Form **990** 

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public

2017

☑ Yes ☐ No

Cat No 11282Y

Form **990** (2017)

DLN: 93493135133349 OMB No 1545-0047

	ıl Revenue Servi	► Information a	bout Form 990 and its instructions is at <u>ww</u>	vw IRS go	v/form990		Inspection			
\ F	or the <b>2017</b>	calendar year, or tax year be	ginning 07-01-2017 , and ending 06-	30-2018						
□ Ad	ck if applicable dress change	C Name of organization TECHSOUP GLOBAL			<b>D Employer</b> 94-30706		ication number			
□ Ini	ime change itial return al return/terminati	Doing business as								
□ Am	nended return plication pendir	Number and street (or P O box	if mail is not delivered to street address) Room/s	suite	E Telephone (415) 633					
		City or town, state or province, SAN FRANCISCO, CA 94107	country, and ZIP or foreign postal code		<b>G</b> Gross rece	epts \$ 33	3,205,872			
		F Name and address of princ	cipal officer	H(a)	Is this a group retu	rn for				
		REBECCA MASISAK 435 BRANNAN STREET NO 10	20		subordinates?		□Yes <b>☑</b> No			
		SAN FRANCISCO, CA 94107	50	Н(Ь)	Are all subordinates	s	☐ Yes ☐No			
Ta	x-exempt statu	5 <b>√</b> 501(c)(3)	◀ (insert no )		ıncluded? If "No," attach a lıs	t (see				
w	ebsite: ► W	WW TECHSOUPGLOBAL ORG	, , , , , , , , , , , , , , , , , , , ,	I	Group exemption n	•	•			
<b>(</b> Forr	n of organizatio	on 🗹 Corporation 🗆 Trust 🗀 A	Association  Other	<b>L</b> Year o	f formation 1987	<b>M</b> State (	of legal domicile CA			
Pa	rt I Sur	nmary								
aovemance	TECHSO		EADER IN BRINGING TECHNOLOGICAL EM DFITS, NONGOVERNMENTAL ORGANIZATIO							
25			discontinued its operations or disposed of							
<b>ಕ</b>		_	rning body (Part VI, line 1a)			3	13			
Š.		· -	s of the governing body (Part VI, line 1b)			5	226			
ACHVIUES &		Total number of individuals employed in calendar year 2017 (Part V, line 2a)								
2		6 Total number of volunteers (estimate if necessary)								
	1		from Form 990-T, line 34			7a 7b	42,274			
	<b>D</b> Net uni	elated business taxable income i	from Form 990-1, line 34	<del></del>	Prior Year		Current Year			
	8 Contrib	utions and grants (Part VIII line	1h)		2,960,82		1,919,30			
Ę.										
Ō٠	1	•	10,28		31,294,289 11,34					
3	10 Investr	nent income (Part VIII, column (								
Ravenua		nent income (Part VIII, column ( evenue (Part VIII, column (A), li	*		-8,06	-	-19,06			
Pşv	11 Other r	evenue (Part VIII, column (A), lı	*			57	-19,063 33,205,872			
Rşv	<b>11</b> Other r <b>12</b> Total re	evenue (Part VIII, column (A), lı	nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), line 12)		-8,06	i7 19				
Nê H	<ul><li>11 Other r</li><li>12 Total re</li><li>13 Grants</li></ul>	evenue (Part VIII, column (A), li evenue—add lines 8 through 11 ( and similar amounts paid (Part I	nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), line 12)		-8,06 31,900,00	i7 19	33,205,87			
	<ul><li>11 Other r</li><li>12 Total re</li><li>13 Grants</li><li>14 Benefit</li></ul>	evenue (Part VIII, column (A), li evenue—add lines 8 through 11 ( and similar amounts paid (Part I s paid to or for members (Part I)	nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), line 12) X, column (A), lines 1–3 )		-8,06 31,900,00	67 19 70	33,205,87			
	<ul> <li>11 Other r</li> <li>12 Total re</li> <li>13 Grants</li> <li>14 Benefit</li> <li>15 Salaries</li> </ul>	evenue (Part VIII, column (A), li evenue—add lines 8 through 11 ( and similar amounts paid (Part I s paid to or for members (Part I) s, other compensation, employee	nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), line 12) X, column (A), lines 1–3 ) (, column (A), line 4)		-8,06 31,900,00 2,254,77	67 19 70	33,205,872 2,752,109			
	<ul><li>11 Other r</li><li>12 Total re</li><li>13 Grants</li><li>14 Benefit</li><li>15 Salaries</li><li>16a Profess</li></ul>	evenue (Part VIII, column (A), li evenue—add lines 8 through 11 ( and similar amounts paid (Part I s paid to or for members (Part I) s, other compensation, employee	nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), line 12) X, column (A), lines 1–3) X, column (A), line 4) E benefits (Part IX, column (A), lines 5–10) column (A), line 11e)		-8,06 31,900,00 2,254,77	70 09 00 0	33,205,877 2,752,109 ( 19,476,58			
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A Services Fixpenses Fixpe	11 Other r 12 Total re 13 Grants 14 Benefit 15 Salaries 16a Profess b Total fur 17 Other e 18 Total es 19 Revenu 20 Total as 21 Total lis 22 Net ass 111 Sig r penalties of ledge and be nowledge	evenue (Part VIII, column (A), li evenue—add lines 8 through 11 ( and similar amounts paid (Part I s paid to or for members (Part IX) s, other compensation, employee sional fundraising fees (Part IX, column (E) expenses (Part IX, column (A), lin expenses (Part IX, column (A), lin expenses Add lines 13–17 (must e less expenses Subtract line 18 essets (Part X, line 16) ets or fund balances Subtract lin enature Block perjury, I declare that I have ex lief, it is true, correct, and comple expenses of ficer  NEMCDERMOTT VP OF FINANCE or print name and title  Print/Type preparer's name	nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), line 12) X, column (A), lines 1–3 ) X, column (A), line 4) Expenses to benefits (Part IX, column (A), lines 5–10) column (A), line 11e) Exponsion to the column (A), lines 5–10) column (A), line 11e) Expenses to the column (A), lines 5–10) column (A), line 25) Exponsion to the column (A), line 25) Exponsion to the column (A), line 25) Exponsion to the column (A), line 25 Exponsion to the column (A), line 25 Exponsion to the column (A) Exponsion to the column (A), line 12 Exponsion to the column (A), line 25 Exponsion to	g schedule ficer) is ba	-8,06 31,900,00 2,254,77 19,075,04 10,302,87 31,632,68 267,32 nning of Current Yea 9,150,34 2,886,06 6,264,28 es and statements, ised on all informat 2019-05-15 Date	17	33,205,87; 2,752,109 (19,476,58; 14,900 10,747,886 32,991,48; 214,390 End of Year 9,894,609 3,415,939 6,478,674 the best of my which preparer has			
Paris Fund Balances  Expenses  Expenses  Paris Fund Balances	11 Other r 12 Total re 13 Grants 14 Benefit 15 Salaries 16a Profess b Total fur 17 Other e 18 Total es 19 Revenu  20 Total as 21 Total lia 22 Net ass 111 Sig r penalties of ledge and be nowledge	evenue (Part VIII, column (A), li evenue—add lines 8 through 11 ( and similar amounts paid (Part I is paid to or for members (Part IX) is, other compensation, employee identification of the part of	nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), line 12) X, column (A), lines 1–3) X, column (A), line 4) Expense benefits (Part IX, column (A), lines 5–10) Folumn (A), line 11e) Exponsible 11a–11d, 11f–24e) Expense 11a–11d, 11f–24e) Expense 11a–11d, 11f–24e) Expense 21 from line 12  Expense 21 from line 20	g schedule ficer) is ba	-8,06 31,900,00 2,254,77 19,075,04  10,302,87 31,632,68 267,32 nning of Current Yea 9,150,34 2,886,06 6,264,28 es and statements, ised on all informat  2019-05-15 Date  5 Check ☐ if PT PO Self-employed Firm's EIN ▶ 91-0:	17	33,205,87 2,752,10 19,476,58 14,90 10,747,88 32,991,48 214,39 End of Year 9,894,60 3,415,93 6,478,67 the best of my			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2017)					Page <b>2</b>						
Par	t IIII Statement	of Program Servi	ce Accomplis	hments								
	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹						
1	Briefly describe the o			,								
					IANGE MAKERS AROUND THE WC DLUTIONS FOR A MORE EQUITAB							
2	Did the organization	undertake any signific	ant program ser	vices during the year w	thich were not listed on							
	the prior Form 990 o	🗌 Yes 🗸 No										
	•	se new services on Sc										
3	Did the organization services?	5.	nake significant i	changes in how it cond	ucts, any program	☐ Yes ☑ No						
	If "Yes," describe these changes on Schedule O											
4	Section 501(c)(3) an		ons are required	to report the amount	largest program services, as me of grants and allocations to other							
4a	(Code	) (Expenses \$	15,237,792	including grants of \$	1,517,569 ) (Revenue \$	25,883,484 )						
	See Additional Data		. ,									
4b	(Code	) (Expenses \$	8,725,668	including grants of \$	293,454 ) (Revenue \$	4,856,867 )						
	See Additional Data											
4c	(Code	) (Expenses \$	3,621,540	ıncludıng grants of \$	941,086 ) (Revenue \$	553,938 )						
	See Additional Data											
4d	Other program service	ces (Describe in Sched	ule O )									
	(Expenses \$	ınc	luding grants of	\$	) (Revenue \$	)						
4e	Total program serv	/ice expenses ►	27,585,0	00								

