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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Phone no (415) 399-1330

Cat No 11282Y

Yes Γ No

Form 990 (2009)

2009

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2009 A For the 2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please TECHSOUP GLOBAL use IRS label or 94-3070617 Address change Doing Business As E Telephone number print or type. See Name change (415) 633-9300 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 22,740,725 435 BRANNAN STREET No 100 Terminated tions. Amended return City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94107 Application pending Name and address of principal officer **H(a)** Is this a group return for Daniel Ben-Horin affiliates? 262 Connecticut Street San Francisco, CA 94107 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► WWW TECHSOUPGLOBAL ORG K Form of organization
✓ Corporation
✓ Trust
✓ Association
✓ Other ► L Year of formation 1987 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities SEE SCHEDULE OTechSoup Global is a recognized leader in bringing technological empowerment and philanthropy to social benefit organizations - including nonprofits, nongovernmental organizations, libraries and other social change agents Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . 12 195 Total number of employees (Part V, line 2a) . . 0 Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 4,501,693 2,357,659 Program service revenue (Part VIII, line 2g) . 20,359,734 15,442,861 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 18,700 23,332 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 19,963,254 22,740,725 105,911 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 379,500 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 14,079,345 12,658,387 Professional fundraising fees (Part IX, column (A), line 11e) . 16a 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,561,749 ь 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 6,821,920 7,761,345 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19,859,807 21,946,601 Revenue less expenses Subtract line 18 from line 12 . 103,447 794,124 19 Net Assets or land Balances **Beginning of Current End of Year** Year 8,834,054 20 Total assets (Part X, line 16) . 6,945,439 21 Total liabilities (Part X, line 26) . 2,215,938 2,802,625 Net assets or fund balances Subtract line 21 from line 20 4,729,501 6,031,429 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 Sian ***** 2011-05-16 Here Signature of officer Daniel Ben-Horin President & Co-CEO Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours PMB Helin Donovan EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 50 Francisco Street Suite 120

San Francisco, CA 94133

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TechSoup Global is a recognized leader in bringing technological empowerment and philanthropy to social benefit organizations - including nonprofits, nongovernmental organizations, libraries and other social change agents

						Form 990 (2009)
4e	Total program service	expenses ⊩ \$	17,882,86	4		
	(Expenses \$	1,859,828 inc	luding grants o	of\$) (Revenue \$)
4d	Other program service	s (Describe in Sch	nedule O) See a	also Additional Data f	or Description	
	activities undertaken on the	: TechSoup Forums, in S	Second Life and th	rough social media continu	Netsquared program and the online to engage, foster and support the profits and showcasing innovative	ne aggregate social impact of
4c	(Code) (Expenses \$	1,441,645	including grants of \$) (Revenue \$)
	TechSoup Global Network (TSGN) of partners and	the NGOs they ser	ve Major activities include	s of Nonprofits and Libraries we se adding new country partnerships support all of our stakeholder grou	, building on the country
4b	(Code) (Expenses \$	1,955,589	ıncludıng grants of \$) (Revenue \$)
		er relationships, designs			vices to non-profit organizations a ograms, and distributes approxima	round the world TechSoup Global tely 400 products or applications
4a	(Code) (Expenses \$	12,625,802	ıncludıng grants of \$) (Revenue \$)
4		501(c)(4) organızat	ions and section	on 4947(a)(1) trusts a	largest program services bare required to report the an service reported	
	If "Yes," describe these	changes on Sched	ule O			
3	Did the organization ceaservices?		make sıgnıfıcar	it changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these					
2	Did the organization und the prior Form 990 or 99		ant program se	rvices during the yea	r which were not listed on	┌ Yes ┌ No

art IV	Check	list 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? 🕏	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? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b-24d and complete Schedule K. If "No," go to line 25	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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		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	Yes	
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 in Schedule O for Part VI, lines 11 and 19?	38		No

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Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 61			
h	Enter the number of Forms W-2G included in 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	
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			
ь	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 this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	
ь	If "Yes," enter the name of the foreign country PL, UK			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		Νo
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).			
а	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		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		No
f	benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7: 7g		110
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- 9		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
0		8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			

year

435 Brannan Street Suite 100 San Francisco, CA 94107

(415) 633-9300

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.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 13			
ь	Enter the number of voting members that are independent 1b 12			
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		Νο
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	165	No.
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		INO
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in 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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶ CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	ı ►
	TECHSOUP GLOBAL			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former office								r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►9

