DLN: 93493197062180 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization TECHSOUP GLOBAL D Employer identification number B Check if applicable ☐ Address change 94-3070617 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 435 BRANNAN STREET NO 100 ☐ Amended return (415) 633-9300 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA $\,$ 94107 $\,$ G Gross receipts \$ 29,092,527 Name and address of principal officer H(a) Is this a group return for REBECCA MASISAK □Yes ☑No subordinates? 435 BRANNAN STREET NO 100 H(b) Are all subordinates SAN FRANCISCO, CA 94107 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW TECHSOUPGLOBAL ORG L Year of formation 1987 M State of legal domicile CA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TECHSOUP GLOBAL IS A RECOGNIZED LEADER IN BRINGING TECHNOLOGICAL EMPOWERMENT AND PHILANTHROPY TO SOCIAL BENEFIT ORGANIZATIONS - INCLUDING NON-PROFITS, NONGOVERNMENTAL ORGANIZATIONS, LIBRARIES AND OTHER SOCIAL CHANGE AGENTS Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 13 Number of independent voting members of the governing body (Part VI, line 1b) 5 226 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 17 Total number of volunteers (estimate if necessary) . . . 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,919,303 3,821,984 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 31,294,289 25,297,531 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 11,347 16,514 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -43,502 -19,067 33,205,872 29,092,527 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,752,109 2,027,193 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19,476,587 18,640,924 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 14,900 b Total fundraising expenses (Part IX, column (D), line 25) ▶2,141,114 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 10,747,886 11,853,334 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 32,991,482 32,521,451 19 Revenue less expenses Subtract line 18 from line 12 . 214,390 -3,428,924 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 9,894,609 8,783,152 5,733,402 21 Total liabilities (Part X, line 26) . 3,415,935 22 Net assets or fund balances Subtract line 21 from line 20 . 3,049,750 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-07-14 Signature of officer Sign Here JOHN E MCDERMOTT VP OF FINANCE Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-07-14 P00545829 Paid self-employed Firm's name MOSS ADAMS LLP Firm's EIN ▶ 91-0189318 Preparer Use Only Firm's address ► 10960 WILSHIRE BLVD SUITE 1100 Phone no (310) 477-0450 LOS ANGELES, CA 90024 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page 2
Pa	Statement	of Program Service	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	organization's mission				
					IANGE MAKERS AROUND THE WO	
ACC	ESS TO THE RESOURCE	ES THEY NEED TO DES	IGN AND IMPLE	MENT TECHNOLOGY SO	DLUTIONS FOR A MORE EQUITABL	LE PLANET
2	Did the organization	undertake any significa	ant program ser	vices during the year w	which were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sci	hedule O			
3	Did the organization	cease conducting, or n	nake significant	changes in how it cond	lucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) and		ons are required	to report the amount	e largest program services, as mea of grants and allocations to others	
4a	(Code) (Expenses \$	12,189,364	including grants of \$	645,228) (Revenue \$	19,458,257)
	See Additional Data					
4b	(Code) (Expenses \$	8,965,427	ıncludıng grants of \$	839,714) (Revenue \$	4,771,273)
	See Additional Data					_
4c	(Code) (Expenses \$	4,413,157	ıncludıng grants of \$	542,251) (Revenue \$	1,068,001)
	See Additional Data					
4d	Other program service	ces (Describe in Sched	ule O)			
	(Expenses \$	Inc	luding grants of	\$) (Revenue \$)
4e	Total program serv	/ice expenses ▶	25,567,9	48		

	tiV Checklist of Required Schedules			Page 3
Га	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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 services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 3	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15		15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		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?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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 1º If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

No

20b

21

	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)		V	NI -
3	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? If "Yes," complete Schedule J	23	Yes Yes	No
4a	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 complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
5	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? If "Yes," complete Schedule L, Part II	26		No
,	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 of any of these persons? If "Yes," complete Schedule L, Part III	27		No
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
•	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
ļ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
,	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	✓ No
La	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 75		163	110

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

0

1c

Yes

Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Nο

If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c Nο d If "Yes," indicate the number of Forms 8282 filed during the year 7d |

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

10a

10b

13c

8

9a

9h

14a

14b

15

No

No

Form **990** (2018)

a Gross income from members or shareholders . 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12b

Section 501(c)(29) qualified nonprofit health insurance issuers. Note. See the instructions for additional information the organization must report on Schedule O 13a

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans

Form	990 (20	118)							Page 6
Pa		Governance, Management, and Disclosure For each "Yes" response to lines 2 Ba, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	ule O	See ınst	ructions		,	onse to	lınes 🗸
Se	ction A	A. Governing Body and Management							
								Yes	No
1a	Enter t	he number of voting members of the governing body at the end of the tax year	1a			15			
	body, c	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	he number of voting members included in line 1a, above, who are independent	1b			13			
2		officer, director, trustee, or key employee have a family relationship or a busine director, trustee, or key employee?	ss rela	tionship	with any	other	2		No
3		e organization delegate control over management duties customarily performed by ers, directors or trustees, or key employees to a management company or other p			dırect sup	pervision	3		No
4	Did the	organization make any significant changes to its governing documents since the	prior F	orm 990	was file	d۶.	4		No
5	Did the	eorganization become aware during the year of a significant diversion of the organ	nizatio	n's asset	s? .		5		No
6	Did the	organization have members or stockholders?					6		No
7a	Did the	organization have members, stockholders, or other persons who had the power ters of the governing body?	o elec	t or appo	int one o	or more	7a		No
b		y governance decisions of the organization reserved to (or subject to approval by) s other than the governing body?		bers, sto	ckholder • •	s, or •	7 b		No
8	Did the	organization contemporaneously document the meetings held or written actions owing	undert	aken du	ring the y	ear by			
а	The go	verning body?					8a	Yes	
b	Each co	ommittee with authority to act on behalf of the governing body?					8b	Yes	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who o cation's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>					9		No
Se	ction E	3. Policies (This Section B requests information about policies not requ	ired b	y the I	nternal i	Revenu	e Code	e.)	
								Yes	No
10a	Did the	organization have local chapters, branches, or affiliates?					10a		No
b		," did the organization have written policies and procedures governing the activitie anches to ensure their operations are consistent with the organization's exempt pi			ters, affi	liates,	10b		
11a	Has the form?	e organization provided a complete copy of this Form 990 to all members of its go	vernin	g body b	efore fili	ng the •	11a	Yes	
b	Describ	e in Schedule O the process, if any, used by the organization to review this Form	990			ı			
12a	Did the	organization have a written conflict of interest policy? If "No," go to line 13 .					12a	Yes	
b		fficers, directors, or trustees, and key employees required to disclose annually inter-		that cou	ıld gıve r	se to	12b	Yes	
С		organization regularly and consistently monitor and enforce compliance with the ile O how this was done	policy •	? If "Yes	" describ	e in	12c	Yes	
13	Did the	e organization have a written whistleblower policy?					13	Yes	
14	Did the	organization have a written document retention and destruction policy?					14	Yes	
15	Did the persons	process for determining compensation of the following persons include a review as, comparability data, and contemporaneous substantiation of the deliberation and	and ap	proval b	y indepe	ndent			
а	The org	ganization's CEO, Executive Director, or top management official					15a	Yes	
ь.	Other	officers or key employees of the organization					15h		No

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

Own website Another's website Upon request Other (explain in Schedule O)

▶JOHN MCDERMOTT 435 BRANNAN STREET STE 100 SAN FRANCISCO, CA 94107 (415) 633-9325

16a

16b

Yes

Yes

Form 990 (2018)

Other officers or key employees of the organization . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

Section C. Disclosure

19

20

status with respect to such arrangements?

