

2009

California Exempt Organization
Annual Information Return

199

Calendar year 2009 or fiscal year beginning month		day	year	, and ending month		day	year
A First Return Filed?	<input type="checkbox"/> Yes	B Type of organization		Exempt under Section 23701... D (insert letter)		CORP #	
	<input checked="" type="checkbox"/> No			IRC Section 4947(a)(1) trust... <input type="checkbox"/>		C2003982	
Corporation/Organization Name						FEIN	
ASHA FOR EDUCATION						77-0459884	

Address

PO BOX 322

City State ZIP Code

NEW YORK, NY 10040-0322

C Amended Return?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	H Accounting method used ... 1 <input checked="" type="checkbox"/> Cash 2 <input type="checkbox"/> Accrual 3 <input type="checkbox"/> Other
D Are you a subordinate/affiliate in a group exemption?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I If exempt under R&TC Section 23701d, has the organization during the year:
a Is this a group filing for affiliates? See General Instruction L	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations.
b If 'Yes,' enter the number of affiliates		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are all affiliates included?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents.
d Is this a separate return filed by an organization covered by a group ruling?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e Federal Group Exemption Number		K Is the organization exempt under R&TC Section 23701g?
f Is a roster of subordinates attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Final return?		L Is the organization under audit by the IRS or has the IRS audited in a prior year?
• <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• <input type="checkbox"/> Merged/Reorganized (attach explanation)		M Is the organization a Limited Liability Company?
If a box is checked, enter date.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Check the box if the organization filed the following federal forms or schedule:		N Did the organization file Form 100 or Form 109 to report taxable income?
1 • <input type="checkbox"/> 990T 2 • <input type="checkbox"/> 990PF 3 • <input type="checkbox"/> (Schedule H) 990		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public		

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,641,934.
	2 Gross dues and assessments from members and affiliates	2	
	3 Gross contributions, gifts, grants, and similar amounts received	3	2,092,227.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		
	This line must be completed. If the result is less than \$25,000, see General Instruction C.	4	3,734,161.
Expenses	5 Cost of goods sold.	5	8,620.
	6 Cost or other basis, and sales expenses of assets sold.	6	
	7 Total costs. Add line 5 and line 6.	7	8,620.
	8 Total gross income. Subtract line 7 from line 4	8	3,725,541.
	9 Total expenses and disbursements. From Side 2, Part II, line 18.	9	2,871,317.
Filing Fee	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	854,224.
	11 Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12 Total payments.	12	
	13 Penalties and Interest. See General Instruction J.	13	
	14 Use tax. See General Instruction K.	14	
Sign Here	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	10.
	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 taxpayer) is based on all information of which preparer has any knowledge.		
Paid Preparer's Use Only	Signature of officer	Title	Date
		TREASURER	5/16/2011
	Preparer's signature	Subra E. Ramanian MBA CPA CMA ACA	3/11/11
	Firm's name (or yours, if self-employed) and address	NEEKA ACCOUNTANCY CORPORATION, CPA'S	
		1 NORTH MAIN ST SUITE 4	
		MILPITAS, CA 95035-4324	
		Telephone	352-328-4939
		Preparer's SSN/PTIN	P00963109
		FEIN	94-3382202
		Telephone	(408) 263-3311
		May the FTB discuss this return with the preparer shown above? See instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	•	1	11,782.
	2	Interest	•	2	29,768.
	3	Dividends	•	3	
	4	Gross rents	•	4	
	5	Gross royalties	•	5	
	6	Gross amount received from sale of assets (See Instructions)	•	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	•	7	1,600,384.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	1,641,934.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	•	9	2,524,546.
	10	Disbursements to or for members.	•	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. . SEE STATEMENT 2	•	11	0.
	12	Other salaries and wages	•	12	
	13	Interest	•	13	
	14	Taxes	•	14	
	15	Rents	•	15	
	16	Depreciation and depletion (See Instructions)	•	16	
	17	Other. Attach schedule. SEE STATEMENT 3	•	17	346,771.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	2,871,317.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		6,035,608.		6,889,832.
2	Net accounts receivable				
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach sch.				
7	Investments in stock. Attach schedule.				
8	Mortgage loans (number of loans _____)				
9	Other investments. Attach schedule				
10 a	Depreciable assets.				
b	Less accumulated depreciation.				
11	Land				
12	Other assets. Attach schedule				
13	Total assets		6,035,608.		6,889,832.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		6,035,608.		6,889,832.
20	Paid-in or capital surplus. Attach reconciliation.				
21	Retained earnings or income fund				
22	Total liabilities and net worth		6,035,608.		6,889,832.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	•	854,224.	7	Income recorded on books this year not included in this return. Attach schedule.	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule.	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule.	•		10	Net income per return. Subtract line 9 from line 6		854,224.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		854,224.				

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$	1,597,515.
OTHER REVENUE.....		2,869.
TOTAL	\$	<u>1,600,384.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RAVI KANDIKONDA 1221 DRIPPING SPRINGS LN MCKINNEY, TX 75070	PRESIDENT & CEO 25.00	\$ 0.	\$ 0.	\$ 0.
AKSHAY Bhole 819 EAGLE DRIVE EMMAUS, PA 18049	TREASURER 25.00	0.	0.	0.
SRIKANTH PILLA 2057 ORCHARD LAKES PLACE E, #2 TOLEDO, OH 43615	SECRETARY 25.00	0.	0.	0.
PADMANAVA SEN 1152 HAYES STREET IRVINE, CA 92620	DIR, PROJECTS 25.00	0.	0.	0.
ANISH JOHNSON 3515 FILLMORE STREET #107 SAN FRANCISCO, CA 94123	DIRECTOR, PR 25.00	0.	0.	0.
SAURABH J MADAN 16225 NE 12TH CT, APT# F-74 BELLEVUE, WA 98008	25.00	0.	0.	0.
ALIVIA SIL 19708 NW SUNDERLAND DRIVE HILLSBORO, OR 97124	25.00	0.	0.	0.
TOTAL		\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	1,082.
BANK CHARGES.....		349.
CREDIT CARD MERCHANT FEES.....		32,137.
EQUIPMENT RENTAL AND MAINTENAN.....		864.

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

OFFICE EXPENSES.....	\$	17,730.
OTHER.....		1,631.
PO BOX.....		2,222.
POSTAGE AND SHIPPING.....		3,057.
PRINTING AND PUBLICATIONS.....		1,393.
SPECIAL EVENT EXPENSES.....		280,906.
TELEPHONE.....		100.
TRAVEL.....		5,300.
TOTAL	\$	<u><u>346,771.</u></u>