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> 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 for services rendered to the organization? If "Yes," complete Schedule I 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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MICROSOFT ENTERPRISE SVCS PO BOX 844510 DALLAS, TX 75284	IT SERVICES FOR SOUP 2	215,969
ORCKESTRA CONSEIL INC 1100 RUE DE LA GAUCHETIERE 800 MONTREAL, QUEBEC CA	IT SERVICES FOR SOUP 2	180,375
Magley & Associates 543 HOWARD ST 4TH FLOOR SAN FRANCISCO, CA 94105	Legal Services	172,120
Ivesia Solutions Inc 2 KEEWAYDIN DR SALEM, NH 03079	IT SERVICES FOR SOUP 2	150,360
Scion Staffing PO BOX 6527 METAIRIE, LA 70009	TEMP STAFFING SVCS	147,056
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►6	who received more than	

Form 990 (2009) Part VIII Statement of Revenue								Page 9
Part V	/1111	Statement of	f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts uts	1a	Federated campa	aigns 1a					
gra	Ь	Membership due						
ffs,	C	Fundraising ever						
Contributions, gifts, grants and other similar amounts	d e	Related organiza Government grants						
ions r siris	f	All other contribution	ns, aifts, arants, and 1f	2,357,659				
e et	g	sımılar amounts not	included above					
E G								
<u>ပညာ</u>	h	Total. Add lines	1a-1f	•	2,357,659			
e 🖂		COETWARE HANDIN	NG EEE	Business Code	17.514.500	17.514.500		
эме	2a b	PRODUCT SALES	NG FEE	541,900 900,099	17,514,598 688,683	17,514,598 688,683		
Program Serwce Revenue	c	CLIENT SUPPORTED	SERVI	541,519	653,293	653,293		
er w	d			,	· · · · · · · · · · · · · · · · · · ·	·		
ა ⊆	e							
S 13	f	All other prograr	m service revenue		1,503,160	1,503,160		
<u> </u>	g	Total. Add lines	2a-2f		20,359,734			
	3		ome (including dividend		23,332	23,332		
	4		r amounts) ment of tax-exempt bond p	<u> </u>	23,332	23,332		
	5			· · · · . ⊢				
			(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	"	expenses Rental income						
	d	or (loss)	ne or (loss)					
	<u> </u>	Net rental incom	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d		5)					
eune	8a	Gross income from events (not inclused) \$						
Other Revenue		See Part IV, line	e 18 a					
g	b с		enses b oss) from fundraising e	events ►				
	9a		om gaming activities					
	b c	Less direct exp	-	vities				
	10a	Gross sales of ir returns and allov						
	ь	Less cost of go	L					
	С		oss) from sales of inve					
	11a	Miscellaneous	kevenue	Business Code				
	ь							
	С							
	d	All other revenue	e					
	e	Total. Add lines	11a-11d					
	12	Total revenue. S	ee Instructions	. •	22,740,725	20,383,066	0	0

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
			ns (B), (C), and ((B)	(D).	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	9,944	9,944						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	95,967	95,967						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	735,173	592,269	85,302	57,602				
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	10,757,168	8,666,165	1,248,157	842,846				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	284,608	229,285	33,023	22,300				
9	Other employee benefits	1,398,850	1,126,938	162,309	109,603				
10	Payroll taxes	903,546	727,912	104,839	70,795				
11	Fees for services (non-employees)								
а	Management								
b	Legal	139,245	133,878	3,765	1,602				
c	Accounting	69,145	16,727	51,743	675				
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	2,547,806	2,449,599	68,896	29,311				
12	Advertising and promotion	131,651	131,259	236	156				
13	Office expenses								
14	Information technology	342,093	256,548	51,354	34,191				
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	560,780	475,956	33,078	51,746				
20	Interest	38,960	28,747	6,131	4,082				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,145,939	846,823	179,563	119,553				
23	Insurance	35,672	1,145	34,527					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	Rent	1,180,291	895,151	170,659	114,481				
b	Bank Fees	453,379	445,202	8,128	49				
c	Telecommunications	295,544	222,582	43,452	29,510				
d	Dues, Fees and Subscrip	184,071	154,661	15,116	14,294				
e	Postage	158,433	155,653	1,860	920				
f	All other expenses	478,336	220,453	199,850	58,033				
25	Total functional expenses. Add lines 1 through 24f	21,946,601	17,882,864	2,501,988	1,561,749				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			887,336	1	832,491	
	2	Savings and temporary cash investments			2,295,434	2	3,520,550	
	3	Pledges and grants receivable, net						
	4	Accounts receivable, net			970,960	4	1,564,518	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	m current and former officers, directors, trustees, key employees, and					
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o		4958(f)(1)) and				
		Schedule L				6		
ssets	7	Notes and loans receivable, net				7		
8	8	Inventories for sale or use				8		
⋖	9	Prepaid expenses and deferred charges			564,382	9	532,528	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	6,730,027				
	ь	Less accumulated depreciation	10b	4,634,446	1,188,255	10c	2,095,581	
	11	Investments—publicly traded securities				11		
	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		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,945,439	16	8,834,054	
	17	Accounts payable and accrued expenses .			1,073,398	17	1,049,383	
	18	Grants payable				18		
	19	Deferred revenue			20,791	19	50,066	
_	20	Tax-exempt bond liabilities				20		
- Se	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.	•		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	ayables to current and former officers, directors, trustees, key					
- ==		persons Complete Part II of Schedule L		•		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 Complete Part X of Schedule D			1,121,749	25	1,703,176	
	26	Total liabilities. Add lines 17 through 25			2,215,938	26	2,802,625	
- J		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete lii	nes 27				
<u>9</u>		through 29, and lines 33 and 34.						
<u>_</u>	27	Unrestricted net assets			2,124,807	27	4,712,045	
Fund Balance	28	Temporarily restricted net assets	emporarily restricted net assets					
Ξ	29	Permanently restricted net assets				29		
æ		Organizations that do not follow SFAS 117, check here F an	d com	olete				
ŏ	20	lines 30 through 34.				_		
왍	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds		4	32		
Net	33	Total net assets or fund balances			4,729,501	33	6,031,429	
	34	Total liabilities and net assets/fund balances			6,945,439	34	8,834,054	

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
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		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

TECHSOUP GLOBAL

7 3

Name of the organization

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. See separate instructions.

Inspection Employer identification number

94-3070617 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 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).

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

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)

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

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)

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

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

An organization that normally receives (1) more than 331/3% 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 331/3% 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)

An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).

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 that describes the type of supporting organization and complete lines 11e through 11h

c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s) h

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5,	/, or 8 of Part I	.)			
	ection A. Public Support	1		 	Т			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	209	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	3,097,74	8 4,113,535	3,450,223	4,599,399	2	,357,659	17,618,564
	grants ") 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	3,097,74	8 4,113,535	3,450,223	4,599,399	2	,357,659	17,618,564
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							
6	amount shown on line 11, column (f) Public Support. Subtract line 5							17,618,564
	from line 4							
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	3,097,748	85,639	3,450,223	4,599,399	2	,357,659	17,618,564
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	60,803	85,639	49,146	18,700		23,332	237,620
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							17,856,184
12	Gross receipts from related activiti		•			12		
13	First Five Years If the Form 990 is check this box and stop here		·	, thırd, fourth, or f	ıfth tax year as a !	501(c)(3	;) organız 	zation, ▶ T
	ection C. Computation of Pul			11 column (6)		1		
14	Public Support Percentage for 200	•		TT COLUMN (T))		14		98 670 %
15	Public Support Percentage for 200	•	,			15		98 560 %
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	alıfıes as a publıc	ly supported orga	nızatıon			•	► ✓
	box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization medorganization	n qualifies as a p — 2009. If the org tion meets the "f	ublicly supported anization did not o acts and circums	organization check a box on lin tances" test, che	ie 13, 16a, or 16b ck this box and st	and line	e 14 Explain	▶┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ	nızatıon meets th	e "facts and circu	mstances" test, o	heck this box and	stop he	ere.	
18	Explain in Part IV how the organiza supported organization Private Foundation If the organizat							▶
	instructions			,,,,	, ==			▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493136056071

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** TECHSOUP GLOBAL 94-3070617

Par	Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds or Accounts.	Complete if the
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Funds and otl	her accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi	sors in writing that the assets held in don	or advised	
_	funds are the organization's property, subject to the			┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and	donor advisors in writing that grant funds	may be	
	used only for charitable purposes and not for the ben	efit of the donor or donor advisor, or for ar	ny other purpose	┌ Yes ┌ No
Dar	conferring impermissible private benefit Conservation Easements. Complete	if the organization answered "Ves" t	o Form 990 Part IV	
1	Purpose(s) of conservation easements held by the or		<u>0 101111 330, 1 a1c 1v,</u>	11110 7.
-	Preservation of land for public use (e.g., recreati		historically importantly	v land area
	Protection of natural habitat		certified historic structi	•
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the form	of a conservation	
_	easement on the last day of the tax year			
			Held at the E	nd of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organization d	urıng
	the taxable year 🕨			
4	Number of states where property subject to conserva	ation easement is located 🕨		
5	Does the organization have a written policy regarding			
	enforcement of the conservation easements it holds?			┌ Yes
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the year 🛌	
7	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	s during the year ► \$	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion	┌ Yes
9	In Part XIV, describe how the organization reports co	onservation easements in its revenue and	l expense statement, ar	
	balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial		
Part	Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar A	ssets.
1a	If the organization elected, as permitted under SFAS	116, not to report in its revenue stateme		
	art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin			lic service,
ь	If the organization elected, as permitted under SFAS			s of art,
	historical treasures, or other similar assets held for provide the following amounts relating to these items	•	n furtherance of public s	service,
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	
	(ii) Assets included in Form 990, Part X		► \$	
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or financial gain, provide	e the
а	Revenues included in Form 990, Part VIII, line 1		► \$	
ь	Assets included in Form 990, Part X		► \$	

ren c	Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tre</u> a	<u>asur</u>	res, or Ot	:her	Similar Ass	ets (co	<u>ontinued)</u>
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	owing tha	at are	a sıgnıfıca	nt us	e of its collection	n	
а	Public exhibition		d	Γ	Loan or	exch	ange progra	ms			
b	Scholarly research		e	Γ	O ther						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	v the y	/ further t	the or	rganızatıon'	s exe	empt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Part	Part IV, line 9, or reported an an						answered	l "Y€	es" to Form 99	0,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontributio	ons oi	r other asse	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing ta	able		Г		A mo		
c	Pagunung halanga							1c	Allic	unt	
d	Beginning balance Additions during the year							ld			
e	Distributions during the year						<u> </u>	le			
f	Ending balance							le lf			
	Did the organization include an amount on Fo	orm 990 Part V lin	217 م				<u>L</u>		Г	Yes	□ No
			c 21'						Į.	168	, 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n ans	Wer	d "Vec"	to F	orm gan	Dart	· IV line 10		
rai	Endownient i unus. Complete i	(a)Current Year		Prior \			Years Back			e) Four Y	ears Back
1a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ►										
	Are there endowment funds not in the posses organization by	ssion of the organiz	ation t	that a	re held a	nd ad	dministered	for t	he 	Yes	No
	(i) unrelated organizations			•					3a(i)		
_	(ii) related organizations					•			3a(ii	<u> </u>	<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second or the secon	•						•	<u>3b</u>		<u></u>
4 Pari		<u> </u>) Do	rt V line 1	10			
T. III	Threstments—Land, buildings	, and Equipme	<u>111. 3</u>			- 1			(a) Acquestiated		
	Description of investment) Cost or ot sis (investm		(b)Cost or ot basis (other		(c) Accumulated depreciation	(d) Bo	ok value
1a L	and		•					\perp			
b B	Guildings		•					\perp		<u> </u>	
	easehold improvements		•					\perp			
d E	quipment				6.730	0,027			4,634,446	<u> </u>	2,095,581
										1	
	other			上	· · · · · · · · · · · · · · · · · · ·						2,095,581

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation - year market value
Financial derivatives			
Closely-held equity interests Other			
Table (Caluma (b) should asset (Farm 000, Part V and (D) has 12.)			
Part VIII Investments—Program Related. See		<u>.</u> 13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
	(-,	Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
(=)			(-)
Tabel (Calume (b) about 15 and	5 \		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Accrued Vacation	1,013,088		
Accrued Liabilities Capital Lease- Short Term	7,230 246,388		
Capital Lease- Snort Term Capital Lease- Long Term	323,707		
Deferred Rent	112,763		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,703,176		
	_,, 00,1,0		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,740,725
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	21,946,601
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	794,124
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	507,804
9	Total adjustments (net) Add lines 4 - 8	9	507,804
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,301,928
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	<u>L</u>
1	Total revenue, gains, and other support per audited financial statements	1	23,701,694
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	960,969
3	Subtract line 2e from line 1	3	22,740,725
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	22,740,725
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	22,907,570
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 960,969	1	
e	Add lines 2a through 2d	2e	960,969
3	Subtract line 2e from line 1	3	21,946,601
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	21,946,601
Pai	rt XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Positions Under FIN 48	AS OF JULY 1, 2007, THE ORGANIZATION ADOPTED THE ACCOUNTING STANDARDS CODIFICATION 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS STANDARD ADDRESSES TEH ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE TAX RETURNS THE ACCOUNTING STANDARDS CODIFICATION 740 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE THERE WAS NO MATERIAL IMPACT TO THE ORGANIZATION'S FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF ACCOUNTING STANDARDS CODIFICATION 740
Part XI, Line 8 - O ther Adjustments		ACQUISITION OF SUBSIDIARY 517790 ACCUMULATED TRANSLATION LOSS -9986

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DLN: 93493136056071

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

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. ▶ See separate instructions.

Open to Public

Internal Revenue Service **Inspection** Name of the organization Employer identification number TECHSOUP GLOBAL 94-3070617 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) POLAND 3 PROGRAM SERVICES 611,238 1 FACILITATE IT DONATIONS UNITED KINGDOM 1 6 PROGRAM SERVICES FACILITATE IT 261,330 DONATIONS

Totals

872,568

Part	Part IV,	line 15, for an	ssistance to Orgar y recipient who rece m 990) if additional	eived more than \$5,					
	a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			·	EXPAND TELECENTRE	,	WIRE TRANSFER			ACTUAL VALUE
			MEDELLIN, COLUMBIA	EXPAND TELECENTRE	•	WIRE TRANSFER			ACTUAL VALUE
			ALEXANDRIA, EGYPT	LAUNCH TECHSOUP EGYPT	15,000	WIRE TRANSFER			ACTUAL VALUE
			TOKYO, JAPAN	LAUNCH TECHSOUP JAPAN	20,000	WIRE TRANSFER			ACTUAL VALUE
			BRUSSELS, BELGIUM	LAUNCH TECHSOUP ITALY	5,000	WIRE TRANSFER			ACTUAL VALUE
			ent organizations lis for which the grante						
3	Enter total nui	mber of other	organizations or en	tities				. 🕨	5

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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DLN: 93493136056071

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public **Inspection**

Name of the organization						Employer identific	ation number
TECHSOUP GLOBAL						94-3070617	
Part I General Infor	mation on Gran	its and Assistance				•	
2 Describe in Part IV the	ed to award the gran organization's proce	ts or assistance? dures for monitoring the us	e of grant funds in the				┌ Yes ┌
Form 990, Part	IV, line 21 for an	to Governments and y recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of se	ction 501(c)(3) and	government organizations					·

Enter total number of other organizations

	· · · · · · · · · · · · · · · · · · ·	
Part III	Grants and Other Assistance to Individuals in the United States. Comp	plete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
				<u> </u>	·

Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									
Ident if ier	Return Referen	nce Exp	planation							

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DLN: 93493136056071

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ILC	HISOOF GLODAL	94-3070617			
Pa	rt I Questions Regarding Compensation				
				Yes	Νo
1a		vided any of the following to or for a person listed in Form 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 in line 1a are checked, did the orgreimbursement orprovision of all the expenses descr	ganization follow a written policy regarding payment or ibed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive		2		
3	Indicate which, if any, of the following the organizatio organization's CEO/Executive Director Check all the Compensation committee				
	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 in Form 990, P or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	payment?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ital nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ine 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ine 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de		7		No
8	Were any amounts reported in Form 990, Part VII, passible to the initial contract exception described in				
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebuttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

,								
	(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & (iii) Other			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior	
	protion	incentive reportable compensation		compensation		()()	Form 990 or Form 990-EZ	
DANIEL BEN-HORIN (1)	186,125 0	0	0	0 0	26,425 0	212,550 0	0 217,991	
REBECCA MASISAK (I)	170,863 0	0	0	0	13,302 0	184,165 0	0 180,762	
MARNIE WEBB (1)	159,812 0	0	0	0	18,871 0	178,683 0	0 175,253	
JEFF HODOS (I)	146,677 0	0	0	0	13,099	159,776 0	0 149,305	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

Software ID: Software Version:

EIN: 94-3070617

Name: TECHSOUP GLOBAL

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As Filed Data -

DLN: 93493136056071

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization TECHSOUP GLOBAL **Employer identification number**

94-3070617

Identifier Return Reference		Explanation				
Form 990, Part VI, Section B, line 11		Electronic draft will be sent to all board members for review				

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization requires employees to disclose any conflicts of interest. The organization sends out an updated list at least annually and when new clients are added to the list.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation is determined using the California Nonprofit Compensation and Benefit Study in line with the organization's compensation policy. Executive compensation is subject to board approval.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Information is available upon request or via www Guidestar org

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DLN: 93493136056071

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** TECHSOUP GLOBAL 94-3070617 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (b) (c) Legal domicile (state (d) Name, address, and EIN of disregarded entity Primary activity Total income End-of-year assets Direct controlling or foreign country) entity

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	
CIVIL SOCIETY SYSTEMS 504 STRAWBERRY PLAINS RD SUITE 200 WILLIAMSBURG, VA 23188 84-1658340	PROVIDING TECH AND CONSULTATIVE SUPPORT TO EMERGING COUNTRY GUIDESTAR SYSTEM	VA	501(C)(3)	NON-PROFIT CORP		
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2009						

(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 asset		(h) Disproprtionate allocations?		e Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

(6)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part I	V, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV			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 I	I-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to other organization(s)		1b		No
c Gift, grant, or capital contribution from other organization(s)		1c		No
d Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e		No
f Sale of assets to other organization(s)		1f		No
g Purchase of assets from other organization(s)		1g		No
h Exchange of assets		1h		No
i Lease of facilities, equipment, or other assets to other organization(s)		1 i		No
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)		1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n Sharing of paid employees		1n		No
• Reimbursement paid to other organization for expenses		10		No
p Reimbursement paid by other organization for expenses		1р		No
q O ther transfer of cash or property to other organization(s)		1q		No
r Other transfer of cash or property from other organization(s)		1r		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 relation	ships and transaction thre	sholds		
(a) Name of other organization	(b) Transaction type(a-r)	Amount	(c) t involve	ed
(1) CIVIL SOCIETY SYSTEMS	К			0
(1) See Additional Data Table				
(2)				
(3)				
(4)				
(5)				

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)	Are parti sect 501(d organiz	ners ion :)(3) :ations?	(Form 1		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065))		
			Yes	No		Yes	No		Yes	N
									+-	╁
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Additional Data

Software ID: Software Version:

EIN: 94-3070617

Name: TECHSOUP GLOBAL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services			
(Code) (Expenses \$	1,859,828 including grants of \$) (Revenue \$)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		((tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
JOAQUIN ALVARADO DIRECTOR	2 00	Х						0	0	0	
MICHAEL BROWN DIRECTOR	2 00	Х						0	0	0	
ROBERT FRANK DIRECTOR	2 00	Х						0	0	0	
JEFF HAMAOUI DIRECTOR	2 00	Х						0	0	0	
LEILA JANAH DIRECTOR	2 00	Х						0	0	0	
RETO JAUSCH DIRECTOR	2 00	Х						0	0	0	
ANTHONY LEE DIRECTOR	2 00	Х						0	0	0	
JULIE PIETRANTONI DIRECTOR	2 00	X						0	0	0	
MIKE QUINN DIRECTOR	2 00	Х						0	0	0	
MICHAEL SANDERS DIRECTOR	2 00	Х						0	0	0	
STEVEN SACKS DIRECTOR	2 00	Х						0	0	0	
SANDRA WHISLER DIRECTOR	2 00	Х						0	0	0	
DANIEL BEN-HORIN PRESIDENT & CO-CEO	40 00	X		х	х			186,125	0	26,425	
REBECCA MASISAK CO-CEO	40 00			х	x			170,863	0	13,302	
MARNIE WEBB CO-CEO	40 00			х	x			159,812	0	18,871	
JEFF HODOS CFO	40 00			х		х		146,677	0	13,099	
JOHN MCDERMOTT CONTROLLER	40 00					х		114,152	0	24,294	
GAYLE SAMUELSON SENIOR DIR BUS DEVELOPMENT	40 00					х		129,323	0	12,833	
MANNING SUTTON COO - IT AND OPERATIONS	40 00					х		122,014	0	17,416	
DARA WESTLING VP, DEVELOPMENT	40 00					х		112,058	0	25,480	
ROGER D ABRAHAM VP, TECHSOUP PRODUCTS	40 00					х		115,413	0	4,300	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Rent	1,180,291	895,151	170,659	114,481
Bank Fees	453,379	445,202	8,128	49
Telecommunications	295,544	222,582	43,452	29,510
Dues, Fees and Subscrip	184,071	154,661	15,116	14,294
Postage	158,433	155,653	1,860	920