TAXABLE YEAR

2010

California Exempt Organization Annual Information Return FORM

199

| Calendar Ye | ear 2010 or fiscal year beginning month 1 day | 1year2 | <u>2010</u> , and endi | ng month <u>12</u> c | ay | 31 | _year_2010 | | |
|-----------------------|--|--------------------------------------|--|--|------------------|---|-----------------------------------|--|--|
| A First Retui | n Filed? Yes S Type of organization Exempt under Section 2370 | ıi (inser | | CORP # | 20 | | | | |
| | IRC Section 4947(a)(1) trus | t 🗍 | | 200398 | 32 | | | | |
| • | Organization Name | | | FEIN | | | | | |
| ASha for Address | Education | | | 770459 | 1884 | | | | |
| | | | | | | | | | |
| PO Box 3 | 322 | | | Ctoto | ZIP C | n et n | | | |
| City | | | | 1 | | | - M | | |
| New York | | | | | | 0-32 | | | |
| | letum? | | | sed (1) Cash (2) A | | | | | |
| | ubordinate/affiliate in a group exemption? | | | | | | furing the year: (1) participated | | |
| | a group filing for affiliates? See General Instruction L | | | | | | • | | |
| | the number of affiliates (3) made an election under R&TC Section 2370- affiliates included? If "Yes No If "Yes," complete and attach form FTB 3509, Po | | | | | | | | |
| | | LINO : | | | | | • Tyes MNo | | |
| , | (if "No," attach a list. See instructions.) (if) Is this a separate return filed by an organization covered by a Joid the organization have any changes in its active. | | | | | | | | |
| | ruling? Yes | - 1 | incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," | | | | | | |
| | Group Exemption Number | | complete an explanatio | on and attach copies of re | vised d | locume | nts ♥ □ Yes ☑No | | |
| | ter of subordinates attached?Yes | ØNo K I | s the organization exe | mpt under R&TC Section | 23701 | g? | ♥ □Yes ☑No | | |
| Œ Final return | | | f "Yes," enter amount | of gross receipts from no | onmem | nmember sources \$ | | | |
| Dis | solved 🗶 🗌 Surrendered (Withdrawn) | | | ler audit by the IRS or ha | | | | | |
| Me | rged/Reorganized (attach explanation) | | | | | | ● □Yes ☑No | | |
| | thecked, enter date 🏶 | | | | | | ♥ □Yes ☑No | | |
| | 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? Yes No | | | | | | | | |
| | 907 (2) 390PF (3) | | WOUNE! | | | | 4 162 151/00 | | |
| | ion is exempt under R&TC Section 23701d and is exclusively religious, I, or charitable, and is supported primarily (50% or more) by public contr | ibutions | | | | | | | |
| | See General Instruction F. No filing fee is required | | | | | | | | |
| | | | diama D and C | | | | | | |
| Part 1 50 | mplete Part I unless not required to file this form. See Ger | | | | | 1 | 1,085,028 00 | | |
| | 1 Gross sales or receipts from other sources. From Side 2, | | | | | 2 | 1 | | |
| D:- | 2 Gross dues and assessments from members and affiliates | | | | | | 2,005,816 ₀₀ | | |
| Receipts and | 3 Gross contributions, gifts, grants, and similar amounts received. | | | | | | 2,000,01900 | | |
| Revenues | 4 Total gross receipts for filing requirement test. Add line 1 This line must be completed. If the result is less than \$2 | | | В | | 4 | 3,090,845 00 | | |
| | · · | | 1 | | 1 00 | 45 | <u> </u> | | |
| | 5 Cost of goods sold | | | | 00 | | | | |
| | 6 Cost or other basis, and sales expenses of assets sold | | | | | 7 | 561 00 | | |
| Ì | 7 Total costs. Add line 5 and line 6 | | | | | 8 | 3,090,28400 | | |
| | | | | | | | 3,178,530 ₀₀ | | |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, | | | | | 9 | (88,246) 00 | | |
| | © Excess of receipts over expenses and disbursements. Su | | | | | 10 | | | |
| | 11 Filing fee \$10 or \$25. See General Instruction F | | | | | 11 | 25 <u>00</u> | | |
| | 2 Total payments | | | | | 12 | 10 00 | | |
| | 3 Penalties and Interest. See General Instruction J | | | | | 13 | 00 | | |
| - 1 | 4 Use tax. See General Instruction K | | | | | 14 | 00 | | |
| | 5 Balance due, Add line 11, line 13, and line 14. Then subt | | | | | 15 | 15 00 | | |
| Sign | Under penalties of perjury, I declare that I have examined this return true, correct, and complete. Declaration of preparer (other than taxp | , including acci ayer) is based : | ompanying schedules on all information of v | s and statements, and to which preparer has any l | tne be mowle: | est of m dge. | iy knowledge and bellet, it is | | |
| Here | | | Date Stelephone | | | | | | |
| | Signature of officer \alpha \lambda \l | Treasurer | | 8/15/2011 | 1 (| 352 | 2)328-4939 | | |
| | | · | Date | Check if self- | * | repar | er's PTIN/SSN | | |
| Paid | Preparer's signature employed □ | | | | | CHARLES AND | | | |
| Preparer's | | | | | | • FEIN | | | |
| Use Only | Firm's name (or yours, | | | | | MANAGEMENT | | | |
| | if self-employed) and address | | | | | ◆ Telephone | | | |
| | | | | | | () | | | |
| | | | | | <u></u> - | - C V . C AL | | | |
| | May the FTB discuss this return with the preparer show | vn above? S | ee instructions | | . 🕮 | _ Yes | □ 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.

