Department of the

Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

DLN: 93493136152642 OMB No. 1545-0047

Open to Public

nternal	Reve	nue Service					Inspection
A Fo	r the	e 2020 d	alendar year, or tax year beginning 07-01-2020 , and ending 06-30	-2021			
		pplicable:	C Name of organization TECHSOUP GLOBAL		D Employe	r identifi	ication number
		change	1		94-3070	617	
☐ Nar		_	Doing business as				
		n/terminated					
□ Am	ended	l return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	e	E Telephone	number	
☐ App	olicatio	on pending			(415) 63	3-9300	
			City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94107				
			<u> </u>		G Gross rec	eipts \$ 54	1,442,330
			F Name and address of principal officer: REBECCA MASISAK	H(a) Is	this a group ret	urn for	
			435 BRANNAN STREET NO 100		oordinates?		□Yes 🗹 No
			SAN FRANCISCO, CA 94107		e all subordinate luded?	25	☐ Yes ☐No
[Tax	-exen	npt status	501(c)(3)	If "	'No," attach a lis	st. (see	instructions)
J W	ebsit	e:► W\	VW.TECHSOUPGLOBAL.ORG	H(c) Gro	oup exemption i	number	>
K Form	of or	ganization	n: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of fo	rmation: 1987	M State	of legal domicile: CA
Б-		C					
Pa			scribe the organization's mission or most significant activities:				
			ip Global is a recognized leader in bringing technological empo	WERMENT	AND PHILANTH	IROPY T	O SOCIAL BENEFIT
ဗ္	<u>c</u>	DRGANIZ	ATIONS - INCLUDING NON-PROFITS, NONGOVERNMENTAL ORGANIZATIONS	, LIBRARI	ES AND OTHER	SOCIAL	. CHANGE AGENTS.
<u> </u>	_						
E	_						
Governance	2	Check th	is box $lacktriangle$ if the organization discontinued its operations or disposed of mo	ore than 2	5% of its net as	sets.	
ب بع			of voting members of the governing body (Part VI, line 1a)			3	15
Š.	4	Number	of independent voting members of the governing body (Part VI, line 1b) .			4	14
Ř	5	Total nu	mber of individuals employed in calendar year 2020 (Part V, line 2a)			5	249
Activities &	6	Total nu	mber of volunteers (estimate if necessary)			6	14
۹	7a	Total un	related business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unre	lated business taxable income from Form 990-T, line 39			7b	0
				I	Prior Year		Current Year
q,	8	Contribu	8,960,1	84	26,559,208		
Rəvenue	9	Program	service revenue (Part VIII, line 2g)		31,737,1	02	27,881,092
à	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		7,2	99	2,030
_	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12	Total rev	venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40,704,5	85	54,442,330
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		6,078,9	93	5,639,695
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			0	0
8	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		20,539,7	85	22,885,305
us(16 a	Professi	onal fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	b	Total fund	raising expenses (Part IX, column (D), line 25) ▶1,880,688				
⊡	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,587,4	81	16,062,076
	18	Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		41,206,2	59	44,587,076
	19	Revenue	less expenses. Subtract line 18 from line 12		-501,6	74	9,855,254
8.8				Beginni	ng of Current Ye	ar	End of Year
a če							
Net Assets or Fund Balances			sets (Part X, line 16)		17,877,5	_	31,709,809
<u> </u>			pilities (Part X, line 26)		15,327,5	_	19,318,957
			ts or fund balances. Subtract line 21 from line 20		2,550,0	41	12,390,852
	rt II		nature Block perjury, I declare that I have examined this return, including accompanying s	chodulos :	and statements	and to	the hest of my
			ef, it is true, correct, and complete. Declaration of preparer (other than office				
any kr	nowle	edge.					
		****	*	•	2022-05-16		
Sign		Signat	ture of officer		Date		
Here		IOHN	MCDERMOTT VP, FINANCE				
			or print name and title				
		1'	Print/Type preparer's name Preparer's signature Da			TIN	
Paid	I		20	00545829			
Prep		er 🗀	Firm's name MOSS ADAMS LLP		self-employed Firm's EIN ▶ 91-0	189318	
Use		⊢	Firm's address ► 21700 OXNARD ST STE 300		Dhana == (010) =	77 1000	
	J.1	·			Phone no. (818) 5	11-1900	
			WOODLAND HILLS, CA 91367				

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

☑ Yes ☐ No

Form	990 (2020)					Page 2					
Pa	statement	of Program Servi	ce Accomplis	hments							
	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹					
1		organization's mission:		,							
			BRIDGE THAT LE	VERAGES TECHNOLOG	Y TO ENABLE CONNECTIONS AND	INNOVATIVE SOLUTIONS					
FOR	A MORE EQUITABLE PI	LANET.									
2	Did the organization undertake any significant program services during the year which were not listed on										
	the prior Form 990 o	r 990-EZ?				☐ Yes 🗹 No					
	If "Yes," describe the	ese new services on Sc	hedule O.								
3	,										
	services?										
	If "Yes," describe the	ese changes on Schedu	le O.								
4	Section 501(c)(3) an		ons are required	to report the amount	e largest program services, as mea of grants and allocations to others						
4a	(Code:) (Expenses \$	1,401,111) (Revenue \$	22,459,340)							
	See Additional Data										
4b	(Code:) (Expenses \$	11,942,565	including grants of \$	1,060,960) (Revenue \$	4,320,295)					
	See Additional Data										
4c	(Code:) (Expenses \$	7,575,461	including grants of \$	3,177,624) (Revenue \$	1,101,457)					
	See Additional Data										
4d	Other program servi										
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)					
4e	Total program serv	vice expenses >	37,830,5	00							

17

18

19

Form	990 (2020)			Page 3
Par	tiV Checklist of Required Schedules			
. <u> </u>			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🥞	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D</i> ,Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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 2	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 2			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

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Yes

Yes

Yes

Yes

Form **990** (2020)

Nο

Nο

Nο

Nο

Nο

Nο

Nο

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

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

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

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

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

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

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

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

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

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

orm	990 (2020)			Page 4		
Par	Checklist of Required Schedules (continued)					
			Yes	No		
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 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				
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III					
8	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No		
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No		
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No		
1	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		
3	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		
4	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			
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes			
b	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			
6	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		
7	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		
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes			
Par						
	Check if Schedule O contains a response or note to any line in this Part V	. ;		lacksquare		
	Entantha number reported in Day 2 of Farm 1000 Fator 0 if not conflict.		Yes	No		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 75 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0					
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	ı		I		

1c

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	249		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, a 4a	Yes	
U	If "Yes," enter the name of the foreign country: ►UK, PL, KE, HK, CO See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF	,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	vere 6b		
7	, , , , , , , , , , , , , , , , , , , ,			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?	rvices 7a		No
	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 Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo 1098-C?	orm 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	· 13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	\dashv \mid		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exparachute payment(s) during the year?	cess . 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No

-01111	990 (2020)			Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines
Se	ction A. Governing Body and Management		•	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 status with respect to such arrangements?			
C-		16b		
<u>5e</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
	<u>CA</u>			
18	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.			
_	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►JOHN MCDERMOTT 435 BRANNAN STREET STE 100 SAN FRANCISCO, CA 94107 (415) 633-9325			

Part VII

BOARD MEMBER

BOARD MEMBER

(17) CHARLES ARMSTRONG

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part $\mbox{\rm VII}\,$.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, of reportable compensation from the organization 						sated	em	ployees who receive	ed more than \$100	0,000
• List all of the organization's former directo organization, more than \$10,000 of reportable co	rs or trustees	that re	ceive	d, in	the					
See instructions for the order in which to list the	persons above.									
\square Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	pers	an on on is	e bo botl	t ch ox, u h an	eck m inless office	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation 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
(1) REBECCA MASISAK	40.00	x		x				289,510	0	55,767
BOARD MEMBER / CEO		^						289,510	0	33,767
(2) GERI JIN DORAN CHIEF OPERATING OFFICER	40.00				x			164,991	0	40,783
(3) JACKEY WALL	40.00				,,			467.525		22.640
VP, ENTERPRISE ARCHITECTURE					X			167,535	0	33,610
(4) MARNIE WEBB CEO, CARAVAN / CHIEF COMM IMPACT OFFICER	40.00				x			193,634	0	4,960
(5) DANIEL WEBB VP, ENTERPRISE BUSINESS SYSTEMS	40.00				×			159,001	0	38,961
(6) JOHN MCDERMOTT VP, FINANCE	40.00			х				154,390	0	41,011
(7) JOLIE BALES VP, STRAT PARTNERSHIPS/LEGAL AFFAIRS	40.00					х		160,706	0	30,032
(8) PATRICIA LYNN VAN HOUSEN EXECUTIVE VICE PRESIDENT	40.00					х		157,080	0	22,874
(9) MICHAEL ENOS SR. DIRECTOR, COMMUNITY & PLATFORM	40.00					х		160,004	0	18,777
(10) FRANCISCO CASTELLANOS DATABASE ARCHITECT	40.00					x		158,799	0	16,194
(11) KENNETH TSUNODA VP, DEVELOPMENT	40.00					х		162,344	0	4,723
(12) CLEM BASON BOARD CHAIR	1.00	Х		х				0	0	0
(13) RETO JAUCH	1.00	Х		х				0	0	0
BOARD VICE CHAIR (14) JULIE PIETRANTONI BOARD SECRETARY	1.00	X		x				0	0	0
(15) MICHAEL SAUNDERS BOARD TREASURER	1.00	X		х				0	0	0
(16) JOAQUIN ALVARADO	1.00	Х						0	0	0

1.00

Form 990 (2020)	_ _	· =							F'	/	P	Page 8
Part VII Section A. Officers, Director		ey Em	ploy			ıd Hig	hes		1	cont		
(A) Name and title	(B) Average hours per week (list any hours for related	than d	ne b	ox, in of tor/t	ot ch unle fice trust		on	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from relate organization (W-2/1099	on d ns	n amount of other compensation s from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC		relai organiz	ted
(18) DANIEL BEN-HORIN	1.00	Х						0		0		0
BOARD MEMBER / FOUNDER	······································	^						0		Ű		
(19) ROBERT FRANK	1.00	×						0		0		0
BOARD MEMBER	· · · · · · · · · · · · · · · · · · ·	····^						,		Ĭ		
(20) MARK GITENSTEIN	1.00	Х						0		o		0
BOARD MEMBER (21) TONY GRIMMINCK				_						_		
	1.00	Х						0		0		0
(22) TODD KHOZEIN	+			\vdash	\vdash					\dashv		
	1.00	×						0		0		0
(23) ANTHONY LEE												
BOARD MEMBER	1.00	×						0		0		0
(24) SHETLA WADDEN	1.00											
BOARD MEMBER	· ···	×						0		0		0
(25) CAMILLE WATSON	1.00											
BOARD MEMBER	· · · · · · · · · · · · · · · · · · ·	×						0		0		0
c Total from continuation sheets to Part d Total (add lines 1b and 1c) Total number of individuals (including but of reportable compensation from the org	it not limited to				/e) v	vho red	ceive	1,927,994 ed more than \$100		0		307,692
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo					loye •	e, or h	ighe	est compensated er	mployee on	3	Yes	No No
4 For any individual listed on line 1a, is the organization and related organizations gindividual									he 	4	Yes	
5 Did any person listed on line 1a receive of services rendered to the organization? If					•		-	•		5		No
Section B. Independent Contractors												
Complete this table for your five highest from the organization. Report compensa	tion for the cale									npen		·\
	(A) business address								tion of services		(C Comper	nsation
FUTURE PROCESSING UL BOJKOWSKA 37A GLIWICE 44-100								SOFTWARE DE SERVICES	VELOPMENT		1	,035,984
PL ALEXANDER GROUP INC								REVENUE GRO	WTH & SALES			603,053
8155 E INDIAN BEND RD 111 SCOTTSDALE, AZ 85250								MANAGEMENT				
ASPIRE SYSTEMS 1200 HARGER ROAD SUITE 722								SOFTWARE DE SERVICES	VELOPMENT			460,800
OAK BROOK, IL 60523 PREMIER STAFFING								TEMPORARY S	TAFFING			446,668
PO BOX 7522 SAN FRANCISCO, CA 94102 ASPIRE SYSTEMS (SINGAPORE)								SOFTWARE DE	VELOPMENT			443,282
51 CHANGI BUSINESS PARK CENTRAL 2 SINGAPORE 486066 SN								SERVICES				
2 Total number of independent contractors (incompensation from the organization ▶ 21	including but no	t limite	d to t	hose	e list	ed abo	ve)	who received more	e than \$100,00	00 of	Form 99	0 (2020)
											101111 99	- (∠∪∠∪)

Part		Statement	Of F	Pevenio						Page 9
-rairi	VIII				a resp	onse or note to any	line in this Part VIII			🗆
					- 1-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
50 £2	1a	Federated campaig	gns		1a		I	revenue		312 - 314
Grants mounts		Membership dues		Ļ	1 b					
S. A		Fundraising events Related organization		. [1c					
Gifts, Grants ilar Amounts		Government grants (ibutions)	1a	2,021,959				
Sim	f	All other contributions and similar amounts i	s, gift	ts, grants,						
outic her	_ a	above Noncash contributions		L	1f	24,537,249				
Contributions, Gift and Other Similar		lines 1a - 1f:\$			1 g					
ರಿ ಕ	h	Total. Add lines 1a	a-1f			, , ▶ 	26,559,208	T		
	2a	PROGRAM SERVICE F	EES			Business Code	27,255,286	27,255,286		
Ele Ele	541519						625,806	625,806		
ever	b	MEMBERSHIP DUES				541519	023,000	023,000		
Program Service Revenue	c									
Servi	d									
ram	"									
Prog	e									
	f	All other program	serv	ice revenue	e.					
	⊢	Total. Add lines 2				27,881,092 interest, and other			<u> </u>	
	s	imilar amounts) .	•		•	•	2,030			2,030
		Income from invest Royalties		it of tax-exe	empt b	ond proceeds	\			+
		,		(i) Re	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b				7			
	С	Rental income	-				1			
	d	or (loss) Net rental income	6c or ((loss)		<u> </u>				
						(ii) Other				
	7a	Gross amount rom sales of 7a								
		assets other than inventory					_			
	b	Less: cost or other basis and sales expenses	7b							
		·	7c				1			
		Gain or (loss) Net gain or (loss)				<u> </u>	-			
a)	8a	Gross income from fu (not including \$		ising events of		,				
Other Revenue		contributions reported See Part IV, line 18	d on	line 1c).						
Rev	Ь	Less: direct expen			8a 8b		-			
her		Net income or (los			sing e	/ents •				
δ	9a	Gross income from	gami	ing activities	i.					
	 -	See Part IV, line 19			9a 9b	+	4			
		Less: direct expen Net income or (los								
	10-	aGross sales of inve	ento:	ry less						
		returns and allowa	inces	5	10a	ı				
		Less: cost of good			10t					
	_ c	Net income or (los Miscellaneo	_		rınven	Business Code				
	11	a								
	b	•								
	c									
		All other revenue								
		Total. Add lines 1 Total revenue. S			•	· · · •				
		Total revenue. S	ee Ir	isu uctions	<u> </u>	• • • •	54,442,330	27,881,092		0 2,030

Form 990 (2020)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns	All other erganization	ns must complete solu	mn (A)
Check if Schedule O contains a response or note to an		_		mn (A).
Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,400,922	1,400,922		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	4,238,773	4,238,773		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,344,152	198,593	1,145,559	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,374,414	15,154,293	1,174,434	1,045,687
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	404,940	359,181	21,152	24,607
9 Other employee benefits	2,399,012	2,140,041	112,963	146,008
10 Payroll taxes	1,362,787	1,130,380	155,392	77,015
11 Fees for services (non-employees):				
a Management				
b Legal	76,646		76,646	
c Accounting	222,690		222,690	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,962,585	7,111,327	577,213	274,045
12 Advertising and promotion				
13 Office expenses	1,524,047	1,404,702	92,893	26,452
14 Information technology	1,512,606	1,262,543	180,423	69,640
15 Royalties				
16 Occupancy	927,248	798,911	83,626	44,711
17 Travel	20,292	-8,932	28,347	877
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	19,972	8,927	11,020	25
20 Interest	367,115		367,115	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	482,951	407,356	49,093	26,502
23 Insurance	147,978	21,108	125,636	1,234
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIP LEASING & RENTAL	1,209,654	1,019,934	123,209	66,511
b OUTREACH	705,082	604,573	67,532	32,977
c DUES/FEES/SUBSCRIPTIONS	488,005	296,297	160,629	31,079
d EXPENDABLE EQUIPMENT	258,984	219,241	26,733	13,010
e All other expenses	136,221	62,330	73,583	308
25 Total functional expenses. Add lines 1 through 24e	44,587,076	37,830,500	4,875,888	1,880,688
30 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

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33

Liabilities 22

Fund Balances

ō 29

Assets 30 End of year

Page **11**

18,917,071 7,269,156 1,339,094 1,977,003

911,243

833,669

462,573

31,709,809

5,191,483

1.196.758

8,807,500

4,123,216

19.318.957

7,640,630

4,750,222

12,390,852

31,709,809

Form 990 (2020)

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

1	Cash-non-interest-bearing	2,900,197		
2	Savings and temporary cash investments	8,370,017	2	
3	Pledges and grants receivable, net	1,776,789	ω	
4	Accounts receivable net	2.618.790	4	

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Assets Inventories for sale or use .

basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square and

Investments—program-related. See Part IV, line 11

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other

10a 3,479,658 10b 2,645,989

695,903 1,294,290

Beginning of year

2 000 157

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6 7

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221,642

17,877,588

4,513,544

881.672

2,070,631

7,861,700

15.327.547

-86.759

2,636,800

2,550,041

17,877,588

Yes

Yes

Yes (2020)

2c

3a

3b

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 94-3070617

Name: TECHSOUP GLOBAL

Form 990 (2020)

Form 990, Part III, Line 4a:

NGO TECHNOLOGY MARKETPLACE: IN COLLABORATION WITH MEMBERS OF THE TECHSOUP NETWORK, TECHSOUP HAS BUILT, OPERATES, MAINTAINS, AND IMPROVES A GLOBAL MARKETPLACE OF TECHNOLOGY PRODUCT, 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 \$450 MILLION ANNUALLY IN DONATED OR SPECIALLY-DISCOUNTED TECHNOLOGY AND OTHER CRITICAL RESOURCES IN FISCAL YEAR 2021 AND \$563 MILLION IN FISCAL YEAR 2020. TECHSOUP GLOBAL NETWORK SERVED OVER 166,000 ORGANIZATIONS WITH PRODUCT AND SERVICE DONATIONS IN FISCAL YEAR 2021 AND 164,000 IN FISCAL YEAR 2020. AS TECHNOLOGY AND TECHNOLOGY DELIVERY CONTINUES TO CHANGE, TECHSOUP CONTINUES TO CHANGE, TECHSOUP CONTINUES TO SUPPORT OF TRADITIONAL PRODUCT DONATION PROGRAM TO INCREASE THE BREADTH OF ITS OFFERS TO INCLUDE MORE HARDWARE MORILE AND CLOULD BASED SUBSCRIPTION OFFERS. ADDITIONALLY THROUGH THIS DEVELOPMENT TECHNOLOGY MARKETPLACE

OVER 166,000 ORGANIZATIONS WITH PRODUCT AND SERVICE DUNATIONS IN FISCAL YEAR 2021 AND 164,000 IN FISCAL YEAR 2020. AS TECHNOLOGY AND TECHNOLOG 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 AN ESTIMATED TOTAL OF OVER \$16.6 BILLION OF INKIND PRODUCT PHILANTHROPY AND AN INCREASINGLY DIVERSE SET OF PHILANTHROPIC SERVICES AND GIVING PROGRAMS.

Form 990, Part III, Line 4b: GLOBAL VALIDATION AND DATA SERVICES: AS A RESULT OF DECADES OF OUTREACH AND PROGRAMMATIC ACTIVITY THROUGH THE TECHSOUP GLOBAL NETWORK,

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 TECHNOLOGY. PRODUCT DONATIONS. VOLUNTEER PROGRAMS, EMPLOYEE GIVING, AND PHILANTHROPIC PROGRAMS AND SERVICES. THROUGH TECHSOUP VALIDATION SERVICES. NGOS HAVE BEEN ABLE TO ACCESS \$3.6 BILLION RETAIL VALUE PRODUCTS AND OFFERS. 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

TECHSOUP HAS A RICH REPOSITORY OF DATA RECORDS ON APPROXIMATELY 1.3 MILLION NGOS AROUND THE GLOBE. THIS DATA ALLOWS TECHSOUP TO EFFICIENTLY AND INEXPENSIVELY VALIDATE THE CHARITABLE STATUS OF ORGANIZATIONS IN 236 COUNTRIES AND TERRITORIES, THEREBY ENABLING A WIDER RANGE OF

EFFICIENTLY PROVIDE GRANTS TO NGOS OUTSIDE THE UNITED STATES. AS OF JUNE 30, 2021, GRANTMAKERS HAVE REQUESTED CLOSE TO 14,000 EDS FOR NGOS IN 152 COUNTRIES, AND AN ESTIMATED OF OVER \$3.9 BILLION IN INTERNATIONAL GRANT FUNDING WAS FACILITATED BY EDS COMPLETED BY NGOSOURCE. IN FY21. NGOSOURCE FACILITATED AN ESTIMATED VALUE OF \$1 BILLION IN INTERNATIONAL GIVING TO GLOBAL NONPROFITS.OUR GROWING CIRCLE OF VALIDATION AND DATA SERVICES CLIENTS INCLUDE THE LARGEST PUBLICLY TRADED FIRMS, SOCIALLY MINDED EARLY-STAGE FIRMS, INDIVIDUAL GIVING AND EMPLOYEE GIVING AND VOLUNTEERING PLATFORMS, FOUNDATIONS AND DONOR ADVISED FUNDS, INTERGOVERNMENTAL ORGANIZATIONS, AND NONPROFITS THAT PROVIDE PLATFORMS FOR CORPORATE PHILANTHROPY

SERVE THEIR COMMUNITIES. TECHSOUP IS OFTEN SOUGHT OUT TO CLOSE THE GAP BETWEEN BIGPICTURE VISION AND THE ABILITY TO EXECUTE BY FACILITATING DESIGN SESSIONS, DEVELOPING NEW TECHNOLOGY INTERVENTIONS, AND FURTHER DEVELOPING AND SCALING EXISTING TOOLS. TECHSOUP HELPS TO ENSURE THAT THE BEST APPS4GOOD TOOLS AND EDUCATIONAL RESOURCES ARE ACCESSIBLE AROUND THE GLOBE.CARAVAN STUDIOS, AN AWARD-WINNING DIVISION WITHIN TECHSOUP, BUILDS TECHNOLOGY-BASED SERVICES AND APPS THAT HELP COMMUNITIES ORGANIZE, ACCESS, AND APPLY RESOURCES TO THEIR MOST PRESSING

