

California Exempt Organization Annual Information Return

2025

199

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) 01/01/2025, and ending (mm/dd/yyyy) 12/31/2025

Corporation/Organization name Asha for Education California corporation number 2003982

Additional information. See instructions. FEIN 77-0459884

Street address (suite or room) 440 N BARRANCA AVE STE 2742 PMB no.

City Covina State CA ZIP code 91723-1722

Foreign country name Foreign province/state/county Foreign postal code

- A First return... B Amended return... C IRC Section 4947(a)(1) trust... D Final information return... E Check accounting method... F Federal return filed?... G Is this a group filing?... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d... K Is the organization exempt under R&TC Section 23701g?... L Is the organization a limited liability company?... M Did the organization file Form 100 or Form 109... N Is the organization under audit by the IRS... O Is federal Form 1023/1024 pending?

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

Table with 16 rows for Receipts and Revenues, Expenses, and Payments. Includes line numbers, descriptions, and dollar amounts.

Sign Here: Declaration of preparer, Signature of officer (Srinivasan Singanallur, Treasurer, 05/11/2026), Telephone (707) 502-2742. Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Firm's FEIN, Telephone.

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	\$0	00
	2	Interest	●	2	\$0	00
	3	Dividends	●	3	\$0	00
	4	Gross rents	●	4	\$0	00
	5	Gross royalties	●	5	\$0	00
	6	Gross amount received from sale of assets (See instructions)	●	6	\$0	00
	7	Other income. Attach schedule	●	7	\$0	00
	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	\$0	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	\$0	00
	10	Disbursements to or for members	●	10	\$0	00
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	\$0	00
	12	Other salaries and wages	●	12	\$0	00
	13	Interest	●	13	\$0	00
	14	Taxes	●	14	\$0	00
	15	Rents	●	15	\$0	00
	16	Depreciation and depletion (See instructions)	●	16	\$0	00
	17	Other expenses and disbursements. Attach schedule	●	17	\$0	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	\$0	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)	
1 Cash		\$1,714,028		●	\$3,087,557
2 Net accounts receivable		\$692,430		●	\$353,403
3 Net notes receivable		\$0		●	\$0
4 Inventories		\$0		●	\$0
5 Federal and state government obligations		\$0		●	\$0
6 Investments in other bonds		\$0		●	\$0
7 Investments in stock		\$0		●	\$0
8 Mortgage loans		\$0		●	\$0
9 Other investments. Attach schedule		\$6,194,592		●	\$5,510,168
10 a Depreciable assets	\$0		\$0		
b Less accumulated depreciation	\$0	\$0	\$0		\$0
11 Land		\$0		●	\$0
12 Other assets. Attach schedule		\$146,923		●	\$177,867
13 Total assets		\$8,747,973			\$9,128,995
Liabilities and net worth					
14 Accounts payable		\$23,249		●	\$15,363
15 Contributions, gifts, or grants payable		\$0		●	\$0
16 Bonds and notes payable		\$0		●	\$0
17 Mortgages payable		\$0		●	\$0
18 Other liabilities. Attach schedule		\$0			\$0
19 Capital stock or principal fund		\$0		●	\$0
20 Paid-in or capital surplus. Attach reconciliation		\$0		●	\$0
21 Retained earnings or income fund		\$8,724,724		●	\$9,113,632
22 Total liabilities and net worth		\$8,747,973			\$9,128,995

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 \$50,000.							
1	Net income per books	●	\$614,583	7	Income recorded on books this year not included in this return. Attach schedule	●	\$0
2	Federal income tax	●	\$0	8	Deductions in this return not charged against book income this year. Attach schedule	●	\$0
3	Excess of capital losses over capital gains	●	\$0				
4	Income not recorded on books this year. Attach schedule	●	\$0	9	Total. Add line 7 and line 8		\$0
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	\$0	10	Net income per return. Subtract line 9 from line 6		\$614,583
6	Total. Add line 1 through line 5		\$614,583				

Supplemental Information:

Name of the Organization
Asha for Education

EIN
77-0459884

Part and Line Number: **Schedule L, line 9- Other investments**

1. Explanation:	Investments—publicly traded securities
BOY Amount:	\$6,194,592
EOY Amount:	\$5,510,168

Part and Line Number: **Schedule L, line 12- Other assets**

1. Explanation:	Savings and temporary cash investments.
BOY Amount:	\$146,377
EOY Amount:	\$177,178

2. Explanation:	Prepaid expenses and deferred charges.
BOY Amount:	\$546
EOY Amount:	\$689

TAXABLE YEAR

2025

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name	Identifying number
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1 _____
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2 _____
3 Refund (Form 109, line 27)	3 _____
4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 30)	4 _____

Part II Settle Your Account Electronically for Taxable Year 2025

5 Direct deposit of refund (Form 109 only.)

6 Electronic funds withdrawal 6a Amount _____ 6b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2026 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number _____ 11 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2025 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here **Srinivasan Singanallur** _____

Signature of officer Date Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2025 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign ERO's signature _____ Date _____ Check if also paid preparer Check if self-employed ERO's PTIN _____

Firm's name (or yours if self-employed) and address _____ Firm's FEIN _____

ZIP code _____

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign Paid preparer's signature _____ Date _____ Check if self-employed Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address _____ Firm's FEIN _____

ZIP code _____