| | | 1 | Gross sales or receipts from all business a | ctivities. See instruction | S | | • | _1 | | 3,041,714 | |
|----------|---------|---|--|------------------------------|---|--------------------------|----------------|---------------|-----------|-----------|--------------|
| Receipts | | 2 | Interest | | | | • | 2 | | 49,131 | 00 |
| | | 3 | 3 Dividends● | | | | | | | | 00 |
| froi | • | | Gross rents | | | | | 4 | | | 00 |
| Oth | | 1 | Gross royalties | | | | | 5 | | | 00 |
| Sou | irces | l | Gross amount received from sale of assets | ' | | | | 6 | | | 00 |
| | | | Other income. Attach schedule | | | | • | 7 | | | 00 |
| | | 8 | Total gross sales or receipts from other so | - | | | | | . | 3,090,845 | 00 |
| 10 | | Enter here and on Side 1, Part I, line 1. | | | | | | 8 9 | | 3,102,322 | |
| | | 1 | 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule | | | | | | | | 00 |
| | | 1 | | | | | | | | | 00 |
| _ | | | | | | | | | | | 00 |
| Exp | enses | | 2 Other salaries and wages | | | | | | | | 00 |
| | burse- | l | Taxes | | | | | 13 14 | | | 00 |
| me | nts | l | Rents | | | | _ | | | | 00 |
| | | 1 | Depreciation and depletion (See instruction | | | | | $\overline{}$ | | | 00 |
| | | 1 | Other. Attach schedule | • | | | | | | 71,002 | |
| | | | Total expenses and disbursements. Add lin | | | | | 18 | | 3,178,530 | |
| Sc | hedu | | | Beginning | | | | | taxable y | | - |
| Ass | ets | | | (a) | | (b) | (c) | | | (d) | |
| 1 | Cash | | | | | 6,685,883.51 | | | • | 6,598,198 | <u>3.4</u> 4 |
| 2 | Net ac | cou | nts receivable | | | | | | • | | |
| 3 | Net no | otes | receivable. Attach schedule | | | | | | • | | |
| | | | S | | | | | | • | | |
| | | | d state government obligations | | | | | | • | | |
| | | | its in other bonds. Attach schedule | | | | | | • | | |
| | | | nts in stock. Attach schedule | | | | | | • | | |
| | | | loans (number of loans) | | | | | | • | | |
| | - | | stments. Attach schedule | | | | | | - | | |
| 10 | | | able assets | , | \ | | | | | | |
| 44 | | | cumulated depreciation | | 1 | | | | | | |
| | | | ets. Attach schedule | | | | | | | | |
| | - | | ts | | | 6,685,883.51 | | | | 6,598,198 | 3.44 |
| | | | I net worth | | | 2,002,000 | | | | | |
| 14 | Accou | nts | payable | | | | | | • | | |
| | | | ons, gifts, or grants payable | | | | | | • | | |
| 16 | Bonds | and | d notes payable. Attach schedule | | | | | | • | | |
| 17 | Mortg | ages | s payable | | | | | | • | | |
| 18 | Other | liabi | lities. Attach schedule | | | | | | | | |
| 19 | Capita | l sto | ock or principle fund | | | 6,685,883.51 | | | • | 6,598,198 | <u>3.4</u> 4 |
| | | | capital surplus. Attach reconciliation | | | | | | • | | |
| | | | earnings or income fund | | | 0.005.000.51 | | | • | 0.500.406 | |
| 22 | Total I | iabil | ities and net worth | with income ner return | | 6,685,883.51 | | | | 6,598,198 | <u>3.4</u> 4 |
| 30 | neuu | ie i | Do not complete this schedule if the | amount on Schedule L, | line 1 | 3, column (d), is less t | nan \$25,000 | | | | |
| 1 | Net in | com | ne per books | (87,684.8) | 9) 7 | Income recorded on | ooks this year | | | | |
| 2 | | | a Production of the Control of the C | • | | not included in this re | - | | | | |
| 3 | | | capital losses over capital gains | | | | | | | | |
| 4 | | | ot recorded on books this | | 8 Deductions in this return not charged | | | | | | |
| | year. A | Attac | ch schedule | | | | | | | | |
| 5 | Expen | ises | recorded on books this year not | | Attach schedule | | | | | | |
| | deduc | ted | in this return. Attach schedule | • | 9 | Total. Add line 7 and | ine 8 | | | | _ |
| 6 | Total. | | | | | Net income per retur | | | | | |
| | Add li | ne 1 | through line 5 | (87,684.8 | 9) | Subtract line 9 from I | ine 6 | | . | (87,684. | <u>89</u>) |

2010 California Statements

FEIN: 77-0459884

Asha for Education (C2003982)

STATEMENT 1 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES CURRENT OFFICERS:

| Name & Address | Title & Avg Hours | Compens | Contribut | Expense |
|--|-------------------------------------|---------|-----------|---------|
| | per week devoted | ation | ion | /Other |
| Ravi Kandikonda 1221, Dripping Springs Ln, McKinney, TX. 75070 | President/CEO 25 | 0 | 0 | 0 |
| Akshay Bhole 819 Eagle Drive Emmaus PA 18049 | Treasurer/CFO 25 | 0 | 0 | 0 |
| RaghuRam Pamidimarri 973 Pavilion Loop, San Jose, CA - 95112 | Secretary 25 | 0 | 0 | 0 |
| Padmanava Sen 1152 Hayes Street Irvine CA 92620 | Director, Projects 25 | 0 | 0 | 0 |
| Alivia Sil 19708 NW Sunderland Drive, Hillsboro, OR 97124 | Director, Public Relations 25 | 0 | 0 | 0 |
| Anish Johnson 3515 Fillmore Street, #107 San Francisco, CA 94123 | Director, Fundraising 25 | 0 | 0 | 0 |
| Saurabh Madan 16225 NE 12th CT, Apt# F- 74 Bellevue, WA - 98008 | Director, IT/Web 25 | 0 | 0 | 0 |

2010 California Statements

FEIN: 77-0459884

Asha for Education (C2003982)

STATEMENT 1 FORM 199, PART II, LINE 17 OTHER EXPENSES

| 1 | Credit Card Merchant Fees | 27,469.01 |
|----|---------------------------|-----------|
| 2 | PO Box | 1,164.00 |
| 3 | Printing & Publication | 4,986.19 |
| 4 | Banking Fees | 2,915.86 |
| 5 | Operational Expenses | 5,117.62 |
| 6 | Travel | 623.40 |
| 7 | Office Expenses | 3211.55 |
| 8 | Advertising & Promotion | 219.00 |
| 9 | Accounting | 16,769.46 |
| 10 | Legal | 1,077.43 |
| 11 | Other Expenses | 12,654.05 |
| | | |
| | Total | 71,002.38 |