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DLN: 93493134077103

Form **990**

Department of the Treasury Internal Revenue Service

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public

A Fo	r the 2	2011 calendar v	ear, or tax year beginning	07-01-2011	and ending 06	-30-2012				
		C Name	of organization	,				D Emplo	yer ide	ntification number
_	dress ch	I ECUS	OUP GLOBAL					94-30	7061	7
_	me chai	Doing I	Business As	E Teleph						
_								(415)	512-7	7784
_	ial retui	435 BD	r and street (or P O box if ma ANNAN STREET NO 100	ıl ıs not delivered	to street address)	Room/suit	:e			\$ 30,862,387
Ter	mınated	d 455 BR	ANNAN SIRELI NO 100							
- Am	ended i		town, state or country, and ZII ANCISCO, CA 94107	P + 4						
App	olication	pending	ANCISCO, CA 94107							
		FN	ame and address of princ	ipal officer			H(a) Is th	I Is a droup	return	for
			CCA MASISAK				affilia			⊤Yes ▽ No
			CONNECTICUT FRANCISCO,CA 9410	7						
							H(b) Are al			
та [x-exem	pt status 🔽 501	(c)(3)	sert no)	947(a)(1) or	527	H(c) Grou			(see instructions)
1 14/	obcito		SOUPGLOBAL ORG	•			n(c)	ip exemp	ion nai	THE P
		ganization 🔽 Corpo	ration Trust Association	Other 🟲			L Year of fo	rmation 19	87 M	State of legal domicile CA
Pa	rt I	Summary								
caovemance	7	TECHSOUP GLO TO SOCIAL BEN	he organization's mission BAL IS A RECOGNIZED IEFIT ORGANIZATIONS CIAL CHANGE AGENTS	LEADERIN	BRINGING TEC	CHNOLOG				
₹	-									
<u> </u>										
3	2 (Check this box 🕨	🖵 ıf the organization disc	continued its o	operations or di	sposed of	f more than 2	5% of its	net as	ssets
Ø A	3 1	Number of voting	members of the governin	g body (Part \	VI, line 1a) .		i		3	11
<u> </u>	4 1	Number of indepe	endent voting members of	the governing	g body (Part VI,	, lıne 1b)			4	11
Acumues &	5 1	Total number of ı	ndıvıduals employed ın ca			5	221			
ą.	6 7	Total number of v	olunteers (estimate if ne		6	5				
	7a 7	Γotal unrelated b	usıness revenue from Paı			7a	0			
	ь	Net unrelated bu	siness taxable income fro	m Form 990-	T, line 34 .	•			7b	0
							Prio	r Year		Current Year
_	8	8 Contributions and grants (Part VIII, line 1h)						2,478,	723	4,927,712
Revenue	9 Program service revenue (Part VIII, line 2g)							24,819,111		25,875,202
e Ar	10	Investment ind	ome (Part VIII, column ((A), lines 3, 4	, and 7d)		19,687		587	33,948
ш	11	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							0	25,525
	12		-add lines 8 through 11 (•	. ,,		27,317,	521	30,862,387
	13						161,721			258,471
	14		o or for members (Part IX						0	0
	15	•	compensation, employee							
\$	•	5-10)	compensation, employee		14,981,	581	16,819,009			
₩ 130	16a	Professional fu	ndraısıng fees (Part IX, c	olumn (A), lın		0		0	0	
Expenses	ь	Total fundraising e	expenses (Part IX, column (D),	line 25) ► 1,624	,881					
ш	17	Other expense	s (Part IX, column (A), lır	nes 11a-11d,		9,802,780 12,799,300				
	18	Total expenses	Add lines 13–17 (must	equal Part IX	(, column (A), lı	ne 25)	24,946,182 29,876,780			
	19	Revenue less e	expenses Subtract line 1	8 from line 12				2,371,	339	985,607
8 %								g of Curre	nt	End of Year
e iii							Y	'ear		
88	20		Part X, line 16)					10,859,		12,325,945
net Assets of Fund Bafances	21		(Part X, line 26)					2,615,		3,096,523
	22		und balances Subtract li	ne 21 from lin	e 20			8,243,	315	9,229,422
Jnde (now			leclare that I have examined							o the best of my which preparer has any
			-,,							
		*****	,, .				20	13-02-14		
Sian		***** Signature of off						013-02-14 ate		
		Signature of off	icer SAK CEO							
		Signature of off	icer SAK CEO							
		REBECCA MASI Type or print no	icer SAK CEO ame and title		Date		Da heck if	Preparer		ver identification number
Sign Hero		REBECCA MASI Type or print no	icer SAK CEO		Date	se	Daheck If	ate	ructions)	
Paid		REBECCA MASI Type or print no Preparer's signature W I	SAK CEO TIME and title NOEL MCNABOLA	IIP.	Date	se	Da heck if	Preparer (see inst	ructions)	
Paid Preparent	n e	REBECCA MASI Type or print no Preparer's signature W I Firm's name (or your self-employed),	SAK CEO SAME AND THE STATE OF T		Date	se	Daheck If	Preparer (see inst	ructions) 55	
Paid Prepa	n e arer's	REBECCA MASI Type or print no Preparer's signature W I Firm's name (or you	SAK CEO SAME AND THE STATE OF T	SUITE 850	Date	se	Daheck If	Preparer (see inst P001810	ructions) 55 30011!	

