCIAL ENTREPRENEURS	TH	15,026	29,651	ASHOKA
(24) ASHOKA TURKIYE GENERAL YAZGAN SOK NO14 ISTANBUL TU	PLATFORM FOR SOCIAL ENTREPRENEURS	TU	183,581	110,342	ASHOKA
(25) ASHOKA UK & IRELAND PEOPLES MISSION HALL 20-30 WHITE LONDON E1 1EW UK	PLATFORM FOR SOCIAL ENTREPRENEURS	UK	3,486,825	3,065,098	ASHOKA
(26) ASHOKA VENEZUELA EDIF MENE GRANDE PISO 5 OFICINA CARACAS VE	PLATFORM FOR SOCIAL ENTREPRENEURS	VE	3	112,497	ASHOKA
(27) ASOCIACION ASHOKA - COLOMBIA LA CALLE 71 NO 5-23 OFICINA 501 BOGOTA CO	PLATFORM FOR SOCIAL ENTREPRENEURS	CO	24,025	117,518	ASHOKA
(28) FUNDATIA ASHOKA SECTOR 5 PETRACHE POENARU ST NO BUCHAREST RO	PLATFORM FOR SOCIAL ENTREPRENEURS	RO	186,351	356,435	ASHOKA
(29) ASHOKA ISRAEL TEL AVIV ISRAEL TEL AVIV IS	PLATFORM FOR SOCIAL ENTREPRENEURS	IS	426,382	126,210	ASHOKA
(30) ASHOKA ARAB WORLD 93A ABDEL AZIZ AL SAUD ST 7TH FLOO CAIRO 11451 EG	PLATFORM FOR SOCIAL ENTREPRENEURS	EG	3,968,039	4,849,172	ASHOKA
(31) ASHOKA BELGIUM 1000 BRUXELLES RUE JOSEPH II BE	PLATFORM FOR SOCIAL ENTREPRENEURS	BE	0	0	ASHOKA

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

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

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

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

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

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

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)YOUTH VENTURE INCORPORATION	L	1,032,521	NET OF COST AND REVENUE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version: