TAXABLE YEAR

California Exempt Organization Annual Information Return

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FU	П	VI	

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)			
Corporation/Organization name California corpora	ation number		
Asha for Education C2003982			
Additional information. See instructions.			
770459884			
	PMB no.		
340 S Lemon Ave, #2472			
	Zip code		
	91789		
TYGHING	Foreign postal code		
Foreign country name Foreign province/state/country	Poleigh postal code		
A First return ☐ Yes ☑ No ■ Did the organization have any changes to its	guidelines		
not reported to the FTB? See instructions	Yes No		
If exempt under R&TC Section 23701d, has	the organization		
engaged in political activities: See instruction	JIIS		
▶ Final information return? K Is the organization exempt under R&TC Sect	tion 23701g? ● 🗆 Yes 🛮 🗹 No		
■ Dissolved Surrendered (Withdrawn) Merged/Reorganized If "Yes," enter the gross receipts from nonm	nember sources \$		
Enter date: (mm/dd/yyyyy) • / / / L Is the organization a limited liability company	ıy? ● 🗆 Yes 🕑 No		
E Check accounting method: (1) Cash (2) Accrual (3) Other Did the organization file Form 100 or Form 1	109 to report		
F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF (3) ● ☐ Sch H (990) taxable income?	● □ Yes ☑ No		
(4) Other 990 series	r has the IRS		
G Is this a group filing? See instructions			
H Is this organization in a group exemption	🗆 Yes 🕑 No		
If "Yes," what is the parent's name? Date filed with IRS			
Part I Complete Part I unless not required to file this form. See General Information B and C.			
	57300 00		
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			
2 Gross dues and assessments from members and affiliates	2 00 3 3619228 00		
3 Gross contributions, gifts, grants, and similar amounts received	3 3619228 00		
Receipts 4 Total gross receipts for filing requirement test. Add line 1 through line 3.	4 3676528 00		
This line must be completed. If the result is less than \$50,000, see General Information B			
5 COST OT GOODS SOIG			
Coct of other bacie, and other expenses of access on a first			
7 Total costs. Add line 5 and line 6.	7 50140 00		
8 Total gross income. Subtract line 7 from line 4			
Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18	g 3372880 00		
10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10 253508 00		
11 Total payments	11 00		
12 Use tax. See General Information K	12 00		
13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13 00		
Filing Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14 00		
15 Penalties and interest. See General Information J	15 00		
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result			
true correct and domplete Declaration of preparer (other than taypayer) is based on all information of which preparer has any knowle	edge.		
Sign Pitle Date , ,	Telephone		
Signature of officer Signature	419)855-2742		
Date Check if salf	PTIN		
Preparer's			
	Firm's FEIN		
Preparer's Firm's name (or yours,	, initial city		
Use Only if self-employed)	T		
and addless	Telephone		
May the FTB discuss this return with the preparer shown above? See instructions			

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

2 nterest			1	Gross sales or receipts from all business act	tivities. See instructions.				57855	00
Receipts 3 Dividends 3 0 0 0 0 0 0 0 0 0									-555	00
4	Reci	inte								00
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7 Other Income. Attach Schedule. 7 5 5 5 5 5 5 5 5 5	Soul	ces	100					i		00
9 Contributions, girts, grants, and similar amounts paid. Attach schedule			1		5)			1		00
10 Disbursements to or for members 11 Compensation of officers, infections, and trustees. Attach schedule 11			8	Total gross sales or receipts from other source	es. Add line 1 through line	e 7. Enter here and on Side 1	, Part I, line 1 8		57300	00
11 Compensation of officers, directors, and trustees. Attach schedule 11 12 12 12 13 13 14 14 15 15 15 15 15 15			9	Contributions, gifts, grants, and similar amo	unts paid. Attach schedu	ıle	<u>9</u>		3258452	00
12			10	Disbursements to or for members			10			00
12			11	Compensation of officers, directors, and trus	stees. Attach schedule		<u>11</u>			00
14 Taxes. 14 Taxes. 15 Bms 15 Bms 15 Bms 15 Bms 16 Bms 15 Bms 16 Bms 17 Other expenses and disbursements. Attach schedule 17 Other expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9			12	Other salaries and wages			12	2		00
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16 Depreciation and depletion (See instructions)		(FEED NAME)								00
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Cach Balance Sheet			17	Other expenses and disbursements. Attach s	schedule		17			
Assets	<u> </u>		18	Total expenses and disbursements. Add line	9 through line 17. Enter	here and on Side 1, Part I,	line 9 18			00
1 Cash.			e L	Balance Sneet			2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	taxable	455556	
2 Net accounts receivable	Asse	ts			(a)		(c)			
3 Net notes receivable.	1	Cash.						•	27558	336
A Inventories	2	Net ac	cour	nts receivable		359378			3414	462
5 Federal and state government obligations 6 Investments in other bonds 3282610 3282610 3282610 3282610 10 828	3	Net no	tes i	receivable				•		
6 Investments in other bonds 3285810 3285810 3285810 328265 7 Investments in stock 6 6 8 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	4	Invent	ories	5						
7 Investments in stock	5	Federa	l and	d state government obligations						
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	6	Total.	Add	line 1 through line 5	42376	7 Subtract line 9 from I	ine 6		253	508