SAN FRANCISCO, CA 94111
May the IRS discuss this return with the preparer shown above? (see instructions) . .

1 0111	1330 (2011)					Page
Par		of Program Servedule O contains a res			III	
1	Briefly describe the	organization's missior	1			
BEN					CAL EMPOWERMENT AND P AL ORGANIZATIONS, LIBRA	
_	5 111			1 .1		
2	the prior Form 990 o		ant program se		ear which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	ese new services on S	chedule O			
3	Did the organization services?	cease conducting, or	make sıgnıfıcar	nt changes in how it	conducts, any program	┌ Yes ┌ No
	If "Yes," describe th	ese changes on Sched	ule O			
4	expenses Section 5	01(c)(3) and 501(c)(4	1) organizations	s and section 4947	three largest program service (a)(1) trusts are required to re each program service reporte	port the amount of
4a	(Code) (Expenses \$	10,462,636	ıncludıng grants of \$	7,712) (Revenue \$)
	NGOS OUR DIRECT CH	HANNEL INCLUDES THE TEC MPLEMENTATION AND CLIEF	HSOUP ORG WEBS	ITE (ARTICLES, BLOGS,	WELL AS THROUGH THE TECHSOUP (FREE WEBINARS AND FORUMS LED O FULFILLMENT SUPPORT VIA TELEPH	BY EXPERT HOSTS), PRODUCT
4b	(Code) (Expenses \$	4,310,145	ıncludıng grants of \$	148,240) (Revenue \$	4,729,292)
	PLATFORMS THE NETV CONNECTS AND BUILD: OFFERS A LOCALIZED V	VORK ENABLES A SOCIALLY S THE CAPACITY OF SOCIAL	RESPONSIBLE SUP BENEFIT ORGANIZ BAL TECHNOLOGY	PLY CHAIN FOR TECHNO ZATIONS AND THE DISAI ' ASSISTANCE PROGRAM	ED WITH A COMMON MISSION AND O DLOGY PRODUCTS AND SUPPORT AN DVANTAGED COMMUNITIES THAT RE I AND LOCAL SERVICES THAT DEEPEI NTRIES	D DATA SERVICES, WHICH LY ON THEM EACH PARTNER
	(Code) (Expenses \$	4,792,670	ıncludıng grants of \$	3,775) (Revenue \$	21,095,911)
	PRODUCTS DONATION DONATED TECHNOLOG' TECHNOLOGY PRODUC ORGANIZATIONS, ONCE MICROSOFT, ADOBE, C	PROGRAMS TECHSOUP GL Y THAT EMPOWERS THEM T TS AND INFORMATION GEAR E QUALIFIED WITH TECHSOL	OBAL WORKS WITH O FULFILL THEIR N RED SPECIFICALLY JP, CAN ACCESS 4 EC ALL DONATED	H TECHNOLOGY COMPAI MISSIONS AND SERVE TI TO THE UNIQUE CHALL 00+ TECHNOLOGY PRO AND DISCOUNTED PRO	NIES WHO PROVIDE WORLDWIDE NO HEIR COMMUNITIES AS PART OF TH ENGES FACED BY NONPROFITS AND DUCTS FROM MORE THAN 70 DONO DUCTS ARE AVAILABLE FOR A SMALL	NPROFITS AND LIBRARIES WITH AT GOAL, WE PROVIDE LIBRARIES MEMBER R PARTNERS-INCLUDING
	(0.1	\	F 225 454		00.744.) (D	40.000 \
	(Code) (Expenses \$	5,326,461	including grants of \$	98,744) (Revenue \$	49,999)
4d	· -	vices (Describe in Sch 5,326,461 ind		of d	39 744 \ /Payanua #	40 000 \
	(Expenses \$			•	98,744) (Revenue \$	49,999)
4e	Total program serv	ice expenses►\$	24,891,91	. 2		

Dart TV	Checklist	of Peguire	d Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 1	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
c	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.	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 and IV	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 and IV	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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		No
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		No
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			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		N o
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		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot$	35b	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			NI -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . $$. $$. $$. $$. $$. $$. $$. $$. $$. $$. $$.	•	.୮	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 71			
b	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	
≧a	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			
b	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 (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
oa	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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 or securities account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country PL, UK			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5с 6а		
, ca	organization solicit any contributions that were not tax deductible?	Oa		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	a 1		
•	were not tax deductible?	6b		
_	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
а	services provided to the payor?	/a		110
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7 -		N
d	file Form 8282?	7c		No_
u	74			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			N I -
_	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			No
9	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		No
2	Form 1098-C?	/ II		No
,	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	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		
.0	Section 501(c)(7) organizations. Enter Instruction face and control control to the control to t			
	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 10b			
U	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
	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			
L 3	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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		No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17				

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 made these available.

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made 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 organization ► TECHSOUP GLOBAL

435 BRANNAN ST STE 100 SAN FRANCISCO, CA 94107

(415) 633-9300

Part VII 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

- ◆ 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, if any 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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

T	diccu or	guinz	acio	113 C	ompc	113at	ca any carrent or ic	illier officer, direct	or, or crustee
(A) Name and Title A verage hours per week (describe			o no n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
2 00	Х						0	0	0
2 00	Х						0	0	0
2 00	Х						0	0	0
2 00	Х		Х				0	0	0
2 00	х						0	0	0
2 00	х						0	0	0
2 00	х						0	0	0
2 00	Х		Х				0	0	0
2 00	Х						0	0	0
2 00	Х						0	0	0
2 00	Х						0	0	0
2 00	Х						0	0	0
40 00			Х				211,305	0	73,225
40 00			Х				211,125	0	30,923
40 00			Х				195,036	0	37,544
40 00			Х				163,028	0	14,375
40 00				х			154,586	0	14,166
	(B) A verage hours per week (describe hours for related organizations in Schedule O) 2 00 2 00 2 00 2 00 2 00 2 00 2 00 2	(B) Average hours per week (describe hours for related organizations in Schedule O) 2 00	(B) A verage hours per week (describe hours for related organizations in Schedule O) 2 00	(B) A verage hours per week (describe hours for related organizations In Schedule O) 2 00 X 40 00 X	(B) Average hours per week (describe hours for related organizations in Schedule O) 2 00	(B) A verage hours per week (describe hours for related organizations in Schedule O) 2 00	(B) A verage hours per week (describe hours for related organizations in Schedule O) 2 00	Co	Average hours per week (describe hours for related organizations n shouth an officer and a director/trustee)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours per week (describe	unles an	on (d e tha	n on rson er a	e bo ıs bı nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F Estim amount o compen from organizat	ated of other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organız	
	JOHN MCDERMOTT FROLLER	40 00					Х		142,443	C		26,30
	DARA WESTLING PRESIDENT DEVELOPMENT	40 00					Х		141,353	(27,710
(20) COO	GERI JIN DORAN	40 00					Х		112,483	(25,197
	RICHARD COLLINS IR INFRASTRUCTURE	40 00					х		120,764	()	17,27
				\vdash		 						
				-		<u> </u>						
								<u> </u> ▶				
1b c	Sub-Total		· ·	•	•	•		<u> </u>				
d	Total (add lines 1b and 1c) .			•	<u> </u>			F	1,452,123	0		266,718
2	Total number of individuals (incli \$100,000 of reportable compens					ed a	ıbove)	who	received more tha	n		
											Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch				e, ke •	ey er •	nploye •	ee, o	r highest compensa		3	No
4	For any individual listed on line 1 organization and related organization and related organization.									ch	4 Yes	
5	Did any person listed on line 1a	receive or accru	e comp	ensa	tıon	from	n any u	ınrel	ated organization o		. 163	
	services rendered to the organiz										5	No
-54	ection B. Independent Con	tractors										
1	Complete this table for your five		sated 11	ndepe	ende	nt c	ontrac	tors	that received more	than		

 $\$100,\!000$ of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ORCKESTRA CONSEIL INC EDIFICE DE LA CARE WINDSOR 110 RUE #800 MONTREAL, QUEBEC H3B 2S2 CA	IT SERVICE FOR FINDABILITY, SHAREPOINT,	669,212
ACCENTURE 560 MISSION ST1200 SAN FRANCISCO, CA 94105	CONSULTING SERVICES FOR CLOUD STARTEGY	270,000
SCION STAFFING 576 SACRAMENTO STREET SAN FRANCISCO, CA 94111	TEMPORARY STAFFING AGENCY FOR VARIOUS DU	198,066
HALOSYS TECHNOLOGIES INC 2350 MISSION COLLEGE BLVD STE 210 SANTA CLARA, AL 95054	DRUPAL DEVELOPMENT-CDI PROJECT	160,998
ANNIE DIZON 3820 WISCONSIN STREET OAKLAND, CA 94619	RELATIONSHIP MANAGER FOR MICROSOFT AS IT	113,807
2 Total number of independent contractors (including but not limited to those listed above	(e) who received more than	

\$100,000 of compensation from the organization $\blacktriangleright 8$

Form 99	•	<u> </u>	- (Daniel					Page 9
Part \	<u>/1111</u>	Statement of	of 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 ots	1a	Federated cam	paigns 1a					
e Ta	b	Membership du	ies 1b					
£. #	C	_	ents 1c					
Contributions, gifts, grants and other similar amounts	d		zations 1d					
S,E	e	Government grant						
新年	f	sımılar amounts no		4,927,712				
	g	Noncash control 2 lines 1a-1f \$ _	ıbutıons ıncluded ın ,208,414					
and	h	Total. Add line:	s 1a-1f	▶	4,927,712			
				Business Code				
Program Serwce Revenue	2a	SOFTWARE HANDL	ING FEE	541900	25,302,812	25,302,812		
Re K	ь	PRODUCT SALES		900099	522,391	522,391		
- P	С	CLIENT SUPPORTE	ED SERVI	541519	49,999	49,999		
E.	d							
Ē	e		_					
2100	f	All other progra	am service revenue					
<u>Ā</u>	g	Total. Add lines	s 2a-2f		25,875,202			
	3		ome (including dividen	-				
			ar amounts) stment of tax-exempt bond	F	33,948			33,948
	4 5			proceeds				
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross rents	` .	. ,				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)	+				
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (los		▶				
une	8a	events (not inc \$						
Other Revenue			s reported on line 1c) ne 18					
i e	ь	Less direct ex	penses b					
δ	С	Net income or	(loss) from fundraising	events 🟲				
	9a		from gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti					
	10a	Gross sales of returns and allo	inventory, less					
	ь		a oods sold b					
	С	Net income or i	(loss) from sales of inve s Revenue	entory ► Business Code				
	11a	LEASE REFUN		900099	25,525	25,525		
	ь	LEASE REFOR						
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		25,525			
	12	Total revenue.	See Instructions .	· .	30,862,387	25,900,727	0	33,948

Part IX Statement of Functional Expenses

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)
Check if Schedule O contains a response to any question in this Part IX

C	neck if Schedule O contains a response to any question in this Part IX			<u>F .</u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	37,500	37,500		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	220,971	220,971		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,636,246	873,836	432,694	329,716
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	12,378,914	10,491,502	1,325,009	562,403
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	270,273	233,316	25,852	11,105
9	Other employee benefits	1,714,170	1,428,076	189,941	96,153
10	Payroll taxes	819,406	686,429	100,701	32,276
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	60,706		60,706	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	4,480,587	4,014,246	308,174	158,167
12	Advertising and promotion	115,181	91,182	16,018	7,981
13	Office expenses				
14	Information technology	489,144	382,690	71,949	34,505
15	Royalties				
16	Occupancy	1,081,594	848,124	155,826	77,644
17	Travel	655,609	520,652	63,860	71,097
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	78	62	10	6
21	Payments to affiliates	1,730,000	1,730,000		
22	Depreciation, depletion, and amortization	936,054	734,000	134,858	67,196
23	Insurance	88,982	69,775	12,820	6,387
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EXPENDABLE EQUIPMENT	1,570,227	1,243,513	212,560	114,154
b	BANK FEES	530,374	521,572	8,802	
С	TELECOMMUNICATIONS	355,938	277,343	52,088	26,507
d	POSTAGE	196,199	190,445	4,071	1,683
е					
f	All other expenses	508,627	296,678	184,048	27,901
25	Total functional expenses. Add lines 1 through 24f	29,876,780	24,891,912	3,359,987	1,624,881
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,263,687 189,547 1 1 5.778.964 8.034.838 2 2 3 263,003 283,571 1,473,130 1.800.856 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 720,449 9 310,750 Prepaid expenses and deferred charges 7,082,622 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 5,376,239 b Less accumulated depreciation 1,359,970 10c 1,706,383 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 10,859,203 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 12,325,945 1,188,095 17 1,823,960 17 Accounts payable and accrued expenses . 18 18 19 54,391 19 33,627 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 1,372,902 25 1,238,936 D 26 26 2,615,388 3,096,523 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 7,121,188 27 7,250,074 Unrestricted net assets 1.122.627 28 1,979,348 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 8.243.815 33 9.229.422 Total net assets or fund balances 10,859,203 34 Total liabilities and net assets/fund balances 12.325.945

FGI	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30.8	362,38
2	Total expenses (must equal Part IX, column (A), line 25)	2			376,78
3	Revenue less expenses Subtract line 2 from line 1	3			985,60
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,2	243,81
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		9,2	229,42
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	৮	
4				Yes	No
1	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 to 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 its Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

TECHSOUP GLOBAL

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection **Employer identification number**

							94-3070					
Part I		or Public Charity St				•		nstructio	ns			
he organ		private foundation becau			= -							
1 _	A church, co	nvention of churches, or	association (of churches	section 170(b)(1)(A)(i)).					
2	A school des	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
з Г	A hospital or	a cooperative hospital s	ervice organ	ızatıon deso	rıbed ın secti	on 170(b)(:	1)(A)(iii).					
4 F		search organization oper me, city, and state	ated in conju	nction with	a hospital des	scribed in s	ection 170(b)	(1)(A)(iii)	. Enter the			
5	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)											
6		te, or local government		ntal unit des	cribed in sect	ion 170(h).	(1)(4)(4)					
7 F	•	on that normally receive	=					from the a	onoral publ	16		
, ,	described in	o)(1)(A)(vi) (Complete		iai part or it	s support non	n a governii	rental dint of	nom the ge	silerar publ	ic		
8	A community	trust described in sectio	on 170(b)(1)	(A)(vi) (C	omplete Part I	Ι)						
9	An organizati receipts from	on that normally receive activities related to its	s (1) more t exempt funct	han 331/3% tions—subje	of its suppor ect to certain (t from cont exceptions,	and (2) no m	ore than 3	31/3% of			
		om gross investment inc						tax) from	businesses	5		
_		he organization after Jun										
.0		on organized and operate										
.1	one or more p	on organized and operationally supported organidescribes the type of superationally bype of superationally bype	ızatıons desc oportıng orga	ribed in sec ni <u>za</u> tion and	tion 509(a)(1	.) or sectiones es 11e thro	n 509(a)(2) S ough 11h	See section). Check		
e f g	other than for section 509(If the organiz check this bo Since August	ation received a written ix : 17, 2006, has the orga	ther than one	e or more ponder of the I	ublicly suppor	ted organiz	ations describ	bed in sect	tion 509(a)	(1) or		
	following pers							`				
		who directly or indirectly			_	persons de	escribed in (ii		Yes	No		
		v, the governing body of t			zation/			<u> </u>	1g(i)	+		
		nember of a person desc	• •						1g(ii)			
_		ontrolled entity of a pers						[1]	1g(iii)			
h	Provide the fo	ollowing information abou	ıt the suppor	ted organiza	ation(s)							
(ij Nam suppo organiz	e of (i		Is the organization col (i) list your gov	(iv) Is the organization in col (i) listed in your governing document?		Is the organization in col (i) listed in your governing		otify the tion in f your ort?	(vi Is th organiza col (i) or in the l	he ition in ganized	A m	(vii) ount of oport?
		instructions))	Yes	No	Yes	No	Yes	No				
						1		1				
								1				
			1			1		1		-		
								1				
						1		1				
otal				1		1			\neg			

Schedule A (Form 990 or 990-EZ) 2011 Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A Public Support

_S	ection A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,450,223	4,599,399	5,560,539	2,504,106	4,907,144	21,021,411
2	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						
4	to the organization without charge Total. Add lines 1 through 3	3,450,223	4,599,399	5,560,539	2,504,106	4,907,144	21,021,411
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 amount shown on line 11, column (f)	5,156,225	1,053,053	3/300/333	2/301/100	1,507,111	7,049,010
6	Public Support. Subtract line 5 from line 4						13,972,401
	ection B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	3,450,223	4,599,399	5,560,539	2,504,106	4,907,144	21,021,411
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,146	18,700	23,197	19,687	33,948	144,678
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					25,525	25,525
11	Total support (Add lines 7 through 10)						21,191,614
12	Gross receipts from related activities	es, etc (See instr	uctions)			12	
13	First Five Years If the Form 990 is f check this box and stop here			thırd, fourth, or f	ifth tax year as a	501(c)(3) organiz	zation,

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14

Public Support Percentage for 2010 Schedule A, Part II, line 14

65 930 % 15 66 430 %

16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493134077103

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Inspection Employer identification number

TECI	SOUP GLOBAL			
				3070617
Pa	Organizations Maintaining Donor A organization answered "Yes" to Form 99		Funds	or Accounts. Complete if the
	organization anonered too to remin	(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (durıng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor adv	rised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bei conferring impermissible private benefit			
Par	Conservation Easements. Complete	of the organization answered "Yes"	to Forr	<u> </u>
1	Purpose(s) of conservation easements held by the c Preservation of land for public use (e g , recreat Protection of natural habitat	organization (check all that apply) cion or pleasure) Preservation of a	ın hıstor	
	Preservation of open space	, reservation or e	· ccreme	a mistoric structure
2	Complete lines 2a–2d if the organization held a qua	lified conservation contribution in the for	m of a c	onservation
	easement on the last day of the tax year			T
	Tatal mumbay of companyation accompany		<u> </u>	Held at the End of the Year
a	Total number of conservation easements	-	2a	
b	Total acreage restricted by conservation easements Number of conservation easements on a certified his		2b	
C	Number of conservation easements included in (c) a	, ,	2c	
d			2d	
3	Number of conservation easements modified, transf the taxable year -	erred, released, extinguished, or termina	ted by t	he organization during
4	Number of states where property subject to conserv	ation easement is located 🗠		
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ndlıng o	f violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation ease	ments d	luring the year 🗠
7	A mount of expenses incurred in monitoring, inspect	· ing, and enforcing conservation easemen	ts durin	g the year
,	▶ \$	-		•
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ection	┌ Yes
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financi		
Par	Organizations Maintaining Collection Complete if the organization answered		, or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	5 116, not to report in its revenue staten d for public exhibition, education or resea	rch ın fu	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research		
	(i) Revenues included in Form 990, Part VIII, line 1	1		► \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		for finar	· · · · · · · · · · · · · · · · · · ·
a	Revenues included in Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

	Organizations Maintaining Co	<u>llections of Art</u>	<u>., HIS</u>	tori	<u>cai irea</u>	<u>asui</u>	res, or o	une	i Sillillai ASS	els (co	ontinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing tha	at are	e a significa	ant u	se of its collection	n	
а	Public exhibition		d	Γ	Loan or	exch	ange progi	rams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	further t	he o	rganızatıon	ı's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	forc	ontributio	ons o	rotherass	etsı		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	ible		Г		Amo		
С	Beginning balance							1c	Allk		
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990 Part X lin	e 212	ı			L			Yes	
	If "Yes," explain the arrangement in Part XIV	•	1.						,		, 140
Par			n ans	were	d "Yes"	to F	orm 990	Par	t IV. line 10		
	ziradiment i anadi dempiete	(a)Current Year		Prior `			Years Back			e) Four Y	ears Back
1a	Beginning of year balance										
b	Contributions										
С	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 year	rend balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ►										
За	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	ire held a	nd a	dmınıstere	d for	the	Yes	No
	(i) unrelated organizations								3a(i)		<u> </u>
_	(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	•				•		•	3b		<u> </u>
4 Par											
-cir		nt. See ronn 99	,u, Pa				(h)C:-:	41	(-) A	Т	
	Description of property				Cost or oth s (investme		(b)Cost or o		(c) Accumulated depreciation	(d) Bo	ook value
	and		•							 	
b E	Buildings		•								
c L	easehold improvements		•							—	
d E	quipment		•				7,082	2,622	5,376,239		1,706,383
e (quipment	<u> </u>	<u>. </u>				·	2,622	5,376,239 . .		1,706,383

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives			•
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	,		
Part VIII Investments—Program Related. See		<u> </u>	
(a) Description of investment type	(b) Book value		d of valuation
——————————————————————————————————————	(b) Book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	1		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	_	
(a) Descrip			(b) Book value
Tatal (Column (h) should agual Form 000, Part V, cal (R) line 1	(F.)		
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	(S) Amount		
ACCRUED VACATION	1 149 606		
ACCRUED LIABILITES	1,149,606 15,834		
DEFERRED RENT	73,496		
21. ERRED REIT	73,750		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,238,936		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,862,387
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	29,876,780
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	985,607
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	1,730,000
9	Total adjustments (net) Add lines 4 - 8	9	1,730,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,715,607
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	30,862,387
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	30,862,387
4	Amounts 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	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	30,862,387
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1 1	28,146,780
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	28,146,780
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		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,730,000
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	29,876,780

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 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX 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 THE 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 - OTHER ADJUSTMENTS		CASH TRANSFER TO AFFILIATE 1,730,000

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As Filed Data -

DLN: 93493134077103

OMB No 1545-0047

Inspection

Statement of Activities Outside the United States

SCHEDULE F

(Form 990)

► 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

Department of the Treasury Internal Revenue Service

3a Sub-total

to Part I

b Total from continuation sheets

c Totals (add lines 3a and 3b)

Employer identification number

Name of the	organization
TECHSOUP	GLOBAL

						94-3070617			
Pa		formation on m 990, Part IV,			he United States. C	omplete if the organiz	ation answered		
1	For grantmakers.	Does the organ	nization m	aıntaın record	s to substantiate the	amount of the grants	or		
assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award									
	the grants or assis	tance?					✓ Yes		
2	For grantmakers. De	scribe in Part V t	he organıza	atıon's procedur	res for monitoring the us	e of grant funds outside tl	ne		
3	Activites per Region	(Use Part V ıf ad	dditional sp	pace is needed [)				
	(a) Region	`offı	Number of ces in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region		
	POLAND		1	11	PROGRAM SERVICES	FACILITATE ITS DONATIONS	575,00		
	UNITED KINGDOM		1	9	PROGRAM SERVICES	FACILITATE ITS DONATION	1,155,00		
	_								
	_								

2

0

20

20

1,730,000

1,730,000

(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 o valuation (book, FMV, appraisal, othe
		•	ASIA OUTREACH AND TECHSOUP ASIA LAUNCH	42,100	WIRE TRANSFER			ACTUAL VALUE
		EUROPE (INCLUDING ICELAND &	GRANT TO INSTALL & WRITE CASE STUDIES ON DYNAMICS CRM	12,363	WIRE TRANSFER			ACTUAL VALUE
		SOUTH ASIA	FUNDING GUIDESTAR INDIA	43,751	WIRE TRANSFER			ACTUAL VALUE
			ASIA OUTREACH AND TECHSOUP ASIA LAUNCH	40,600	WIRE TRANSFER			ACTUAL VALUE
			CASE STUDIES ON DYNAMICS CRM USE IN NPO'S	•	WIRE TRANSFER			ACTUAL VALUE
		(INCLUDING	RESTART TECHSOUP ROMANIA	11,050	WIRE TRANSFER			ACTUAL VALUE
		SUB-SAHARAN AFRICA	SUPPORT SOUTH AFRICA NGO NETWORK	30,300	WIRE TRANSFER			ACTUAL VALUE
		EUROPE	RSTART TECHSOUP ROMANIA	10,000	WIRE TRANSFER			ACTUAL VALUE
		EUROPE (INCLUDING	RESTART TECHSOUP ROMANIA	5,000	WIRE TRANSFER			ACTUAL VALUI
		(INCLUDING	RESTART TECHSOUP ROMANIA	5,000	WIRE TRANSFER			ACTUAL VALUI

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earry 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 TYPICALLY THE GRANT RECIPIENT PROVIDE A DETAILED ACCOUNTING OF THE USE OF THE GRANT FUNDS ANNUALLY OR UPON COMPLETION OF THE USE OF ALL FUNDS, WHICHEVER COMES FIRST

Schedule F (Form 990) 2010

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493134077103

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

TECHSOUP GLOBAL

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

Employer identification number

94-3070617

Form 990, Part 1	IV, line 21 for any	recipient that received o) if additional space	l more than \$5,000.	Check this box if n	. Complete if the orgonome recipient recei	ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 gran or assistance
(1) COUNCIL OF FOUNDATIONS2121 CRYSTAL DRIVE SUITE 700 ARLINGTON, VA 22202	13-6068327		20,000				SUPPORT
(2) NPOWER CHARLOTT REGION301 SOUTH BREVARD STREET CHARLOTTE, NC 28202	57-1140089		5,000				SUPPORT
(3) TECHBRIDGE1100 JOHNSON FERRY ROAD SUITE 670 ATLANTA,GA 30342	58-2531971		5,000				SUPPORT
(4) NPO WER CHARLOTT REGION301 SOUTH BREVARD STREET SUITE BOO CHARLOTTE, NC 28202	91-2072298		7,500				SUPPORT

Use Schedule I-1 (Form 990)) if additional space i	s 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Identifier **Return Reference Explanation** PART I, LINE 2 SCHEDULE I, PART I, LINE 2 TYPICALLY THE GRANT RECIPIENT PROVIDE A DETAILED ACCOUNTING OF THE USE

PROCEDURE FOR MONITORING GRANTS IN THE U S

OF THE GRANT FUNDS ANNUALLY OR UPON COMPLETION OF THE USE OF ALL FUNDS, WHICHEVER COMES FIRST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493134077103

OMB No 1545-0047

Compensation Information 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

Name of the organization TECHSOUP GLOBAL

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

94-3070617

Pa	Questions Regarding Compensation	on						
					Yes	Νo		
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form ride any relevant information regarding these items					
	First-class or charter travel	Г	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	Г	Personal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b				
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?							
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all							
	Compensation committee		Written employment contract					
	Independent compensation consultant	<u> </u>						
	Form 990 of other organizations	✓	Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	, Section A, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-contro	l paymen	t?	4a		No		
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
С	c Participate in, or receive payment from, an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	olete lines 5-9.					
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any					
а	The organization?			5a		No		
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 compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any					
а	The organization?			6a		No		
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 Apayments not described in lines 5 and 6? If "Yes,"			7		No		
8	Were any amounts reported in Form 990, Part VII,							
	subject to the initial contract exception described					1		
	ın Part III			8		Νo		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	he rebutta	able 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)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DANIEL BEN- HORIN	(I) (II)	211,305 0	0	0	50,700 0	22,525 0	284,530 0	
(2)REBECCA MASISAK	(1) (11)	211,125 0	0	0	21,900	9 ,0 2 3 0	242,048 0	
(3) MARNIE WEBB	(1) (11)	195,036 0	0	0	21,674 0	15,870 0	232,580 0	
(4) JEFF HODOS	(1) (11)	163,028 0	0	0	4,963 0	9,412 0	177,403 0	
(5) GAYLE SAMUELSON- CARPENTIER	(I) (II)	154,586 0	0	0	4,100 0	10,066 0	168,752 0	
(6) JOHN MCDERMOTT	(I)	142,443 0	0	0	3,777 0	22,525 0	168,745 0	
(7) DARA WESTLING	(I) (II)	141,353 0	0	0	3,799 0	23,911 0	169,063 0	

Schedule J (Form 990) 2011 Page **3**

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

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DLN: 93493134077103

OMB No 1545-0047

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Department of the Treasury

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization TECHSOUP GLOBAL

Employer identification number

		94-3070617	-3070617					
Pa	rt I Types of Property			T				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı	_	
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
5	Clothing and household							
6	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other►(<u>SOFTWARE</u>)	Х	3	2,208,414	FMV			
26	O ther ▶()							
	O ther ►()							
28	O ther ► ()				T			
29	Number of Forms 8283 received				29			
	for which the organization compl	etea Form 8	3283, Part IV, Donee Ackr	nowledgement	25		w	
30>	During the year, did the organiza	ation receiv	e hy contribution any propo	arty reported in Part I lines	1-28 that it		Yes	No
Jua								
	must hold for at least three year for exempt purposes for the enti			on, and winch is not require	a to be used			No
						30a		No
ъ 31	If "Yes," describe the arrangem Does the organization have a gif			review of any non-standard	contributions?	31		No
						<u> </u>		
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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DLN: 93493134077103

OMB No 1545-0047

2011

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Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization TECHSOUP GLOBAL

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

94-3070617

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	ELECTRONIC DRAFT WILL BE SENT TO ALL BOARD MEMBERS FOR REVIEW
	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
	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
	FORM 990, PART VI, SECTION C, LINE 19	INFORMATION IS AVAILABLE UPON REQUEST OR VIA WWW GUIDESTAR ORG
AUDIT COMMITTEE REVIEW OF AUDIT PROCEDURES	FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE MANNER IN WHICH THE AUDIT COMMITTEE REVIEWS AND APPROVES THE ANNUAL AUDIT

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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493134077103

SCHEDULE R (Form 990)

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.

2011

Schedule R (Form 990) 2011

Open to Public Inspection

Department of the Treasury		
Internal Revenue Service		

Name of the organization TECHSOUP GLOBAL						Employer iden 94-3070617	tification number		
Part I Identification of Disregarded Entities (C	omplete	ıf the organization a	nswered "Yes" or	n Form 990, Part	: I\				
(a) Name, address, and EIN of disregarded entity			(c) egal domicile (state or foreign country)	(d) Total income En	d-oi	(e) f-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du	ganizat	tions (Complete if th tax year.)	e organization ar	nswered "Yes" o	n F	orm 990, Part	IV, line 34 becaus	e it had	one
(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	con	(g) 512(b)(1: trolled nization
					\perp			Yes	No
(1) GUIDESTAR INTERNATIONAL 49-51 EAST ROAD OLD STREET LONDON, UNITED KINGDOM NA 6AH UK		ES TRANSPARENCY AND CIETY ORGANIZATION (CSO) NG	UK			LINE 9	TECHSOUP GLOBAL	Yes	
(2) FUNDACJA TECHSOUP							1		+
UJAZDOW AVENUE 37 WARSAW, POLAND PL		ITY DRIVEN ION/TECHNOLOGY PRODUCT N	PL			LINE 9	TECHSOUP GLOBAL	Yes	

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

chedule k (Form 990) 2011					Page	e 3
Part V Transactions With Related Organizations (Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Y	es	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related org	anızatıons lısted ın Par	ts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			18	1		No
b Gift, grant, or capital contribution to related organization(s)			11	,		No
c Gift, grant, or capital contribution from related organization(s)			10	: [No
d Loans or loan guarantees to or for related organization(s)			10	ı		No
e Loans or loan guarantees by related organization(s)			16	:		No
f Sale of assets to related organization(s)			11	-	+	No
g Purchase of assets from related organization(s)			19	,		No
h Exchange of assets with related organization(s)			11	,		No
i Lease of facilities, equipment, or other assets to related organization(s)			1	i		No
j Lease of facilities, equipment, or other assets from related organization(s)						No
k Performance of services or membership or fundraising solicitations for related organization(s)			11	7		No
I Performance of services or membership or fundraising solicitations by related organization(s)			1			No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			11	n		No
n Sharing of paid employees with related organization(s)			11	<u>'</u>		No
• Reimbursement paid to related organization(s) for expenses			10	+		No
			11	+-		No
p Reimbursement paid by related organization(s) for expenses			-1	+	_	110
q Other transfer of cash or property to related organization(s)			10	ı Y	es	
r Other transfer of cash or property from related organization(s)			11			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 relat	cionships and transact	ion thresholds			
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ Involv		amou	ınt
1) FUNDACJA TECHSOUP	Q	575,000	CASH TRANSFER			
2) GUIDESTAR INTERNATIONAL		4.455.000	04011 70 4110750			

	-		Schodulo B (Form 000) 2011
(6)			
(5)			
(4)			
(3)			
(2) GUIDESTAR INTERNATIONAL	Q	1,155,000	CASH TRANSFER
	· ·	3,3,000	CASTA TRANSPER

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)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)		eral or aging ener?	(k) Percentage ownership
			·	Yes	No			Yes	No		Yes	No	
				·									

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

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	ı services				
(Code) (Expenses \$	5,326,461	including grants of \$	98,744) (Revenue \$	49,999)