or X as applicable

**Checklist of Required Schedules** 

assessments, or similar amounts as defined in Revenue Procedure 98-19?

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Yes

Page 3

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Νo

Nο

No

Nο

Form **990** (2017)

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "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

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 👺 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes

Yes

Yes

Yes

Yes

Yes

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Νo

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Nο

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Νo

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Nο

Νo

Nο

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

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35a

35b

36

37

Yes

Yes

Yes

Form 990 (2017)

Page 4

Part IV	Checklist of Required Schedules (continued)	
		•

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . 🥞

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

orm	990 (2017)			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	Enterthe growth and are not also Berry 2 of Ferma 1000 Februa O of each combination.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 50  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2a	(gambling) winnings to prize winners?	1c	Yes	
	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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b	Yes	
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	
b	If "Yes," enter the name of the foreign country ►UK , PL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	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		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-		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 as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
1	Section 501(c)(12) organizations. Enter			
	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 )			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

OHIII	990 (2)	517)					Page (
Par		Governance, Management, and DisclosureFor each "Yes" response to lines 2 th 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction	A. Governing Body and Management					
1a	Enter t	the number of voting members of the governing body at the end of the tax year	1a	13		Yes	No
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O					
b	Enter t	the number of voting members included in line 1a, above, who are independent	1b	12			
2		y officer, director, trustee, or key employee have a family relationship or a busines director, trustee, or key employee?	s rela	tionship with any other	2		No
3		e organization delegate control over management duties customarily performed by ters, directors or trustees, or key employees to a management company or other p			3		No
4	Did the	e organization make any significant changes to its governing documents since the p	orior F	form 990 was filed?	4		No
5	Did the	e organization become aware during the year of a significant diversion of the organ	ızatıo	n's assets? .	5		No
6	Did the	e organization have members or stockholders?			6		No
7a	Did the	e organization have members, stockholders, or other persons who had the power to	o elec	t or appoint one or more			
		ers of the governing body?			7a		No
b		y governance decisions of the organization reserved to (or subject to approval by) is other than the governing body?	mem	pers, stockholders, or	7b		No
8	Did the the fol	e organization contemporaneously document the meetings held or written actions t lowing	ındert	aken during the year by			
	-	overning body?			8a	Yes	
b	Each c	ommittee with authority to act on behalf of the governing body?			<b>8</b> b	Yes	
	organı	re any officer, director, trustee, or key employee listed in Part VII, Section A, who of zation's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	•		9		No
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenue	e Code		
	<b>5</b> 1.11					Yes	No
	If "Yes	e organization have local chapters, branches, or affiliates?			10a 10b		No
44-		anches to ensure their operations are consistent with the organization's exempt pu			100		
	form?	e organization provided a complete copy of this Form 990 to all members of its gov		g body before filing the	11a		No
		be in Schedule O the process, if any, used by the organization to review this Form	990		12-	V	
		e organization have a written conflict of interest policy? If "No," go to line 13	•		12a	Yes	
	conflic				12b	Yes	
	Sched	e organization regularly and consistently monitor and enforce compliance with the pule O how this was done	• •	r ir "Yes," describe in • • •	12c	Yes	
13		e organization have a written whistleblower policy?	•		13	Yes	
14		e organization have a written document retention and destruction policy?	٠		14	Yes	
15	persor	e process for determining compensation of the following persons include a review a is, comparability data, and contemporaneous substantiation of the deliberation and					
		ganization's CEO, Executive Director, or top management official			15a	Yes	
b		officers or key employees of the organization			15b		No
		" to line 15a or 15b, describe the process in Schedule O (see instructions)					
	taxabl	e organization invest in, contribute assets to, or participate in a joint venture or single entity during the year?			16a		No
b	ın join	," did the organization follow a written policy or procedure requiring the organization to venture arrangements under applicable federal tax law, and take steps to safegua with respect to such arrangements?	ard the		4.51		
c-					16b		
<u>5e</u> 17		C. Disclosure e States with which a copy of this Form 990 is required to be filed▶					
	_13C (11)	CA					
18		n 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ble for public inspection Indicate how you made these available Check all that app		990-T (501(c)(3)s only)			
		wn website   Another's website 🗹 Upon request 🔲 Other (explain in Sci		•			
19		be in Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year	umen	ts, conflict of interest			
20		and financial statements available to the public during the tax year the name, address, and telephone number of the person who possesses the organization.	zation	's books and records			
		MCDERMOTT 435 BRANNAN STREET STE 100 SAN FRANCISCO, CA 94107 (415					

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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 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

organization and arry related organizations											
<ul> <li>List all of the organization's former officers, of reportable compensation from the organization</li> </ul>					pen	sated	emp	ployees who receive	ed more than \$100	0,000	
• List all of the organization's former director organization, more than \$10,000 of reportable co											
List persons in the following order individual trus compensated employees, and former such person	stees or directo		_				•	-			
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any (	current officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours for related	pers and	an on on is	e bo both ecto	t che ox, u n an or/tr	inless office ustee	er )	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) ALVARADO JOAQUIN BOARD MEMBER	1 00	х						0	0	0	
(2) ARMSTRONG CHARLES BOARD MEMBER	1 00	×						0	0	0	
(3) BASON CLEM BOARD VICE-CHAIR	1 00	х		х				0	0	0	
(4) FRANK ROBERT BOARD VICE-CHAIR	1 00	х		х				0	0	0	
(5) GRIMMINCK TONY BOARD MEMBER	1 00	×						0	0	0	
(6) HAMAOUI JEFF BOARD MEMBER	1 00	х						0	0	0	
(7) JAUCH RETO BOARD MEMBER	1 00	х						0	0	0	
(8) KHOZEIN TODD BOARD MEMBER	1 00	x						0	0	0	
(9) LEE ANTHONY CHAIRPERSON	1 00	×		×				0	0	0	
(10) PIETRANTONI JULIE	1 00	×		х				0	0	0	

BOARD SECRETARY 1 00 (11) SAUNDERS MICHAEL Х 0 0 **BOARD TREASURER** 1 00 (12) WATSON CAMILLE 76,000 0 BOARD MEMBER 40 00 (13) MASISAK REBECCA Χ 223,019 ..... CFO 40 00 (14) DORAN GERI JIN Х 159,607 0 26,546 40 00 (15) MCDERMOTT JOHN Х 140,729 26,546 VP, FINANCE (16) WEBB MARNIE 40 00 185,859 22,225

0 0 10,559

Name and Title

Part VII

5

1

Section B. Independent Contractors

FUTURE PROCESSING SP Z OO (US)

1200 HARGER ROAD SUITE 722 OAK BROOK, IL 60523 PREMIER STAFFING

101 FEDERAL STREET 28TH FLOOR

compensation from the organization  $\blacktriangleright$  8

111 SUTTER ST SUITE 550 SAN FRANCISCO, CA 94124 ALTMAN VILANDRIE & CO

BOSTON, MA 02110 LAUFFS PETER

AM BUCHET 24 **ICKING** GM 2

UL ROKITNICKA 67 вутом

ASPIRE SYSTEMS

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (E) (F) (D)

Reportable

compensation

Reportable

compensation

4

5

(B)

Description of services

QA, SOFTWARE DEVELOPMENT

SOFTWARE DEVELOPMENT

TEMPORARY STAFFING, VARIOUS

BUSINESS STRATEGY CONSULTANT

CONSULTING AND INTERIM

SERVICES

SERVICES

**SERVICES** 

MANAGEMENT

Yes

No

749,460

632,240

541,466

419,754

143,652

Form **990** (2017)

(C)

Compensation

Estimated

amount of other

Position (do not check more

than one box, unless person

	week (list any hours							from the organization (W-	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	enplosee Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(18) WALL JACKEY G	40 00					V		472.622		10.553
VP, ENTERPRISE ARCHITECTURE	···					×		173,623	0	19,552
(19) WEBB DANIEL	40 00					×		157,282	0	26,546
VP, BUSINESS SYSTEMS						_ ^		137,202	0	20,340
(20) DELANEY STEPHEN	40 00					×		155,082	0	8,842
SENIOR DIRECTOR		••••				^		133,002	9	0,012
(21) MARINO FRANK	40 00					×		138,632	0	26,546
PRINCIPAL, JAVA ENGINEER		••••				_ ^		138,032	0	20,340
(22) CASTELLANOS FRANCISCO	40 00					×		204,621	0	14,005
SR DATABASE PLATFORM ADMINISTRATOR	···	••••				^		204,021	0	14,003
(23) DANIEL BEN-HORIN	30 00						Х	383,476	0	7,011
FOUNDER AND CHIEF INSTIGATOR		••••					^	363,476	0	7,011

1b Sub-Total			•		
c Total from continuation sheets t	o Part VII, Section A		▶[		
d Total (add lines 1b and 1c) .			▶	2,161,873	
Total number of individuals (inclusion from the compensation		hose listed abov	e) wh	o received more than	\$100,000

Average

hours per

204,343 0

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

services rendered to the organization  $^{\gamma}If$  "Yes," complete Schedule J for such person .

(A)

Name and business address

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

	of reportable compensation from the organization ▶ 40			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
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			

Part \	<b>/</b> + 1			a resno	onse or note to any	line in thi	s Part VIII					П
		Check II Schedul	e O contains	a respo	nise of flote to ally	(A Total re	.)	Rela exe fun	<b>B)</b> ted or empt ction	(C) Unrelat busine revenu	ss	(D)  Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a	L			rev	enue			512-514
nts ints	Ŀ	• Membership dues		1b	237,025							
Gra not		: Fundraising events		1c								
<u>`</u> .₹	6	d Related organizatio	ns	1d								
	6	Government grants (co	ontributions)	1e	657,657							
tions, er Sim	f	All other contributions, and similar amounts in above	, gıfts, grants, ot ıncluded	1f	1,024,621							
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution in lines 1a-1f \$	ons included									
<u>ဒ န</u>	h	Total.Add lines 1a-1	f		<del></del> -		919,303					
					Business							
Program Service Revenue	2a	PROGRAM SERVICE FEE	S			541519	31,29	94,289	31,29	4,289		
o≛ L	b											
<u>۲</u>	с											
ૐ	d e											
Jr an		All other program se	rvice revenue	•								
کّر		<b>Total.</b> Add lines 2a-21			31,2	94,289						
		Investment income (ii			nterest. and other	1						
	S	ımılar amounts) .			<b>&gt;</b>		11,347					11,347
		Income from investme										
	5 F	Royalties	(ı) Rea		(II) Personal	<u> </u>						
	6a	Gross rents	(I) Rea	1	(II) Personal	1						
	b	Less rental expenses										
	c	Rental income or				1						
		(loss)				_						
	u	Net rental income o	r (loss) (i) Securi		· · · ▶ (II) Other							
		Gross amount from sales of assets other	(I) Securi	ues	(II) Other	-						
		Less cost or other basis and				_						
		sales expenses  Gain or (loss)  Net gain or (loss)			<b>&gt;</b>	1						
	8a	Gross income from f	undraising ev									
Other Revenue		(not including \$contributions reported See Part IV, line 18	d on line 1c)									
Re	b	Less direct expense	s	b		]						
ře		Net income or (loss)		_	ents 🕨							
<b>†</b>		Gross income from g See Part IV, line 19		ies a								
		Less direct expense Net income or (loss)		<b>b</b> activit	ies	]						
		Gross sales of invent returns and allowand										
	b	Less cost of goods s	sold	a b								
-	С	Net income or (loss)		invent								
-	11:	Miscellaneous  aCURRENCY EXCHAN			Business Code 541519		-19,067					-19,067
		-CORRENCT EXCHAIN	GE LOSS		0.12023		25,007					25,000
	b	,										
	c											
	q	All other revenue .										
		Total. Add lines 11a			•	<u> </u>	46					
	12	Total revenue. See	Instructions				-19,067					
				•			33,205,872		31,294,289	)	0	-7,720

Forr	n 990 (2017)				Page <b>10</b>
	rt IX Statement of Functional Expenses con 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX		<u> </u>	🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,137	10,137		
2	Grants and other assistance to domestic individuals See Part IV, line 22	611	611		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	2,741,361	2,741,361		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,051,241	621,070	418,700	11,471
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	15,079,799	12,724,337	1,618,522	736,940
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	246,936	209,206	24,923	12,807
9	Other employee benefits	2,054,965	1,704,222	255,682	95,061
10	Payroll taxes	1,043,646	877,124	112,991	53,531
11	Fees for services (non-employees)				
ā	Management				
ı	Legal	48,982	39,342	5,637	4,003
(	: Accounting	149,497		149,497	
	ILobbying				
•	Professional fundraising services See Part IV, line 17	14,900			14,900
1	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,084,694	4,208,187	680,632	195,875
12	Advertising and promotion	311,013	258,126	38,554	14,333
13	Office expenses	717,792	690,253	24,879	2,660
14	Information technology	1,938,825	1,589,906	253,080	95,839
15	Royalties				
16	Occupancy	1,189,332	987,464	146,136	55,732
	Travel	458,891	334,893	97,099	26,899
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	409,849	340,300	50,300	19,249
23	Insurance	96,522		96,522	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a EDUCATION & TRAINING	333,557	242,595	75,272	15,690
	b DUES FEES & SUBSCRIPTIO	8,932	5,866	2,750	316

27,585,000

32,991,482

1,355,306

Form **990** (2017)

4,051,176

C d

e All other expenses

**25 Total functional expenses.** Add lines 1 through 24e

**26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Liabilities

Fund Balances

Assets or 30

Net

25

27

28

29

31

32

33

34

1,721,919

5.285.576

1,402,195

289.516

76.911

9.894.609

3.030,748

385,187

3,415,935

4.631.196

1.847,478

6,478,674

9.894.609

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571.000

76.911

9,150,346

2,407,233

478.829

2,886,062

4.134.944

2.129.340

6,264,284

9.150.346

10c

11 12

13

14

15

16

17

18

19

20

21

22 23

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25

26

27

28

29

30

31

32

33

34

521,550

Page **11** 

# Check if Schedule O contains a response or note to any line in this Part IX

		Beginning of year		End of ye
1	Cash-non-interest-bearing	1,891,495	1	
2	Savings and temporary cash investments	3,282,449	2	
3	Pledges and grants receivable net	778 333	'n	

Pledges and grants receivable, net . 1.891.421 4 Accounts receivable, net . . . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L . . . . .

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . Notes and loans receivable, net .

Assets Inventories for sale or use . 8 658.737 9 596,942 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 10a 2,503,362 basis Complete Part VI of Schedule D

2,213,846 b Less accumulated depreciation 10b Investments—publicly traded securities . Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11 . Intangible assets . . . . .

11 12 13 14 15 Other assets See Part IV, line 11 . 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses 18

Grants payable . . . 19 Deferred revenue . . . Tax-exempt bond liabilities . . . . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties,

and other liabilities not included on lines 17-24)

23

24 Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 .

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Unrestricted net assets

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Temporarily restricted net assets

7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6	,478,674
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	
			 Yes	No
1	Accounting method used to prepare the Form 990			

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

No

No

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If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Schedule O

#### Additional Data

Software ID:

**Software Version:** 

**EIN:** 94-3070617

Name: TECHSOUP GLOBAL

Form 990 (2017)

PROGRAMS

#### Form 990, Part III, Line 4a:

NGO TECHNOLOGY MARKETPLACETECHSOUP IS A GLOBAL MARKETPLACE OF TECHNOLOGY PRODUCTS, SERVICES, TRAINING, EDUCATION, AND CONTENT FOR NONPROFITS AROUND THE WORLD TECHSOUP'S PRODUCT DONATION PROGRAM HELPS MORE THAN 100 CORPORATE DONORS DISTRIBUTE A RETAIL VOLUME OF MORE THAN \$1 BILLION ANNUALLY IN DONATED OR SPECIALLY-DISCOUNTED TECHNOLOGY AND OTHER CRITICAL RESOURCES TECHSOUP GLOBAL NETWORK SERVED OVER 159,000 ORGANIZATIONS WITH PRODUCT AND SERVICE DONATIONS IN FISCAL YEAR 2018 AND 149,000 IN FISCAL YEAR 2017 AS TECHNOLOGY AND TECHNOLOGY DELIVERY CONTINUES TO CHANGE, TECHSOUP CONTINUES TO EVOLVE ITS TRADITIONAL PRODUCT DONATION PROGRAM TO INCREASE THE BREADTH OF ITS OFFERS TO INCLUDE MORE HARDWARE, MOBILE, AND CLOUD-BASED SUBSCRIPTION OFFERS ADDITIONALLY, THROUGH THIS NEXT-GENERATION TECHNOLOGY MARKETPLACE, TECHSOUP ALSO OFFERS A VARIETY OF NONPROFIT SPECIFIC PROGRAMS AND SERVICES SUCH AS ONLINE LEARNING THROUGH TECHSOUP COURSES, TECHNOLOGY IMPLEMENTATION AND MANAGEMENT SERVICES. AND CLOUD MIGRATION CONSULTATION AND SERVICES THROUGH ITS NGO TECHNOLOGY MARKETPLACE. TECHSOUP

HAS NOW FACILITATED OVER \$10 BILLION OF IN-KIND PRODUCT PHILANTHROPY AND AN INCREASINGLY DIVERSE SET OF PHILANTHROPIC SERVICES AND GIVING

GLOBAL VALIDATION AND DATA SERVICESAS A RESULT OF DECADES OF OUTREACH AND PROGRAMMATIC ACTIVITY THROUGH THE TECHSOUP GLOBAL NETWORK,
TECHSOUP HAS A RICH REPOSITIORY OF DATA RECORDS ON APPROXIMATELY 1 04 MILLION NGOS AROUND THE GLOBE THIS DATA ALLOWS TECHSOUP TO EFFICIENTLY
AND INEXPENSIVELY VALIDATE THE CHARITABLE STATUS OF ORGANIZATIONS IN 236 COUNTRIES AND TERRITORIES, THEREBY ENABLING A WIDER RANGE OF
STAKEHOLDERS TO GIVE. RECEIVE. AND SHARE AN EVEN MORE DIVERSE SET OF RESOURCES INCREASINGLY. DONORS AND SUPPLIERS OF VARIOUS CHARITY OFFERS

Form 990, Part III, Line 4b:

TECHNOLOGY, PRODUCT DONATIONS, VOLUNTEER PROGRAMS, EMPLOYEE GIVING, AND PHILANTHROPIC PROGRAMS AND SERVICES ADDITIONALLY, TECHSOUP UTILIZES ITS VALIDATION AND LEGAL EXPERTISE TO POWER NGOSOURCE, A PROGRAM THAT STREAMLINES THE EQUIVALENCY DETERMINATION (ED) PROCESS FOR U S FOUNDATIONS, ENABLING THEM TO EFFICIENTLY PROVIDE GRANTS TO NGOS OUTSIDE THE UNITED STATES TO DATE, GRANTMAKERS HAVE REQUESTED MORE THAN 4,700 EDS FOR NGOS IN 134 COUNTRIES, AND AN ESTIMATED TOTAL OF OVER \$1 BILLION IN INTERNATIONAL GRANT FUNDING WAS FACILITATED BY NGOSOURCE OUR GROWING CIPCLE OF VALIDATION AND DATA SERVICES CLIENTS IS COMPRISED OF THE LARGEST BURNLEY TRADED FIRMS. SOCIALLY MINDED.

ARE USING TECHSOUP'S GLOBAL VALIDATION AND DATA SOLUTIONS, MATCHING ALGORITHMS, AND APIS TO CREATE THEIR OWN DIRECT OFFERS FOR CLOUD

4,700 EDS FOR NGOS IN 134 COUNTRIES, AND AN ESTIMATED TOTAL OF OVER \$1 BILLION IN INTERNATIONAL GRANT FUNDING WAS FACILITATED BY EDS COMPLETED BY NGOSOURCE OUR GROWING CIRCLE OF VALIDATION AND DATA SERVICES CLIENTS IS COMPRISED OF THE LARGEST PUBLICLY TRADED FIRMS, SOCIALLY MINDED EARLY-STAGE FIRMS, INDIVIDUAL GIVING AND EMPLOYEE GIVING AND VOLUNTEERING PLATFORMS, FOUNDATIONS AND DONOR ADVISED FUNDS, INTERGOVERNMENTAL ORGANIZATIONS. AND NONPROFITS THAT PROVIDE PLATFORMS FOR CORPORATE PHILANTHROPY

#### Form 990, Part III, Line 4c:

COMMUNITIES ACHIEVE THEIR OBJECTIVES TECHSOUP IS OFTEN SOUGHT OUT TO CLOSE THE GAP BETWEEN BIG-PICTURE VISION AND THE ABILITY TO EXECUTE BY FACILITATING DESIGN SESSIONS, DEVELOPING NEW TECHNOLOGY INTERVENTIONS, AND FURTHER DEVELOPING AND SCALING EXISTING TOOLS. TECHSOUP HELPS TO ENSURE THAT THE BEST APPS4GOOD TOOLS AND EDUCATIONAL RESOURCES ARE ACCESSIBLE AROUND THE GLOBE CARAVAN STUDIOS. AN AWARD-WINNING DIVISION OF TECHSOUP, USES A COMMUNITY-CENTERED DESIGN METHODOLOGY TO BUID AND LAUNCH MOBILE APPS THAT HAVE BEEN DESIGNED FOR, BY, AND WITH CIVIL

APPS4GOODAROUND THE WORLD, TECHSOUP SUPPORTS A VARIETY OF ISSUE-FACING WEB AND MOBILE APPLICATION TECHNOLOGY PRODUCTS THAT HELP

AND TECH ACTIVISTS THROUGH PROJECTS SUCH AS TECH4STORIES. APPS4CITITES. MEGAPHONE. MEET&CODE. AND ICT4NGO

SOCIETY GROUPS FOR SOCIAL GOOD CARAVAN HAS BUILT A STRONG USER BASE FOR ITS EXISTING MOBILE APPS, INCLUDING SAFE SHELTER, RANGE, SAFENIGHT, WORKER CONNECT, AND 4BELLS CARAVAN STUDIOS ALSO WORKS WITH DEVELOPERS TO BUILD OUT THEIR EXISTING APPS4GOOD AND CONNECT THEIR TOOLS TO A

COMMUNITY OF USERS. AS WAS SEEN IN THE BYBUS PROJECT IN BRAZIL FUNDACJA TECHSOUP ENGAGES REGIONAL AND LOCAL COMMUNITIES IN OPEN DATA. TRANSPARENCY AND ACCOUNTABILITY, APP DEVELOPMENT, EDUCATIONAL PROGRAMS, DIGITAL SECURITY, STORYTELLING, AND CODING OVER THE PAST THREE YEARS,

TECHSOUP HAS BUILT UPON ITS REGIONAL OPEN DATA EXPERIENCE TO BUILD AND STRENGTHEN BRIDGES BETWEEN CIVIL SOCIETY, GOVERNMENTS, IT SPECIALISTS,

efil	e GR	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493135133349
SCI	HED	ULE A		Dublic 4	Charity Statu	e and Dul	olic Supp	ort	OMB No 1545-0047
	m 99		Cor		rganization is a sect			<b>I</b>	2017
990I	EZ)		-		4947(a)(1) nonexe	empt charitable	trust.		<b>201</b> /
		the Treasury	<b>▶</b> Inf	ormation abou	► Attach to Form ut Schedule A (Form www.irs.g			ictions is at	Open to Public Inspection
Nam		he organiza	tion		_			Employer identific	ation number
recite	3001 0	LOBAL						94-3070617	
	rt I				us (All organization			See instructions.	
_	organiz		•		ent is (For lines 1 thro	•		/ <b>*</b>	
1	Ш	•		•	sociation of churches				
2		A school de	scribed in <b>s</b> e	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ) )		
3		A hospital o	r a cooperat	ive hospital ser	vice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4			esearch orga and state _	anization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	( <b>iv).</b> (Compl	ete Part II )	t of a college or unive				bed in <b>section 170</b>
6		•	•	_	governmental unit de				
7	<b>✓</b>	section 17	0(b)(1)(A)	(vi). (Complete	•			init or from the genera	al public described in
8		A communi	ty trust desc	ribed in <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 octions—subject to cer ess taxable income (leading)	tain exceptions,	and (2) no more	than 331/3% of its su	
11					exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations o	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or sec	ction 509(a)(2	). See <mark>section 509(</mark> a	
а		<b>Type I.</b> A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		<b>Type II.</b> A manageme	supporting on t of the sup	organization sup oporting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally		supporting organizatio				ted with, its
d		Type III n functionally	on-function	nally integrate The organizatio	ions) <b>You must com</b> <b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	` '
e		Check this	box if the or	ganızatıon recei	t IV, Sections A and ved a written determin	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			non-functionally d organizations	integrated supporting	organization			
g				-	ipported organization(	'c)			
		Name of support organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	Τ΄	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				1					
Tota					_				
		work Reduc	tion Act No	tice, see the I	structions for	Cat No 11285	5F \$	Schedule A (Form 9	90 or 990-EZ) 2017

61 890 %

58 950 %

▶ ☑

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14

Schedule A (Form 990 or 990-EZ) 2017

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 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 Calendar vear

	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) lotal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	3,504,624	5,243,730	3,132,297	2,960,821	1,919,303	16,760,775
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 to						
_	the organization without charge	2 524 524	5.040.700	0.400.007	2 252 224	4 040 000	46.760.775
4	Total. Add lines 1 through 3	3,504,624	5,243,730	3,132,297	2,960,821	1,919,303	16,760,775
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						6,321,439
	line 1 that exceeds 2% of the						0,321,433
	amount shown on line 11, column (f)						
	amount on the 11, column (1)						
5	Public support. Subtract line 5						10 120 226
	from line 4						10,439,336
9	ection B. Total Support						
	Calendar year	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	(f)Total
	(or fiscal year beginning in) ▶	` '		` ,	` ,	` '	
7	Amounts from line 4	3,504,624	5,243,730	3,132,297	2,960,821	1,919,303	16,760,775
8	Gross income from interest,						
	dividends, payments received on	17,785	27,127	8,624	10,287	11,347	75,170
	securities loans, rents, royalties and		,	5,52	,	/	,
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income Do not include gain						
LU	or loss from the sale of capital		29,915	1,850			31,765
	assets (Explain in Part VI )		25,515	1,000			31,703
11	Total support. Add lines 7 through						46.067.740
	10						16,867,710
12	Gross receipts from related activities,	etc (see instruction	ns)	•	•	12	137,598,559
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thir	d, fourth, or fifth	tax year as a sect	tion 501(c)(3) orga	nization,
	check this box and stop here					▶ 🗆	
	ection C. Computation of Public						

17a 10%-facts-and-circumstances test-2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

h 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

organization

instructions

supported organization

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
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 purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and <b>stop here</b>			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the	·		
	determination			
c	d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

c	rganization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? explain in <b>Part VI</b> what controls the organization put in place to ensure such use		
		3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

			, ,	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" an checked 12a or 12b in Part I, answer (b) and (c) below	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	cnecked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

**10** Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
<b>b</b> From 2013		
c From 2014		
<b>d</b> From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2017 distributable amount		
<ul> <li>Carryover from 2012 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u>      \$                              </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015. . . . .

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Schedule A (F	Form 990 or 990-EZ) 2	017 Page <b>8</b>
	Section A, lines 1, 2, 3 Part IV, Section D, line	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 8b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, es 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
		Facts And Circumstances Test
990 Sched	ule A, Supplemen	tal Information
Retu	urn Reference	Explanation
	A, PART II, LINE 10, ON OF OTHER	CURRENCY EXCHANGE GAIN - 2014 AMOUNT \$ 29,915 2015 AMOUNT \$ 1,850

INCOME

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# Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047
2017

DLN: 93493135133349

Open to Public

Department of the Treasury
Internal Revenue Service

Inform
Name of the organization

(Form 990)

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

s.gov/form990. Inspection
Employer identification number

TECHSOUP GLOBAL	04-2070617
Part I Organizations Maintaining Donor Advised Funds or Other S	94-3070617 imilar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV	/, line 6.
(a) Donor advise	d funds (b)Funds and other accounts
Total number at end of year	
Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the asset organization's property, subject to the organization's exclusive legal control?	s held in donor advised funds are the
Did the organization inform all grantees, donors, and donor advisors in writing tha charitable purposes and not for the benefit of the donor or donor advisor, or for ar private benefit?	
art II Conservation Easements. Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the organization (check all that app	ly)
$\square$ Preservation of land for public use (e g , recreation or education) $\square$ F	Preservation of an historically important land area
☐ Protection of natural habitat ☐ F	Preservation of a certified historic structure
☐ Preservation of open space	
Complete lines 2a through 2d if the organization held a qualified conservation cont	tribution in the form of a concervation
easement on the last day of the tax year	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic structure included in (a)	2c
Number of conservation easements included in (c) acquired after 8/17/06, and not structure listed in the National Register	on a historic 2d
Number of conservation easements modified, transferred, released, extinguished, tax year ▶	or terminated by the organization during the
Number of states where property subject to conservation easement is located >	
Does the organization have a written policy regarding the periodic monitoring, instant and enforcement of the conservation easements it holds?	pection, handling of violations,
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations  •	
Amount of expenses incurred in monitoring, inspecting, handling of violations, and  \$ \( \) \$	enforcing conservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirement section $170(h)(4)(B)(II)^2$	nents of section 170(h)(4)(B)(i)
In Part XIII, describe how the organization reports conservation easements in its r balance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements	
Organizations Maintaining Collections of Art, Historical Treatment Complete if the organization answered "Yes" on Form 990, Part IV	
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report art, historical treasures, or other similar assets held for public exhibition, education provide, in Part XIII, the text of the footnote to its financial statements that descri-	n, or research in furtherance of public service,
If the organization elected, as permitted under SFAS 116 (ASC 958), to report in in historical treasures, or other similar assets held for public exhibition, education, or following amounts relating to these items	
(i) Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$
(ii) Assets included in Form 990, Part X	► \$
If the organization received or held works of art, historical treasures, or other simi following amounts required to be reported under SFAS 116 (ASC 958) relating to t	lar assets for financial gain, provide the
Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$
<b>b</b> Assets included in Form 990, Part X	<u> </u>
or Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat No 52283D <b>Schedule D (Form 990) 20</b>

Pai	t IIII	Organizations Maintaining Col	lections of Art,	Histori	ical T	reası	ures, or	Other	Similar A	ssets (	(continued)
3		the organization's acquisition, accession (check all that apply)	n, and other records	, check	any of	the fo	ollowing t	hat are a	significant	use of it	s collection
а		Public exhibition		d		Loan	or excha	inge prog	rams		
b		Scholarly research		е		Othe	er				
С		Preservation for future generations									
4	Provide Part	de a description of the organization's col KIII	lections and explain	how the	ey furtl	her th	e organız	atıon's ex	empt purp	ose in	
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							ılar	□ Y	es 🗌 No
Pa	rt IV	<b>Escrow and Custodial Arrange</b>					_				
		Complete if the organization answ X, line 21.	vered "Yes" on Fo	rm 990	, Part	IV, I	ine 9, or	reporte	d an amo	unt on	Form 990, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermed	diary for	contri	bution	ns or othe	r assets i	not	□ <b>Y</b>	es 🗆 No
b	If "Y∈	es," explain the arrangement in Part XIII	and complete the f	ollowing	table		ſ		-	Amount	
С	Begin	ining balance					Ī	1c			
d	Addıt	ions during the year					Ī	1d			
е	Dıstrı	butions during the year					[	1e			
f	Endın	ng balance					Ī	1f			
<b>2</b> a	Did th	ne organization include an amount on Fo	rm 990, Part X, line	21, for	escrov	v or cu	ustodial a	ccount lia	ıbılıty?		es 🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the e	vnlanati	ion has	s heen	nrovideo	l in Part )	CIII		
Pa	art V	Endowment Funds. Complete if		•							<u> </u>
			(a)Current year		rior yea			ars back			(e)Four years back
1a	Beginn	ing of year balance	,				, , , ,				,
b	Contrib	outions									
С	Net inv	estment earnings, gains, and losses									
d	Grants	or scholarships									
е		expenditures for facilities ograms									
f	Admını	strative expenses									
g	End of	year balance									
2	Provid	de the estimated percentage of the curre	ent year end balance	e (line 1	g, colu	mn (a	)) held as	5			
а	Board	d designated or quasi-endowment 🕨									
b	Perm	anent endowment 🟲									
С	Temp	orarily restricted endowment <b>&gt;</b>									
_		percentages on lines 2a, 2b, and 2c shou	ld equal 100%								
3а		here endowment funds not in the posses	sion of the organiza	tion that	t are h	eld ar	nd admini	stered fo	r the		Vac Na
	-	nization by nrelated organizations								Га	Yes No
		elated organizations				٠. ٠					a(ii)
b		es" on 3a(II), are the related organization		on Sche	dule R		• •			. ⊨	3b
4	Descr	ribe in Part XIII the intended uses of the	organization's endo	wment f	funds						<u> </u>
Pa	rt VI	Land, Buildings, and Equipme	nt.								
		Complete if the organization ansv									
	Descri	ption of property (a) Cost or oth (investme		t or other	basis (	other)	(c) Accı	umulated d	epreciation		(d) Book value
1a	Land										
b	Buildin	gs									
c	Leaseh	old improvements									
d	Equipn	nent			2,5	03,362			2,213,846		289,516
e	Other										
Tot	al. Add	lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	mn (B)	, line	10(c)).		<b>&gt;</b>		289,516

	See Form 990, Part X, line 12.  (a) Description of security or category						
			(b) Book value	C		od of valuation -year market value	
	al derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
<b>4</b> )							
3)							
<b>(</b> )							
))							
≣)							
:)							
<b>5</b> )							
٦)							
otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 12 )	•					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lı	ne 11c. See	Form 990,	Part X, line 13.	
			ok value		(c) Metho	od of valuation -year market value	
L)					USE OF ENU-OF	real market value	
2)							
3)							
4)							
5)							
5)							
7)							
8)							
9)							
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 )						
otal. (Colum Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX		on Forr	n 990, Pa	rt IV, line 11d	i See Form 9	990, Part X, line 15 (b) Book	value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX  1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3)	Other Assets. Complete if the organization answered 'Yes' of	on For	n 990, Pa	rt IV, line 11d	1 See Form 9		value
2) 3) (1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered 'Yes' (a) Description		n 990, Pa		See Form 9		value
Part IX  2)  3)  4)  5)  7)  otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered 'Yes' (a) Description					(b) Book	value
Part IX  22)  33)  4)  55)  77)  otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description		es' on Fo			(b) Book	value
Part IX (2) (3) (3) (3) (4) (5) (5) (7) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  2)  3)  4)  5)  6)  Part X  Part X  .) Federal (	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  2)  3)  4)  5)  6)  7)  Part X  -  .) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  (2) (3) (4) (5) (5) (7) (7) (8) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  2)  3)  4)  5)  6)  7)  Part X   1) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  2)  3)  4)  5)  6)  7)  6)  9)  otal. (Columnation of the columnation of the col	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (3) (4) (5) (5) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  (2) (3) (4) (5) (7) (6) (7) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  1)  2)  3)  4)  5)  7)  otal. (Colu  Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  1)  2)  3)  4)  5)  otal. (Colu  Part X  1) Federal 1  2)  3)  7)	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value

Schedule D (Form 990) 2017

	Complete if the organi	zation answered 'Yes' on Form 990, Part	IV, li	ne 12a.		
1	Total revenue, gains, and other si	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem			Returi	n.
		zation answered 'Yes' on Form 990, Part	IV, I	ne 12a.		
1	Total expenses and losses per aud				1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25	ı	1		
а	Donated services and use of facili	ties	2a		_	
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, P	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
С	Add lines <b>4a</b> and <b>4b</b>				4c	
5		lc. (This must equal Form 990, Part I, line 18	) .		5	
Par	t XIII Supplemental Info	ormation				
Prov XI,	vide the descriptions required for Pa lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Pari any a	t IV, lines 1b and 2b, Part idditional information	: V, line	4, Part X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					

Page 4

Page <b>5</b>		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

### **Additional Data**

Software ID: Software Version:

**EIN:** 94-3070617

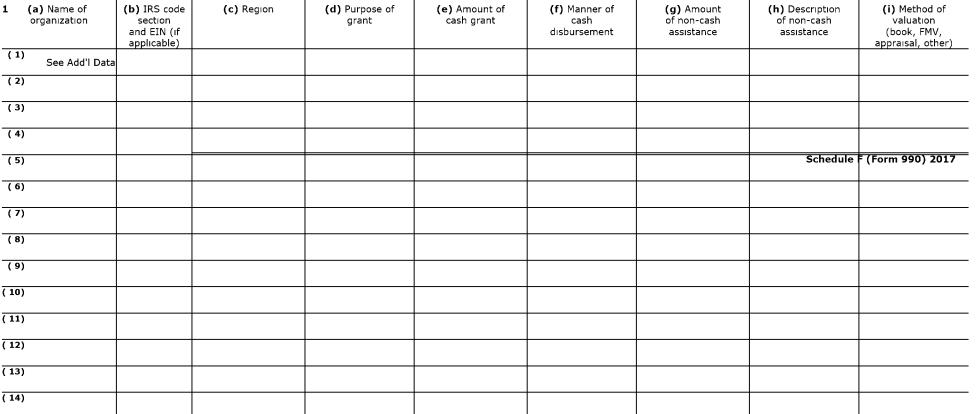
Name: TECHSOUP GLOBAL

**Supplemental Information** 

Return Reference	Explanation
PART X, LINE 2	TSG ASSESSES ITS ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN ITS CONSOLIE
	ED FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNI

.IDAT NITI ON AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE TAX RETURNS. TH ERE WAS NO MATERIAL IMPACT ON TSG'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THE A DOPTION OF THIS POLICY

efile GRAPHIC prin	t - DO NOT F	ROCESS	As Filed Data -	•	DLN	l: 93493135133349
SCHEDULE F (Form 990)	State	ment of	Activities (	Outside the Uni	ted States	OMB No 1545-0047
(1 01111 000)	► Compl	ete if the organi		es" to Form 990, Part IV, I	ıne 14b, 15, or 16.	2017
Department of the Treasury Internal Revenue Service	▶ Informa	tion about Scheo		o Form 990. and its instructions is at <i>wi</i> i	vw.irs.gov/form990.	Open to Public Inspection
Name of the organization	n				Employer ide	ntification number
TECHSOUP GLOBAL					94-3070617	
	Information , Part IV, line		Outside the U	Inited States. Comple	te if the organization	answered "Yes" to
other assistance, to award the gra	the grantees' onts or assistant	eligibility for th	ne grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria used	✓ Yes □ No ther assistance
3 Activites per Region	on (The followin	g Part I, line 3	table can be duplı	cated if additional space is	needed )	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
( 1) See Add'l Data				-		
( 2)						
(3)						
(4)						
( 5)						
3a Sub-total b Total from continua Part I	ation sheets to		4 70			2,759,915 0
c Totals (add lines 3		the Instruction	4 70		No 50082W <b>Sched</b>	2,759,915 ule F (Form 990) 2017



(13)  $\overline{(14)}$ (15)

(16) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . 

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(13) (14) (15) (16) (17) (18) Page **3** 

Schedule F (Form 990) 2017

Part III can be	duplicated if addition	<u>onal space is r</u>	needed.				
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(4) (5) (6) (7) (8) (9) (10)

(11) (12)

Sche	dule F (Form 990) 2017		Page <b>4</b>
Pai	rt 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, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	<b>☑</b> 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)	<b>√</b> Yes	□No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	<b>☑</b> No
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)	□Yes	<b>☑</b> No
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐ Yes	<b>☑</b> No
	Schedul	e F (Form 9	990) 2017

Schedule F (For	n 990) 2017 Page <b>5</b>
Pr ar	pplemental Information  ovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; iounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting ethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide
ar	y additional information (see instructions).
Return Reference	Explanation  Explanation

S

Return Reference	Explanation
PART I, LINE 3	EXPENDITURES ARE ACCOUNTED FOR UNDER THE ACCRUAL BASIS, WHICH IS THE METHOD USED FOR THE ORGANIZATION'S FINANCIAL STATEMENTS

#### **Additional Data**

EUROPE (INCLUDING ICELAND

& GREENLAND)

#### Software ID: Software Version:

**EIN:** 94-3070617

Name: TECHSOUP GLOBAL

2,680,895

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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		
EAST ASIA AND THE PACIFIC	0	3	GRANTMAKING		8,309		

32 GRANTMAKING

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) 0 IGRANTMAKING 4.909 MIDDLE EAST AND NORTH **AFRICA** 2 IGRANTMAKING 647 NORTH AMERICA

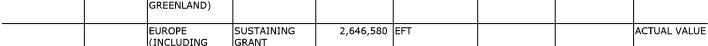
Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) SOUTH ASIA 0 GRANTMAKING 200 SUB-SAHARAN AFRICA 1 IGRANTMAKING 46,911

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) EUROPE (INCLUDING ICELAND 32 INVESTMENT 18.044 & GREENLAND)

(1) Method of (g) Amount of (h) Description l(b) IRS codel (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant non-cash grant disbursement assistance appraisal, applicable) assistance other) **IEUROPE** ISUBGRANT 34,115 EFT ACTUAL VALUE (INCLUDING laward ICELAND &

Form 990 Schedule F Part II - Grants or Entities Outside The United States

ICELAND & IGREENLAND)



(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) LEAST ASIA AND ASSISTANCE 5,407 EFT ACTUAL VALUE THE PACIFIC IGRANT

SUB-SAHARAN PROGRAM 20.155 EFT IACTUAL VALUE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

ISERVICES

IAFRICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l (g) Amount of (h) Description i (b) IRS code (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If organization grant cash grant non-cash disbursement appraisal, assistance applicable) assistance other) ISUB-SAHARAN ISUBGRANT 19,314 EFT IACTUAL VALUE IAFRICA IAWARD

efil	e GRAPHIC pr	rint - DO NOT PROCESS   As Filed Data -	DLN: 9349	313	5133	349
Sch	edule J	Compensation Information	ОМВ	No	1545-0	)047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highe	st			
		Compensated Employees  ► Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 23.	2()	17	7
_		▶ Attach to Form 990.			o Pul	
	tment of the Treasury al Revenue Service	▶ Information about Schedule J (Form 990) and its instructions is <u>www.irs.gov/form990</u> .			ectio	
	ne of the organiza HSOUP GLOBAL	ration E	mployer identificatio	n nu	mber	
TEC	HSOUP GLOBAL	9.	4-3070617			
Pa	rt I Questi	ons Regarding Compensation				
					Yes	No
1a		opiate box(es) if the organization provided any of the following to or for a person listed of Section A, line 1a Complete Part III to provide any relevant information regarding these				
		s or charter travel Housing allowance or residence for pe				
	_	r companions $\square$ Payments for business use of persona				
		nification and gross-up payments  Health or social club dues or initiation  Personal services (e.g., maid, chauffei				
	☐ Discretion	nary spending account $\square$ Personal services (e.g., maid, chauffer	ir, cner)			
b		ixes in line 1a are checked, did the organization follow a written policy regarding paymer all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2		ation require substantiation prior to reimbursing or allowing expenses incurred by all	-2	2		
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in line 1	a'			
3		If any, of the following the filing organization used to establish the compensation of the				
		CEO/Executive Director  Check all that apply  Do not check any boxes for methods ed organization to establish compensation of the CEO/Executive Director, but explain in l	Part III			
	✓ Compens	- Workton annual transfer				
		iation committee  Written employment contract  Compensation survey or study				
		of other organizations  Definition to the compensation of study  Approval by the board or compensation	n committee			
4		r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filin				
	related organiza		g organization of a			
а	Receive a sever	rance payment or change-of-control payment?		4a		No
b	Participate in, o	or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes	
С	•	or receive payment from, an equity-based compensation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part II	I			
	Only 501(c)(3	3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
		contingent on the revenues of				
а	The organization		_	5a		No_
b	Any related orga If "Yes." on line	anization? : 5a or 5b, describe in Part III	-	5b		No_
6	-	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
		contingent on the net earnings of				
а	The organization	n <sup>2</sup>		<b>6</b> a		No
b	Any related orga	anization?		6b		No
	•	e 6a or 6b, describe in Part III				
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed lescribed in lines 5 and 67 If "Yes," describe in Part III		7		No
8	subject to the in	ints reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," desc	:rıbe			
	ın Part III			8		No
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedure described in Re	gulations section	9		
For I	Danerwork Bedi	uction Act Notice, see the Instructions for Form 990. Cat. No. 500	)53T Schedule J (I	Form	990)	2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on 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, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

		compensation		deferred	Bellettes	(0)(1) (0)	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table	•						
	'	1	1	1	1	'	1
	'	'	1		'	'	1
	†	'		1		<u> </u>	
	'	'	1		'	'	1
	+	'		<u> </u>		<u> </u>	
	'	'	1	'	'	'	1
	†	'		1		† ·	
	'	'	1	,	'		
	†	'		1		† ·	
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	'		1	,		1	

		1	Schedule J (Fo	orm 990) 2017

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I. LINE 4B REBECCA MASISAK, CEO/DIRECTOR, PARTICIPATES IN A 457(B) PLAN AND DANIEL BEN HORIN (OFFICER/DIRECTOR) PARTICIPATES IN BOTH A 457(B) AND 457 (F) PLAN DANIEL BEN-HORIN RECEIVED \$71,000 FROM 457(F) PLAN ANY CONTRIBUTIONS TO THESE ACCOUNTS BY THE ORGANIZATION ARE DIRECTED BY THE

Schedule J (Form 990) 2017

BOARD COMPENSATION COMMITTEE

## **Additional Data**

(1)

(1)

(1)

(II)(1)

(III)

(1)

(II)

(i)

(II)

(i)

(II)

1MASISAK REBECCA

1DORAN GERI JIN

2MCDERMOTT JOHN

CEO, CARAVAN & CHIEF COMMUNITY IMPAC

VAN HOUSEN PATRICIA

VP, BUSINESS SYSTEMS

PRINCIPAL, JAVA ENGINEER

9CASTELLANOS FRANCISCO

SR DATABASE PLATFORM ADMINISTRATOR

10DANIEL BEN-HORIN

FOUNDER AND CHIEF **INSTIGATOR** 

**7DELANEY STEPHEN** 

SENIOR DIRECTOR

8MARINO FRANK

VP, FINANCE

**3**WEBB MARNIE

EXECUTIVE VICE **PRESIDENT 5**WALL JACKEY G

VP, ENTERPRISE ARCHITECTURE

**6**WEBB DANIEL

CEO

C00

**Software Version:** 

223,019

148,607

134,729

179,859

148,943

156,123

144,282

143,082

131,632

200,121

135,992

**EIN:** 94-3070617 Name: TECHSOUP GLOBAL

compensation

(F) Compensation in

column (B) reported as deferred on

prior Form 990

233,578

186,153

167,275

208,084

179,908

193,175

183,828

163,924

165,178

218,626

390,487

149,069

10,559

26,546

26,546

22,225

15,965

19,552

26,546

8,842

26,546

14,005

7,011

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees														
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns								
	(i) Base Compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)								

11,000

6,000

6,000

15,000

17,500

13,000

12,000

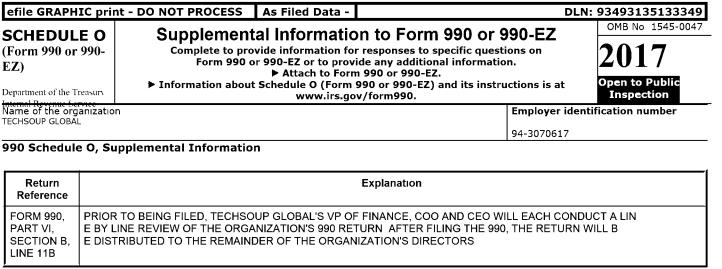
7,000

4,500

247,484

Software ID:

compensation



Return Explanation
Reference

LINE 12C

FORM 990, HE ORGANIZATION REQUIRES BOARD MEMBERS AND OFFICERS TO DISCLOSE ANY CONFLICTS OF INTEREST PART VI, ANNUALLY THE ORGANIZATION SENDS OUT AN UPDATED LIST AT LEAST ANNUALLY AND WHEN NEW CLIENT SECTION B, S ARE ADDED TO THE LIST

Return Explanation
Reference

FORM 990,	CEO COMPENSATION IS DETERMINED BY A BOARD COMPENSATION COMMITTEE UTILIZING COMPARABILITY D
PART VI,	ATA FROM THE CALIFORNIA NONPROFIT COMPENSATION AND BENEFIT STUDY IT WAS ALSO REVIEWED IND
SECTION B,	EPENDENTLY BY THE BOARD OF DIRECTORS WITHOUT PARTICIPATION OF THE INTERESTED PERSONTHE LAS
LINE 15A	T TIME THIS PROCESS WAS LINDERTAKEN WAS IN 2014

Return Explanation

LINE 19

FORM 990, PART VI, SECTION C,

Return Reference

FORM 990. PERSONNEL & RECRUITING PROGRAM SERVICE EXPENSES 1.761 MANAGEMENT AND GENERAL EXPENSES 10

PART IX, LINE 11G

8,785 FUNDRAISING EXPENSES 574 TOTAL EXPENSES 111,120 IT SERVICES PROGRAM SERVICE EXPE NSES 2,270,617 MANAGEMENT AND GENERAL EXPENSES 431,805 FUNDRAISING EXPENSES 141,710 TOT AL EXPENSES 2,844,132 OTHER PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 1,935,809 MA NAGEMENT AND GENERAL EXPENSES 140,042 FUNDRAISING EXPENSES 53,591 TOTAL EXPENSES 2,129,4

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135133349 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service 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 (a)
Name, address, and EIN (if applicable) of disregarded entity (c) (f) (b) (e) Direct controlling Primary activity Legal domicile (state Total income End-of-year assets

				or foreign coun	itry)			•	entity	
Part II Identification of Related Tax-Exempt Organiza	<b>itions</b> Comple	te if the organiza	tion a	nswered "Yes	s" on F	orm 990, P	art IV, line 34 be	cause it had one o	or more	
related tax-exempt organizations during the tax ye.  (a)  Name, address, and EIN of related organization		(b) ary activity	Legal or fo	(c) domicile (state reign country)	Exempt	(d) Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(b con	(g) tion 512 ()(13) atrolled
(1)GUIDESTAR INTERNATIONAL 64 CLARENCE AVENUE GANTS HILL IG26JE UK	PROMOTES TRAN SOCIETY ORGAN REPORTING	ISPARENCY & CIVIL IZATION (CSO)		UK				TECHSOUP GLOBAL	Yes Yes	
C2)FUNDACJA TECHSOUP BRACKA 25 WARSAW 00-0028 PL	COMMUNITY DRI INNOVATION/TE- DONATION	VEN CHNOLOGY PRODUCT		PL				TECHSOUP GLOBAL	Yes	
										+
										+

Cat No 50135Y

Schedule R (Form 990) 2017

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

	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominincome(relation unrelate excluded for tax under sections 5	ated, total incoments of the second s	(g) Share of end-of-year assets	Disprop alloca	ations?	(1) Code V- amount 1 20 o Schedule (Form 1	-UBI G in box n of e e K-1 .065)	(j) General managii partner	or Perong own	(k) cent ners
								Yes	No			res N	lo	
V Identification of Related O	rganizations Taxable as a Co	rporation	or Trus	<b>t</b> Completo	e ıf the org	anızatıon a	nswered "Yes	s" on F	orm 9	90, Parl	t IV, lı	ne 34	1	
Identification of Related O because it had one or more re  (a) Name, address, and EIN of related organization	rganizations Taxable as a Co elated organizations treated as a (b) Primary activity	a corporation	or Trus on or trus (c) Legal domicile e or foreign country)	st during t	e if the org he tax year (d) ect controlling entity	anization a r.  (e) Type of entity (C corp, S corp or trust)	(f) Share of tota	l Share	(g) e of end- year assets	-of- I	t IV, lı (h) Percenta	age	Section (13) co	n on
(a) Name, address, and EIN of related organization	elated organizations treated as a	a corporation	(c) Legal domicile e or foreign	st during t	(d) ect controlling entity  HSOUP	(e) Type of entity (C corp, S corp	(f) Share of tota	l Share	(g) e of end- year	-of- I	(h) Percenta	age nip	Section (13) co	n ! on itit
because it had one or more re  (a)  Name, address, and EIN of related organization  NTERPRISES  (A 25 5TH FLOOR	PROVIDES CLOUD BASED	a corporation	on or trust (c) Legal domicile e or foreign country)	st during t	(d) ect controlling entity  HSOUP	(e) Type of entity (C corp, S corp	(f) Share of tota , income	l Share	(g) e of end- year assets	-of- I	(h) Percenta ownersh	age nip	Section (13) con en Yes	n ! on itit
because it had one or more re  (a)  Name, address, and EIN of related organization  NTERPRISES  (A 25 5TH FLOOR	PROVIDES CLOUD BASED PRODUCTS SUBSCRIPTIONS FOR CHARITABLE	a corporation	on or trust (c) Legal domicile e or foreign country)	st during t	(d) ect controlling entity  HSOUP	(e) Type of entity (C corp, S corp	(f) Share of tota , income	l Share	(g) e of end- year assets	-of- I	(h) Percenta ownersh	age nip	Section (13) con en Yes	n ! on itit
because it had one or more re  (a)  Name, address, and EIN of related organization  NTERPRISES  (A 25 5TH FLOOR	PROVIDES CLOUD BASED PRODUCTS SUBSCRIPTIONS FOR CHARITABLE	a corporation	on or trust (c) Legal domicile e or foreign country)	st during t	(d) ect controlling entity  HSOUP	(e) Type of entity (C corp, S corp	(f) Share of tota , income	l Share	(g) e of end- year assets	-of- I	(h) Percenta ownersh	age nip	Section (13) con en Yes	on
because it had one or more re  (a)  Name, address, and EIN of related organization  NTERPRISES  (A 25 5TH FLOOR	PROVIDES CLOUD BASED PRODUCTS SUBSCRIPTIONS FOR CHARITABLE	a corporation	on or trust (c) Legal domicile e or foreign country)	st during t	(d) ect controlling entity  HSOUP	(e) Type of entity (C corp, S corp	(f) Share of tota , income	l Share	(g) e of end- year assets	-of- I	(h) Percenta ownersh	age nip	Section (13) con en Yes	n ! on itit
because it had one or more re  (a)  Name, address, and EIN of related organization  NTERPRISES  (A 25 5TH FLOOR	PROVIDES CLOUD BASED PRODUCTS SUBSCRIPTIONS FOR CHARITABLE	a corporation	on or trust (c) Legal domicile e or foreign country)	st during t	(d) ect controlling entity  HSOUP	(e) Type of entity (C corp, S corp	(f) Share of tota , income	l Share	(g) e of end- year assets	-of- I	(h) Percenta ownersh	age nip	Section (13) con en Yes	n on itit
because it had one or more re  (a)  Name, address, and EIN of	PROVIDES CLOUD BASED PRODUCTS SUBSCRIPTIONS FOR CHARITABLE	a corporation	on or trust (c) Legal domicile e or foreign country)	st during t	(d) ect controlling entity  HSOUP	(e) Type of entity (C corp, S corp	(f) Share of tota , income	l Share	(g) e of end- year assets	-of- I	(h) Percenta ownersh	age nip	Section (13) con en Yes	n 5 on itit

chedule R (Form 990) 2017		Pa	age <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		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 II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	$\vdash$	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	4	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10	Yes	
		-	

h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	<b>1</b> i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	10	Yes	
p	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
	Other transfer of cash or property to related organization(s)	1 =		No

No 1s 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 relationships and transaction thresholds (a)
Name of related organization **(b)** Transaction (c) (d)
Method of determining amount involved Amount involved

type (a-s) (1)GUIDESTAR INTERNATIONAL В 1,126,000 BOOK VALUE (2)FUNDACJA TECHSOUP 1,502,536 BOOK VALUE

Schedule R (Form 990) 2017

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) Are all partners section 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017