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Page **8** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

, «,										est compensated Employees (es					T		
	(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t che inles ficer	ss pers	son	Rep comp fro organiz	(D) cortable censation om the zation (\)	N-	(E) Reportable compensation from related organizations (cion amount o ded compens s (W- from		ated f other sation the		
		for related organizations below dotted line)	Individual trustee or director	Institutio	Officer	key employee	Highest or employee	Former	2/109	99-MISC	:)	2/1099-MISC)	organızatı relatı organıza	ed		
			trustee r	Institutional Trustee),ee	Highest compensated employee										
See A	additional Data Table												+				
-													_				
1b S	ub-Total	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>										
	otal from continuation sheets to Pa otal (add lines 1b and 1c)	•					▶		2	.102,359			0		368,832		
2	Total (add lines 1b and 1c)					-1											
3	Did the organization list any former of	officer, director	or trust	ee. ke	ev e	mple	ovee.	or hi	ahest co	mpensa	ted :	emplovee on		Yes	No		
	line 1a? If "Yes," complete Schedule J	for such individ	dual .									3		No			
4	For any individual listed on line 1a, is organization and related organization individual											the	4	Yes			
5			mpensation from any unrelated organiz plete Schedule J for such person								ındı\ •	vidual for	5		No		
	ction B. Independent Contract		·								·	±100 000 -£			_		
1	Complete this table for your five higher from the organization Report comper	sation for the c											mpen				
FUTUE	Name a	(A) and business addre	ess							+		iption of services RE DEVELOPMENT		(C Compen			
ULBO	KOWSKA 37A CE 44-100									SERVICE							
PREMI	ER STAFFING									TEMPOR SERVICE		STAFFING, VARIO	JS		573,985		
SAN F	X 7522 RANCISCO, CA 94120 E SYSTEMS									SOFTWA	RF F	DEVELOPMENT			377,760		
1200 HARGER ROAD SUITE 722 OAK BROOK, IL 60523										SERVICE		ZVZZOTNEW			377,700		
ASPIRE SYSTEMS - SINGAPORE 51 CHANGI BUSINESS PARK CENTRAL 2 SINGAPORE 486066										SOFTWA SERVICE		DEVELOPMENT			251,475		
SN JAYST	ACK TECHNOLOGIES ZRT									SOFTWA SERVICE		PEVELOPMENT			185,060		
	REGELY STREET PEST H-1037										-						
по										ı				l			

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

compensation from the organization ► 5

	Statement of Boyonya								rage 3
Part	VIII Statement of Revenue Check if Schedule O contains a	rocno	nse or note to any	, lina in thic	Dort VIII				П
	Check if Schedule & Contains to	тезро	inse of flore to unit	(A) Total rev		(B) Related exem functi	d or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaigns	1a				reven	ue		512 - 514
nts	b Membership dues	1b	331,434						
Gra noi	c Fundraising events	1c							
_` \ <u>\</u>	d Related organizations	1d							
<u> </u>	e Government grants (contributions)	1e	837,757						
ns, Sir	f All other contributions, gifts, grants,								
Contributions, Gifts, Grants and Other Similar Amounts	and similar amounts not included above g Noncash contributions included	1f	2,652,793						
	in lines 1a - 1f \$								
<u> </u>	II Totali. Add lilles 1a-11		Business		821,984				
T. F	2a PROGRAM SERVICE FEES		Business		25,2	97,531	25,297,5	31	
Service Revenue				541519				+	
ر 1	b ————	_						+	
er K	d —	_							
S	e ————	_							
Program	f All other program service revenue								
Ĕ	gTotal. Add lines 2a-2f		▶ 25,	297,531					
	3 Investment income (including divide				16,514	1			16,514
	similar amounts)		and proceeds	-	10,51	1			10,51
	5 Royalties			•					
	(ı) Real		(II) Personal						
	6a Gross rents								
	b Less rental expenses			1					
	Doubel manages and			4					
	c Rental income or (loss)								
	d Net rental income or (loss)								
	(1) Securit 7a Gross amount from sales of assets other than inventory	ies	(II) Other						
	b Less cost or other basis and sales expenses								
	C Gain or (loss) d Net gain or (loss)			-					
nue	8a Gross income from fundraising everage (not including \$ contributions reported on line 1c)	ents of	<u> </u>						
Other Revenue	See Part IV, line 18	ь	ents						
the	9a Gross income from gaming activition	- ,	ents >			1	+		
0	See Part IV, line 19	a							
	b Less direct expenses	ь		\dashv					
	c Net income or (loss) from gaming	L	es 🍗						
	10a Gross sales of inventory, less returns and allowances	a	r						
	b Less cost of goods sold	ь		\dashv					
	c Net income or (loss) from sales of	ınvent	ory >	_					
	Miscellaneous Revenue		Business Code						
	11aCURRENCY EXCHANGE LOSS		54151	9	-43,502	2			-43,502
	ь								
	с								
	d All other revenue			+			-		
	e Total. Add lines 11a-11d		•		40 ===				
	12 Total revenue. See Instructions				-43,502				
					29,092,527	7 2	25,297,531		0 -26,988 Form 990 (2018)

b 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 \blacktriangleright \square if following SOP 98-2 (ASC 958-720)

Form 990 (2018)					Page 10
Part IX Statement of Functiona					
Section $501(c)(3)$ and $501(c)(4)$ organization Check if Schedule O contains a	·	_	·		🔽
Do not include amounts reported on lir 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domest domestic governments See Part IV, lin		1,000	1,000	general expenses	
2 Grants and other assistance to domest Part IV, line 22	ıc ındıvıduals See				
3 Grants and other assistance to foreign governments, and foreign individuals and 16		2,026,193	2,026,193		
4 Benefits paid to or for members					
5 Compensation of current officers, direct key employees	tors, trustees, and	1,435,437	997,876	419,131	18,430
6 Compensation not included above, to defined under section 4958(f)(1)) and section 4958(c)(3)(B)		109,103	109,103		
7 Other salaries and wages		14,114,252	10,972,649	1,936,774	1,204,829
8 Pension plan accruals and contributions (k) and 403(b) employer contributions					
9 Other employee benefits		1,971,904	1,562,687	257,707	151,510
10 Payroll taxes		1,010,228	778,271	145,407	86,550
11 Fees for services (non-employees)					
a Management	<u> </u>				
b Legal		72,574	42,326	4,709	25,539
c Accounting	·	159,900		159,900	
d Lobbying		•		·	
e Professional fundraising services See I	<u> </u>				
f Investment management fees	· -				
g Other (If line 11g amount exceeds 109	-	5,349,899	4,248,569	873,624	227,706
(A) amount, list line 11g expenses on 9		3,349,099	4,240,303	075,024	227,700
12 Advertising and promotion		476,921	364,523	65,336	47,062
13 Office expenses		1,245,339	1,124,164	85,047	36,128
14 Information technology		1,940,220	1,514,088	277,419	148,713
15 Royalties					
16 Occupancy		1,211,442	934,966	179,922	96,554
17 Travel		716,985	549,542	121,032	46,411
18 Payments of travel or entertainment exfederal, state, or local public officials					
19 Conferences, conventions, and meeting	gs				
20 Interest		28,089		28,089	
21 Payments to affiliates					
22 Depreciation, depletion, and amortizati	on	163,894	126,490	24,341	13,063
23 Insurance		108,126		108,126	
24 Other expenses Itemize expenses not miscellaneous expenses in line 24e If exceeds 10% of line 25, column (A) ar expenses on Schedule O)	line 24e amount			·	
a DUES FEES & SUBSCRIPTIO	<u> </u>	379.945	215.501	125.825	38.619

25,567,948

32,521,451

2,141,114

Form **990** (2018)

4,812,389

Form 990 (2018)

24

26

27 28

29

30

31

32

33 34

Net Assets or Fund Balances

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24)

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

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here > \square and

Pa	ап Х	Check if Schedule O contains a response or no	te to any	line in this Part IX			П
		eneck in Senedule o contains a response of no	ic to any	IIII III III III III III III III III I	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,721,919	1	1,431,702
	2	Savings and temporary cash investments .		[5,285,576	2	4,348,251
	3	Pledges and grants receivable, net		,	521,550	3	479,339
	4	Accounts receivable, net		[1,402,195	4	1,527,294
	5	Loans and other receivables from current and fi trustees, key employees, and highest compens. Part II of Schedule L	ated empl	loyees Complete		5	
S	6	Loans and other receivables from other disqual section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958(c) ations of s (see instr)(3)(B), and section 501(c)(9) ructions) Complete		6	
ssets	7	Notes and loans receivable, net		-		7	
AS	8	Inventories for sale or use		<u>-</u>		8	
	9	Prepaid expenses and deferred charges			596,942	9	678,530
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,119,203			
	ь	Less accumulated depreciation	10b	1,960,670	289,516	10c	158,533
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line			12		
	13	Investments—program-related See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets See Part IV line 11		<u> </u>	76 911	15	159 503

S	"	Inventories for sale of use		•		٠		
A	9	Prepaid expenses and deferred charges			596,942	9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D						
	ь	Less accumulated depreciation	1,960,670	289,516	10 c			
	11	Investments—publicly traded securities .				11		
	12	Investments—other securities See Part IV, line	11 .			12		
	13	Investments—program-related See Part IV, line	11 .			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			76,911	15		
	16	Total assets.Add lines 1 through 15 (must equa	al line	34)	9,894,609	16		
	17	Accounts payable and accrued expenses			3,030,748	17		
	18	Grants payable		18				
	19	Deferred revenue	385,187	19				
	20	Tax-exempt bond liabilities	ax-exempt bond liabilities					
	1							

	ı – ·				
	15	Other assets See Part IV, line 11	76,911	15	159,503
	16	Total assets.Add lines 1 through 15 (must equal line 34)	9,894,609	16	8,783,152
	17	Accounts payable and accrued expenses	3,030,748	17	3,485,762
	18	Grants payable		18	
	19	Deferred revenue	385,187	19	404,940
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
a E		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	1,842,700

24

25

26

27

28

29

30

31

32

33

34

5.733.402

536.500

2,513,250

3,049,750

8,783,152

Form **990** (2018)

3.415.935

4,631,196

1,847,478

6,478,674

9,894,609

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,092,527
2	Total expenses (must equal Part IX, column (A), line 25)	2			,521,451
3	Revenue less expenses Subtract line 2 from line 1	3			,428,924
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,	,478,674
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
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		3,	,049,750
Pa	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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2ь	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
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?		2c	Yes	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a	Yes	ļ

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

__

3b

Yes Form **990** (2018)

Additional Data

Software ID:

Software Version:

EIN: 94-3070617

Name: TECHSOUP GLOBAL

Form 990 (2018)

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 155.000 ORGANIZATIONS WITH PRODUCT AND SERVICE DONATIONS IN FISCAL YEAR 2019 AND 159.000 IN FISCAL YEAR 2018 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 \$12 3 BILLION OF IN-KIND PRODUCT PHILANTHROPY AND AN INCREASINGLY DIVERSE SET OF PHILANTHROPIC SERVICES AND GIVING PROGRAMS

GLOBAL VALIDATION AND DATA SERVICESAS A RESULT OF DECADES OF OUTREACH AND PROGRAMMATIC ACTIVITY THROUGH THE TECHSOUP GLOBAL NETWORK, TECHSOUP HAS A RICH REPOSITORY OF DATA RECORDS ON APPROXIMATELY 1.13 MILLION NGOS AROUND THE GLOBE. THIS DATA ALLOWS TECHSOUP TO EFFICIENTLY AND EFFECTIVELY 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

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

INTERGOVERNMENTAL ORGANIZATIONS, AND NONPROFITS THAT PROVIDE PLATFORMS FOR CORPORATE PHILANTHROPY

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 AS OF JUNE 2019, GRANTMAKERS HAVE REQUESTED MORE

THAN 7,000 EDS FOR NGOS IN 138 COUNTRIES, AND AN ESTIMATED TOTAL OF OVER \$3 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.

Form 990, Part III, Line 4c:

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 BUILD 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 COMMUNITIES ACHIEVE THEIR OBJECTIVES TECHSOUP IS OFTEN SOUGHT OUT TO CLOSE THE GAP BETWEEN BIG-PICTURE VISION AND THE ABILITY TO EXECUTE BY

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,

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

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

	any hours				ctor/trustee)			organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ALVARADO JOAQUIN	1 00	Х						0	0	0	
BOARD MEMBER		·						9	,		
ARMSTRONG CHARLES	1 00	×						0	0	0	
BOARD MEMBER		^							0	Ĭ	
BASON CLEM	1 00	×		x				0	0	0	
CHAIRPERSON		``		Ĺ					•		
FRANK ROBERT	1 00										

ol

0

0

0

0

		Х	l	l	l		0	
BOARD MEMBER							Ů	
BASON CLEM	1 00	×		×			0	
CHAIRPERSON		`					,	
FRANK ROBERT	1 00	×					0	
BOARD MEMBER							,	

1 00

1 00

1 00

1 00

1 00

1 00

......

...............

Х

Х

Х

Х

Х

Х

Χ

and Independent Contractors

GRIMMINCK TONY

BOARD VICE CHAIR

.......

BOARD MEMBER - AUDIT CHAIR

KHOZEIN TODD

BOARD MEMBER

BOARD MEMBER

PIETRANTONI JULIE

SAUNDERS MICHAEL

BOARD TREASURER

LEE ANTHONY

BOARD MEMBER

JAUCH RETO

......

and Independent Contractors (A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

any hours

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

and a director/trustee)

organization

222,972

156,532

142,367

178,918

159,847

165,128

organizations

from the

17,680

34,477

34,210

37,897

34,290

32,020

0

	6,				,		,	(11) 2 (4 000	(14) 2/4000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
WATSON CAMILLE BOARD MEMBER & MARKETING CONSULTANT	1 00	×						78,375	0	1
BEN-HORIN DANIEL BOARD MEMBER & STRATEGY CONSULTANT	5 00	×						71,555	0	1
WARREN SHEILA BOARD MEMBER	1 00	×						0	0	1
GITENSTEIN MARK BOARD MEMBER	1 00	Х						0	0	

MASISAK REBECCA

CEO, CARAVAN & CHIEF COMMUNITY IMPACT OFFICER

......

CEO

COO

DORAN GERI JIN

MCDERMOTT JOHN

VP, FINANCE

WEBB MARNIE

WEBB DANIEL

WALL JACKEY G

VP, BUSINESS SYSTEMS

VP, ENTERPRISE ARCHITECTURE

40 00

40 00

40 00

40 00

40 00

40 00

......

Х

Χ

Χ

Х

Х

Х

Х

......

...............

and Independent Contractors (A) (B) (C) (D) (E) Name and Title Position (do not check more Reportable Reportable Average than one box, unless hours per compensation compensation amount of other

week (list

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

person is both an officer

from the

147,751

from related

(F)

Estimated

compensation

43,665

26,697

23,012

	any hours and a director/trustee) organization				organizations	from the				
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
VAN HOUSEN PATRICIA LYNN EXECUTIVE VICE PRESIDENT	40 00				×			163,492	0	27,764
CASTELLANOS FRANCISCO DATABASE ARCHITECT	40 00					x		188,744	0	13,211
DELANEY STEPHEN SENIOR DIRECTOR	40 00					х		149,633	0	43,909
MARINO FRANK	40 00					V		131 112	0	43 665

131,112

PRINCIPAL, JAVA ENGINEER

SENIOR DIRECTOR & CHIEF BUSINESS DEV OFFICER

40 00 **BALES JOLIE**

Х 145.933

VP, STRATEGIC PARTNERSHIPS & LEGAL AFFAIRS

40 00 SAMUELSON-CARPENTIER MARIE GAYLE

efil	e GR/	APHIC pri	nt - DO NO	PROCESS	As Filed Data -			DLN: 9	3493197062180
	m 99	OULE A	Com		Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e mpt charitable	organization or trust.	I	2018
•		f the Treasury		► Go to	www.irs.gov/Form	990 for the late	st information		Open to Public Inspection
am	e of th	he organiza LOBAL	tion					Employer identific	cation number
						<u>.</u>		94-3070617	
	rt I rganiz				us (All organization e it is (For lines 1 thro			See instructions.	
1	. gaz		•		ssociation of churches	-		(A)(i).	
2				,	1)(A)(ii). (Attach Sch			(/(-/-	
3					vice organization desc	,	,,	iii).	
4		·		·	ed in conjunction with			•	inter the hospital's
_		name, city,		·	h -6 II				
5	Ш	-	ation operated (iv). (Complet		t of a college or unive	rsity owned or of	perated by a gov	ernmental unit descri	bed in section 1/0
6		A federal, s	state, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).	
7	✓		ation that norr '0(b)(1)(A)('		a substantial part of it Part II)	s support from a	governmental u	ınıt or from the gener	al public described in
8		A commun	ty trust descri	bed ın sectio ı	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				lege or university or a
D		from activition	ties related to : income and u	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more publi	cly supported	organizātions (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A sorganization	supporting org	anızatıon oper r to regularly a	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme		orting organiz	ervised or controlled i ation vested in the sar and C.				
С					supporting organizatio				ated with, its
d		Type III n	on-functiona / integrated T	a lly integrate he organizatio	ions) You must com d. A supporting organ n generally must satis rt IV, Sections A and	zation operated fy a distribution	ın connection wi requirement and	th its supported orgai	
e		Check this	box if the orga	nızatıon recei	ved a written determing integrated supporting	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of rype III no of supported		megrated supporting	organization			
g	Provi	de the follow	ıng ınformatio	n about the su	upported organization(s)			
	(i) N	(ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization listed in your governing document?			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No		
ota									
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 201

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year **(b)** 2015 (a) 2014(c) 2016 (d) 2017 (e) 2018 (f) Total

	(or fiscal year beginning in) 🟲 🔠	` '	` '	` ,	` ,	` ,	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	5,243,730	3,132,297	2,960,821	1,919,303	3,821,984	17,078,135
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						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	5,243,730	3,132,297	2,960,821	1,919,303	3,821,984	17,078,135
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,594,515
6	Public support. Subtract line 5 from line 4						12,483,620
S	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	5,243,730	3,132,297	2,960,821	1,919,303	3,821,984	17,078,135
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,127	8,624	10,287	11,347	16,514	73,899
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	or loss from the sale of capital assets (Explain in Part VI)	29,915	1,850				31,765
11	Total support. Add lines 7 through 10						17,183,799
	Gross receipts from related activities	etc (see instruction	one)			4.3	136 730 354

9	ncome from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	29,915	1,850		
11	Total support. Add lines 7 through				1

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organiz

organization

instructions

supported organization

12 136.739.254

ation,	

▶ ☑

▶□

S	Section C. Computation of Public Support Percentage
14	Public support percentage for 2018 (line 6, column (f) divided by li
15	Public support percentage for 2017 Schedule A, Part II, line 14

ine 11, column (f)) 14

72 650 % 61 890 % 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

15

33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

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

17a 10%-facts-and-circumstances test-2018. 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—2017. 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

Schedule A (Form 990 or 990-EZ) 2018

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

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.)	
30	Calendar year		43.50/5		412.004		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	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			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	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						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 8 (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	017 Schedule A, ¹	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			·		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 202 011 11116 14, 1	a, or industrial	Callo DOX allu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

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 No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с 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 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

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 Part VI 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 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 Part VI, 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 5a

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

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

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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 Part VI. 6

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)

7 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 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as 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.

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

organization had an interest? 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

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			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		
C	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	11 c		
S	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 Part VI 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
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?		103	-140
		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 Part VI 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 Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	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 Part VI identify those supported organizations and explain 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 Part VI 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? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

chedule A	(Form 990 or 990-EZ) 2	018 Page 8						
Part VI	Section A, lines 1, 2, 3 Part IV, Section D, line	ental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part II lines 1, 2, 3b, 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 ection D, lines 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, lines 5, 6, 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						
OO Schoo	dule A, Supplemen	tal Information						
Re	turn Reference	Explanation						
	A, PART II, LINE 10,	CURRENCY EXCHANGE GAIN - 2014 AMOUNT \$ 29,915 2015 AMOUNT \$ 1,850						

EXPLANATION OF OTHER INCOME

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

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

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.
 ► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

DLN: 93493197062180OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

TECI	HSOUP GLOBAL				04-	3070617	
Pa	rt I Organizations Maintaining Donor Advis	sed Funds or O	ther	Similar Funds	- 1		
	Complete if the organization answered "Ye						
		(a) Dono	r advı	sed funds		(b)Funds and other accounts	
•	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
ļ	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex-	rs in writing that th clusive legal contro	ne ass	ets held in donor a	advised	funds are the $\ \square$ Yes $\ \square$ I	No
i	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						Nο
Par	t III Conservation Easements. Complete if th	e organization a	nswe	red "Yes" on Fo	rm 990		-
	Purpose(s) of conservation easements held by the organ					, ,	
	Preservation of land for public use (e g , recreation	·			an histoi	rically important land area	
	Protection of natural habitat		\Box			ed historic structure	
				Treservation of e	Certific	a mistoric structure	
	Preservation of open space						
4	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntribution in the r	orm or a	a conservation Held at the End of the Year	_
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic	structure include	d ın (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	2d					
B	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uished	l, or terminated b	y the or	ganization during the	
ļ	Number of states where property subject to conservation	n easement is loca	ted ►			_	
i	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitor 37	ing, ir	spection, handling	g of viol	ations, Yes No	
•	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of v	iolatio	ns, and enforcing	conserv	ation easements during the year	
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	ons, a	nd enforcing conse	ervation	easements during the year	
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(II)?	above satisfy the	require	ements of section	170(h)	(4)(B)(I) ☐ Yes ☐ No	
)	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or					
ar	Organizations Maintaining Collections Complete if the organization answered "Yes	of Art, Historic			her Si	milar Assets.	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, e	ducat	ion, or research ir	n further		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items						
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$	
-	i)Assets included in Form 990, Part X					·	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				nancıal <u>c</u>	gain, provide the	
а	Revenue included on Form 990, Part VIII, line 1	110 (43C 330) IEIG	any to	, diese itellis		▶ \$	
	Assets included in Form 990. Part X					• *	-

Cat No 52283D

Schedule D (Form 990) 2018

Par	3 4 4 4	Organizations Ma	aintaining Col	lections of A	Art, Hist	orica	l Tr	eası	ıres, oı	r Other	Similar .	Assets (continue	d)
3		the organization's acquired (check all that apply)	uisition, accessior	n, and other re	cords, che	ck an	y of t	he fo	llowing t	that are a	sıgnıfıcan	t use of it	s collectio	on
а		Public exhibition			1	d [Loan	or exch	ange prog	ırams			
b		Scholarly research			1	e [Othe	r					
С		Preservation for future	generations											
4	Provid Part X	de a description of the o	organization's col	lections and ex	plain how	they	furth	er the	e organiz	zation's ex	xempt pur	pose in		
5		g the year, did the orga s to be sold to raise fun									nılar	□ Y	es 🗆	No
Par	t IV	Escrow and Custo Complete if the org X, line 21.			n Form 9	90, F	art :	IV, lı	ine 9, o	r reporte	ed an am			0, Part
1a		organization an agent, led on Form 990, Part >		an or other inte	ermediary	for co	ntrib	ution	s or othe	er assets	not	□ Y	es 🗆	No
ь	If "Ye	s," explain the arrange	ment in Part XIII	and complete	the follow	ına ta	ble					Amount		
c		ning balance		F		J				1c				
d	-	ons during the year								1d				
e	Distri	butions during the year								1e				
f	Endın	g balance								1f				
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X	(, line 21, i	or es	crow	or cu	ıstodıal a	account lia	ability?	. 🗆 Y	es 🗆	No
b	If "Ye	s," explain the arrange	ment ın Part XIII	Check here if	the explai	nation	has	been	provide	d in Part :	XIII	. \square		
Pa	rt V	Endowment Fund	ds. Complete ıf	the organiza	tion ansv	vered	"Ye	s" oı	n Form	990, Pai	t IV, line	10.		
				(a)Current ye	ear (b) Prior	year	\perp	(c) Two y	ears back	(d)Three	years back	(e)Four	ears back
	-	ing of year balance .						_						
		outions						-						
		estment earnings, gain						+						
		or scholarships						_						
	and pro	expenditures for facilities ograms	es											
		strative expenses .						_						
g		year balance												
2 a		de the estimated percer I designated or quasi-ei		ent year end ba	alance (line	e 1g, (colun	nn (a)) held a	ıs				
b	Perma	anent endowment 🕨												
С	Temp	orarıly restricted endov	vment ►											
	The p	ercentages on lines 2a,	, 2b, and 2c shou	ld equal 100%										
3a	organ	nere endowment funds lization by	•	sion of the org	anization f	hat a	re he	ld an	id admin	istered fo	r the		Ye	s No
	• •	related organizations				•	•						a(i)	
b		elated organizations . s" on 3a(ii), are the rel		s listed as requ	 uıred on S	 chedu	le R?	• •	: :			.	a(ii) 3b	
4	Descr	ibe in Part XIII the inte	nded uses of the	organızatıon's	endowme	nt fun	ds						•	<u> </u>
Par	t VI	Land, Buildings,												
	Descri	Complete If the org	ganization answ (a) Cost or oth (investme	er basis (b	n Form 9						rm 990, I depreciation		ne 10. (d) Book v	alue
1-	Land													
		gs												
		old improvements					2 11	9,203			1,960,67	0		158,533
							-,+1	-,200			1,500,07	-		
		ines 1a through 1e (Ca	olumn (d) must ed	ual Form 990.	. Part X, co	lumn	(B),	line .	10(c))		>			158,533

Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.				
	(a) Description of security or category (including name of security)		(b) Book value		Method of valuation end-of-year market value
	al derivatives				
	Tied equity interests	<u> </u>			
(A)					
[B)					
(C)					
(D)					
(E)					
F)					
(G)					
(H)					
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	>			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	orm 990. Pa	art IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment		ok value	(c)	Method of valuation end-of-year market value
(1)				Cost of	end-or-year market value
(2)					
(3)					
(4)					
5)					
6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 13)	•			
Γ otal. (Colum	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Fotal. (Colum			n 990, Part	IV, line 11d See	Form 990, Part X, line 15 (b) Book value
Part IX	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Part IX 1) 2)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Total. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Total. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization a				(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability			n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) Fotal. (Column 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column 7) 8. 1) Federal (1) 2)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Fotal. (Columnary) Part X 1) Federal (1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Fotal. (Columnary) Part X 1) Federal (1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Fotal. (Columnary) Part X 1) Federal (1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Columpart X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
Total. (Column Part IX	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Revenue per F zation answered 'Yes' on Form 990, Part IV, line 12a.	leturn	
1		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			
ь	Donated services and use of facili	ties	1	
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII) .	2d	1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990, F	art VIII, line 12, but not on line 1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) .	4b	7	
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	5	
Par		penses per Audited Financial Statements With Expenses per zation answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
1	Total expenses and losses per au	dited financial statements	1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25		
а	Donated services and use of facili	ties		
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 ${f 2e}$ from line ${f 1}$.		3	
4	Amounts included on Form 990, F	art IX, line 25, but not on line 1:		_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) $\ .$	4b		
С	Add lines 4a and 4b		4c	
5		c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	rmation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa 2d and 4b Also complete this part to provide any additional information	rt V, line 4, P	art X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			
	<u> </u>			

Page 4

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 94-3070617

Name: TECHSOUP GLOBAL

TECHSOUP GLOBAL IS A NOT-FOR-PROFIT ORGANIZATION, EXEMPT FROM FEDERAL INCOME TAX UNDER SEC TION 501(C)(3) OF THE U S INTERNAL REVENUE CODE, AND CONTRIBUTIONS TO IT ARE TAX DEDUCTIB LE AS PRESCRIBED BY THE CODE TECHSOUP GLOBAL IS ALSO EXEMPT FROM CALIFORNIA FRANCHISE TAX

Supplemental Information

Return Reference

PART X, LINE 2

Explanation

IN THE CONSOLIDATED FINANCIAL STATEMENTS

UNDER SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE TECHSOUP GLOBAL ASSESSE S ITS ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN ITS CONSOLIDATED FINANCIA L STATEMENTS AND PRESCRIBES A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERE COGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE TAX RETURNS THERE WAS NO MATERIAL IMPACT ON TECHSOUP GLOBAL'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF THIS POLICY THE TECHSOUP TRUST, A UK CHARITY AND COMPANY LIMITED BY GUARANTEE, AND FUNDACJA TECHSOUP, A POLISH PUBLIC BENEFIT FOUNDATION, ARE BOTH TAX EXEMPT ORGANIZAT IONS UNDER THEIR RESPECTIVE COUNTRY'S INCOME TAX CODES MANAGEMENT EVALUATED TSE ENTERPRISES SP Z O O, TECHSOUP AFRICA ENTERPRISES LIMITED AND TSL ENTERPRISES S A S TAX POSITION AND DETERMINED NO UNCERTAIN TAX POSITION THAT REQUIRES ADJUSTMENT TO THE CONSOLIDATED FIN ANCIAL STATEMENTS. THEREFORE NO PROVISION OR LIABILITY FOR INCOME TAXES HAD BEEN INCLUDED

(Form 990) ► Complete ► Go Department of the Treasury Internal Revenue Service Name of the organization TECHSOUP GLOBAL Part I General Information on	ıf the organı	zation answered "\ ▶ Attach t	Outside the Uni 'es" to Form 990, Part IV, I o Form 990. nstructions and the latest in	ne 14b, 1	.5, or 16.	OMB No 1545-0047 2018 Open to Public				
Department of the Treasury Internal Revenue Service Name of the organization TECHSOUP GLOBAL Part I General Information on	-	► Attach t	o Form 990.	·		Open to Public				
Department of the Treasury Internal Revenue Service Name of the organization TECHSOUP GLOBAL Part I General Information on	to www.irs.g	gov/Form990 for Ir	nstructions and the latest in	formatio	n.					
TECHSOUP GLOBAL Part I General Information on					rm990 for instructions and the latest information. Open to Publi Inspection					
Part I General Information on					Employer iden	tification number				
					94-3070617					
Form 990, Part IV, line 14b		Outside the U	Inited States. Comple	te if the	organization a	nswered "Yes" to				
1 For grantmakers. Does the organ				_						
other assistance, the grantees' elig	ibility for th	ie grants or assis	tance, and the selection	criteria	used					
to award the grants or assistance?						✓ Yes 🗌 No				
2 For grantmakers. Describe in Par outside the United States	t V the orga	anization's proced	dures for monitoring the	use of it	ts grants and oth	ner assistance				
3 Activites per Region (The following Pa	art I, line 3 f	table can be dupli	cated if additional space is	needed)					
) Number of ffices 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)	program spe	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region				
See Add'l Data										
Sub-total Total from continuation sheets to Part I		1 93				3,753,546 723,569				
c Totals (add lines 3a and 3b)	4	98				4,477,115				

Schedule F (Form 990) 2	2018							Page 2
					ited States. Comple licated if additional s		ion answered "Yes" t	:o Form 990, Part
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data		!				1		
							+	
							-	
							+	
-								
							1	
1								
			1					
					the foreign country, r			24
• •		-	·		ıvalency letter		<u> </u>	0
J Enter total nambe	i or other organ	THEATIONS OF ENTITIES						

Schedule F (Form 990) 2018							Page 3			
	art III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance		(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)			
PASSTHROUGH	SUB-SAHARAN AFRICA	1	12,645	EFT						
						Sche	dule F (Form 990) 2018			

Sche	dule F (Form 990) 2018		Page 4
Par	t 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)	✓ 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, don't file with Form 990)	Пи	.
		∐ Yes	✓ 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)		
	Corporations (see Instructions for Form 5471)	✓ 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	✓ 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)		
	(see Instructions for Point 8803)	☐ Yes	✓ 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, don't file with Form 990)	∐ Yes	✓ No

Schedule F (F	rm 990) 2018 Page 5
	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ny additional information (see instructions). Illustrate Information
Return Referenc	Explanation
PART I, LIN	TYPICALLY THE GRANT RECIPIENT PROVIDES A DETAILED ACCOUNTING OF THE USE OF THE GRANT FUNDS

990 Schedule F, Supplemental Information

ORGANIZATION'S FINANCIAL STATEMENTS

Return

Reference	
PART I, LINE 3	EXPENDITURES ARE ACCOUNTED FOR UNDER THE ACCRUAL BASIS, WHICH IS THE METHOD USED FOR THE

Explanation

Additional Data

SOUTH AMERICA

Software ID: Software Version:

EIN: 94-3070617

Name: TECHSOUP GLOBAL

TECHSOUP TECHNOLOGY

MARKETPLACE AND GLOBAL VALIDATION AND DATA SERVICES

32,466

Form	aan	Schedule	F Dart T	·	Activities	Outside	The	United States	
FUI III	330	Schedule	r raiti	/	ACLIVILIES	Outside	1116	Ulliceu 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
EUROPE (INCLUDING ICELAND & GREENLAND)	2	43		TECHSOUP TECHNOLOGY MARKETPLACE, GLOBAL VALIDATION AND DATA SERVICES AND APPS4GG	1,539,671

1 PROGRAM SERVICES

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 fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) SUB-SAHARAN AFRICA 1 PROGRAM SERVICES TECHSOUP TECHNOLOGY 72.956 MARKETPLACE AND GLOBAL VALIDATION AND DATA SERVICES SUB-SAHARAN AFRICA 1 IGRANTMAKING 113,684

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) EAST ASIA AND THE PACIFIC 3 IGRANTMAKING 8.500 EUROPE (INCLUDING ICELAND 43 IGRANTMAKING 1,974,269 & GREENLAND)

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 describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 IGRANTMAKING 8.500 MIDDLE EAST AND NORTH **AFRICA** 1 IGRANTMAKING 3,500 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 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) RUSSIA AND NEIGHBORING 0 IGRANTMAKING 5.865 STATES 0 IGRANTMAKING 23,552 SOUTH AMERICA

Form 990 Schedule F Part	t I - Activities	Outside The U	Jnited 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		TECHSOUP TECHNOLOGY MARKETPLACE AND GLOBAL VALIDATION AND DATA SERVICES	531,132
NORTH AMERICA	0	2		TECHSOUP TECHNOLOGY MARKETPLACE AND GLOBAL VALIDATION AND DATA SERVICES	161,299

Form 990 Schedule F Part I - Activities Outside The United States (c) Number of (a) Region (b) 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 fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) MIDDLE FAST AND NORTH 0 PROGRAM SERVICES TECHSOUP TECHNOLOGY 1.721 AFRICA IMARKETPLACE AND GLOBAL VALIDATION AND IDATA SERVICES

(g) Amount of (h) Description (1) Method of (b) IRS code (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV. cash non-cash and EIN(If cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) 899.658 EFT FUROPE ISUSTAINING **ICASH** I/INCLUDING IGRANT ICELAND & IGREENLAND) FUROPE SUSTAINING 1.026.156 EFT **ICASH**

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

IGRANT

(INCLUDING

ICELAND & IGREENLAND)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(ıf cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) **IEUROPE** SUSTAINING 36,641 EFT **ICASH** (INCLUDING IGRANT ICELAND & GREENLAND) SOUTH AMERICA ISUBGRANT 18.593 EFT **ICASH** laward

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of ((a) Name of section (c) Region (book, FMV, cash non-cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) MIDDLE EAST ISUBGRANT 6,000 EFT **ICASH** IAND NORTH IAWARD IAFRICA

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19319	7062	180			
Sch	nedule J	Co	mpensati	ion Information	00	1B No	1545-0	0047			
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest	-					
		Complete if the org	Compensa anization answ	ited Employees vered "Yes" on Form 990, Part IV	, line 23.	2018					
D			▶ Attach	to Form 990. instructions and the latest infor			o Pul				
•	tment of the Treasury al Revenue Service	P Go to <u>www.ns.go</u>	<u>v/101111990</u> 101	mistructions and the latest infor		Insp	ectio	n			
	ne of the organiza HSOUP GLOBAL	ation			Employer identificat	ion nu	ımber				
	HISOOF GEOBAL				94-3070617						
Pa	rt I Questi	ons Regarding Compensa	tion								
							Yes	No			
1a				the following to or for a person liste y relevant information regarding the							
		s or charter travel		Housing allowance or residence for	•						
	_	companions	片	Payments for business use of perso							
		nification and gross-up payment nary spending account	s ⊔	Health or social club dues or initiati Personal services (e.g., maid, chau							
	LI Discretion	nary spending account	Ц	Personal services (e g , maid, chau	rreur, cher)						
b		xes in line 1a are checked, did tl all of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b					
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2					
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked in line	e Ia'						
3				ed to establish the compensation of to not check any boxes for methods	he						
	_	•		CEO/Executive Director, but explain	ın Part III						
	✓ Compensa	ation committee		Written employment contract							
	_ '	ent compensation consultant	\overline{\sqrt}	Compensation survey or study							
		of other organizations	▽	Approval by the board or compensa	ition committee						
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a						
_	_							NI =			
a b		ance payment or change-of-coni r receive payment from, a suppl		ified retirement plan?		4a 4b	Yes	No			
C	•	r receive payment from, a suppi r receive payment from, an equi	•	· ·		4c	165	No			
·	•			blicable amounts for each item in Par	t III						
_), 501(c)(4), and 501(c)(29)	_								
5		ed on Form 990, Part VII, Section Ontingent on the revenues of		the organization pay or accrue any							
а	The organization	1 [?]				5a		No			
b	Any related orga					5b		No			
	•	5a or 5b, describe in Part III									
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any							
a	The organization					6a		No			
b	Any related orga					6b		No			
7	·	6a or 6b, describe in Part III	n Aluno ta didi	the organization provide any nanture	d						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe rt III	u	7	Yes				
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No			
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		110			
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	990)	2018			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	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	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							
			1				

Schedule J (Form 990) 2018								
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 ANY CONTRIBUTIONS TO THESE ACCOUNTS BY THE ORGANIZATION ARE DIRECTED BY							

THE BOARD COMPENSATION COMMITTEE NO CONTRIBUTIONS WERE MADE IN 2018

Return Reference	Explanation
PART I, LINE 7	THE ORGANIZATION PROVIDES BONUSES TO EMPLOYEES BASED ON THE EMPLOYEE'S AND ORGANIZATIONAL PERFORMANCE

Additional Data

(1)

(1)

(1)

(II)

(1)

(i)

(1)

(11)

(1)

(1)

l(n)

tional

Fo

CEO

COO

MASISAK REBECCA

DORAN GERI JIN

MCDERMOTT JOHN

CEO, CARAVAN & CHIEF COMMUNITY IMPAC

VP, BUSINESS SYSTEMS

CASTELLANOS FRANCISCO

PRINCIPAL, JAVA ENGINEER

PARTNERSHIPS & LEGAL A

SAMUELSON-CARPENTIER

SENIOR DIRECTOR & CHIEF

DATABASE ARCHITECT

DELANEY STEPHEN

SENIOR DIRECTOR

MARINO FRANK

BALES JOLIE VP, STRATEGIC

MARIE GAYLE

BUSINESS DEV

VP, FINANCE

WEBB MARNIE

WEBB DANIEL

WALL JACKEY G

VP, ENTERPRISE ARCHITECTURE VAN HOUSEN PATRICIA

LYNN EXECUTIVE VICE

PRESIDENT

Software Version:
EIN:

222,972

146,532

138,367

178,918

149.847

157,628

153,492

188,744

144,633

131,112

140,933

147,751

(i) Base Compensation

EIN: 94-3070617
Name: TECHSOUP GLOBAL

(iii)

Other reportable

compensation

other deferred

compensation

4,500

3,287

3,020

3,764

3,100

3,280

3,280

2,184

3,100

2,856

2,807

3,081

benefits

13,180

31,190

31,190

34,133

31,190

28,740

24,484

11,027

40,809

40,809

23,890

19,931

(E) Total of columns

(B)(i)-(D)

240,652

191,009

176,577

216,815

194,137

197,148

191,256

201,955

193,542

174,777

172,630

170,763

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

Form 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and	Highest Compensate	d Employees	
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	Π

10,000

4,000

10,000

7,500

10,000

5,000

5,000

Software ID:

(ii)

Bonus & incentive

compensation

efile GRAPHI	C print - D	<u>0 NO</u>	T PROCES	S A	As Fil	ed Data -					DL	N: 93	4931	970	62180
Schedule L (Form 990 or 990)-EZ) ► Co	mplet						d Person		.5a, 2	25b, 26		МВ No	1545	-0047
				▶ 4	Attach	to Form 990	or Form 99	, line 38a or 4 0-EZ. st information		·	·		20	1	8
Department of the Tre Internal Revenue Serv	I		7000	0 <u>www.</u>	viii siy	<u> </u>	Tor the late	st illiorination	•			C	Open Insp		
Name of the org TECHSOUP GLOBA									Er	nplo	yer ide	ntifica	ation r	umb	er
Part I Exce	ss Bonofit	Tran	sactions (coction	F01/a)/2) costion [F01/c)/(1) and	d E01/a)/20) as			0617				
								d 501(c)(29) or r 25b, or Form				ne 40b			
1 (a) Name of di	squalıf	ied person		(b) R			lıfıed person an	nd		escript ansacti				rected?
							organization			u	ansacu	011	Y	es	No
Part II Lo	ans to and applete of the orted an amo	organi ount or nship	From Inter zation answe n Form 990, (c) Purpose	rested ered "Ye Part X,	Perses" on line 5, oan to organi	Form 990-EZ, 6, or 22 or from the exation?		88a, or Form 99	(g) defa) In nult?	(I Appro boai comm	or if wed by dornatee?	(i)Writ Jreem	tten nent?
				Т	0	From			Yes	No	Yes	No	Yes		No
 Total							<u> </u> ▶ \$								
Total						*	- -								
						sted Perso		l							
(a) Name of inte	•) (b)	Relation an Relationship erested perso organizat	betwe	en	s" on Form 9 (c) Amount o		(d) Type o	of assi	stand	e	(e) Pu	rpose o	of ass	ıstance
					+										
						n 990 or 990-E		at No 50056A			nedule I				

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f ation's
				Yes	No
(1) SIGHTDOTSOUND INC	ENTITY OWNED BY FAMILY MEMBER OF CEO		VIDEO PRODUCTION AND EDITING		No

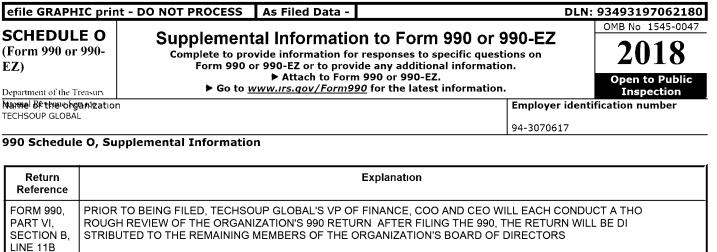
Explanation

Schedule L (Form 990 or 990-EZ) 2018

Provide additional information for responses to questions on Schedule L (see instructions)

Part V **Supplemental Information**

Return Reference



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES BOARD MEMBERS AND OFFICERS TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY THE ORGANIZATION SENDS OUT AN UPDATED LIST AT LEAST ANNUALLY AND WHEN NEW CLIEN TS ARE ADDED TO THE LIST. THE BOARD SHALL NOT APPROVE OR ENGAGE IN ANY TRANSACTION TO WHICH THE ORGANIZATION IS A PARTY AND IN WHICH ONE OR MORE OF THE DIRECTORS HAS A MATERIAL FIN ANCIAL INTEREST UNLESS THE BOARD DETERMINES THAT (1) THE ORGANIZATION ENTERS INTO THE TRANSACTION FOR ITS OWN BENEFIT, (2) THE TRANSACTION IS FAIR AND REASONABLE TO THE ORGANIZATIO N, AND (3) AFTER REASONABLE INVESTIGATION, THE BOARD DETERMINES THAT IT COULD NOT HAVE OBTAINED A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT UNDER CIRCUMSTANCES SUCH DETERMINATIONS MUST BE MADE BY THE BOARD, IN GOOD FAITH, WITH KNOWLEDGE OF THE MATERIAL FACTS CONCERNING THE TRANSACTION AND THE DIRECTORS THEN IN OFFICE, WITHOUT COUNTING THE VOTE OF THE INTERESTED DIRECTOR OR DIRECTORS

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 THE LAST TIME THIS PROCE
SECTION B, SS WAS UNDERTAKEN WAS IN 2014
LINE 15A

Return Explanation

LINE 19

FORM 990, PART VI, SECTION C,

Return Explanation

FORM 990,	PERSONNEL & RECRUITING PROGRAM SERVICE EXPENSES 27,148 MANAGEMENT AND GENERAL EXPENSES 1
PART IX,	24,219 FUNDRAISING EXPENSES 1,987 TOTAL EXPENSES 153,354 IT SERVICES FOR CONTRACTORS P
LINE 11G	ROGRAM SERVICE EXPENSES 1,729,482 MANAGEMENT AND GENERAL EXPENSES 152,628 FUNDRAISING EX
	PENSES 81,907 TOTAL EXPENSES 1,964,017 OTHER PROFESSIONAL SERVICES PROGRAM SERVICE EXPE
	NSES 2,491,939 MANAGEMENT AND GENERAL EXPENSES 596,777 FUNDRAISING EXPENSES 143,812 TOT
	AL EXPENSES 3.232.528

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493197062180 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 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	(b) Primary activity	(c) Legal domicile (sta or foreign countr		(e) End-of-year asset	cs Direct cor	ntrolling
Part II Identification of Related Tax-Exempt Organizat related tax-exempt organizations during the tax year		tion answered "Yes"	on Form 990, Pa	irt IV, line 34 beca	use it had one or i	more
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state E	(d) exempt Code section	(e) Public charity status	(f) Direct controlling	(g) Section 512

or foreign country) (if section 501(c)(3)) entity (b)(13)controlled entity? Yes No (1)THE TECHSOUP TRUST PROMOTES TRANSPARENCY & CIVIL UK TECHSOUP GLOBAL Yes 64 CLARENCE AVENUE SOCIETY ORGANIZATION (CSO) REPORTING GANTS HILL IG26JE (2)FUNDACJA TECHSOUP COMMUNITY DRIVEN PL TECHSOUP GLOBAL UL BRACKA 25 5TH FLOOR INNOVATION/TECHNOLOGY PRODUCT WARSAW 00-028 DONATION Cat No 50135Y Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlli entity	ng income(rel	ated, total incomed, from er	(g) Share of e end-of-year assets	(I Disprop alloca	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ral or aging ner?	(k) Percentage ownership
								Yes	No		Yes	No	
							+				<u> </u>	\vdash	
											-	\sqcup	
											<u> </u>		
I													
											<u> </u>	لبيا	
Part IV Identification of Related Organizat							wered "Yes	" on F	orm 99	90, Part IV,	lıne	34	
because it had one or more related org	anizations treated as	a corporatio	n or tru	st during	g the tax yea	r.							
(a) Name, address, and EIN of	(b) Primary activity		(c) _egal	ı	(d) Direct controlling	(e) Type of entity	(f) Share of total	Share	(g) of end-	of- Percei		S	(ı) ection 512(b)
related organization	•	do	micile		entity	(C corp, S corp,	income		year	owne			13) controlled
			or foreign			or trust)		6	assets	l		Ļ	entity?

Part IV Identification of Related Orga because it had one or more relat					swered "Yes"	on Form 990	, Part IV, line 3	4	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (13) co	512(b) ntrolled ity?
(1)TSE ENTERPRISES SP Z OO UL BRACKA 25 5TH FLOOR WARSAW 00-028 PL	PROVIDES CLOUD BASED PRODUCT SUBSCRIPTIONS FOR CHARITABLE ORGS IN EUROPE	PL	TECHSOUP GLOBAL	С			100 000 %		No
(2)TECHSOUP AFRICA ENTERPRISES LIMITED MORNING SIDE OFFICE PARK 4TH FLOOR NAIROBI 10501-0010 KE	PROVIDES CLOUD BASED PRODUCT SUBSCRIPTIONS FOR CHARITABLE ORGS IN AFRICA	KE	TECHSOUP GLOBAL	С			100 000 %		No
(3)TSL ENTERPRISES SAS CRA 43 A 34- 155 ALMACENTRO SUITE MEDELLIN CO	PROVIDES CLOUD BASED PRODUCT SUBSCRIPTIONS TO CHARITABLE ORGS IN LATIN AMER	СО	TECHSOUP GLOBAL	С			100 000 %		No
								200) 24	
						Sc	hedule R (Form	990) 20	ìΙΩ

(2)THE TECHSOUP TRUST

(3)TSE ENTERPRISES SP ZOO

Schedule R (Form 990) 2018		Pa	ige 3
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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		ĺ	
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
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)	1 f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		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
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		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
			$\overline{}$

e Edulis of four guarantees by feduces organization(3)			
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
\mathbf{j} Lease of facilities, equipment, or other assets to related organization(s)	1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)	1k		No
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		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
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)	1 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
ı	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		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	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) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amo	ount ı	nvolved	

В

D

1,026,156

54,240

BOOK VALUE

BOOK VALUE

Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No													
													_												
													_												
	•								•	Schedul	e R (Form	1 99	0) 2018												