APPS4GOOD: AROUND THE WORLD, TECHSOUP SUPPORTS A VARIETY OF ISSUES FACING WEB AND MOBILE APPLICATION TECHNOLOGY PRODUCTS THAT HELP NGOS

CHALLENGES. THE TEAM'S COMMUNITY-DRIVEN APPROACH TO TECHNOLOGY DEVELOPMENTINFORMED BY COMMUNITY ENGAGEMENT WORK AND DESIGN THINKING

Form 990, Part III, Line 4c:

PRINCIPLESHAS RESULTED IN THE SUCCESSFUL DELIVERY OF SEVERAL TECH SERVICES AND APPS, INCLUDING THE SAFE SHELTER COLLABORATIVE, WORKER CONNECT, RANGE, SAFENIGHT, AND 4BELLS. CARAVAN STUDIOS ALSO WORKS WITH DEVELOPERS TO BUILD OUT THEIR EXISTING APPS4GOOD AND TO 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, MEDIA LITERACY, DIGITAL SECURITY, POSITIVE NARRATIVES AND STORYTELLING, CODING AND GAMIFICATION. OVER THE PAST THREE YEARS, TECHSOUP HAS NOT ONLY BUILT UPON ITS REGIONAL OPEN DATA EXPERIENCE TO STRENGTHEN BRIDGES

TRANSPARENCY AND ACCOUNTABILITY, APP DEVELOPMENT, EDUCATIONAL PROGRAMS, MEDIA LITERACY, DIGITAL SECURITY, POSITIVE NARRATIVES AND STORYTELLING, CODING AND GAMIFICATION. OVER THE PAST THREE YEARS, TECHSOUP HAS NOT ONLY BUILT UPON ITS REGIONAL OPEN DATA EXPERIENCE TO STRENGTHEN BRIDGES BETWEEN CIVIL SOCIETY, GOVERNMENTS, IT SPECIALISTS, AND TECH ACTIVISTS, BUT ALSO BUILT AND DEVELOPED CAPACITY OF CIVIL SOCIETY SECTOR, AND TECHSOUP EUROPE NETWORK THROUGH PROJECTS SUCH AS DIGITAL SKILLS FOR SOCIAL SECTOR, APPS4CITITES (OPEN DATA PLATFORMS AND PERSONAL DEMOCRACY FORUM IN UKRAINE). MEGAPHONE. MEET&CODE. DIGILEAD. ICT4NGO. AND RADICAL AWARENESS GAME ENGAGEMENT.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -							DLN: 93493136152642				
SC	HED	ULE A	Dublic (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047			
	m 99			ganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) empt charitable	organization or trust.		2020			
		f the Treasury	► Go to <u>www.irs</u>	Attach to Form some for in the Attach to Form 990 A			ormation.	Open to Public Inspection			
Nam		he organiza	tion				Employer identific	ation number			
							94-3070617				
	rt I		for Public Charity Statu a private foundation because				See instructions.				
1	n ganiz		onvention of churches, or as	•	-		(A)(i)				
2		·	escribed in section 170(b)(1								
3			. , ,		,	, ,					
		·	or a cooperative hospital serv	-			-	akan khan lan an Skalla			
4	Ц	name, city,	esearch organization operate and state:	d in conjunction with	a nospital descri	ibed in section :	170(b)(1)(A)(III). E	nter the hospital's			
5		-	ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170			
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).				
7	✓		ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the genera	al public described in			
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. Se					ege or university or a			
10		from activit	ation that normally receives: ties related to its exempt fun- income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross			
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).				
12		more public	ation organized and operated cly supported organizations d I through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a				
а		organizatio	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.								
b		manageme	supporting organization super nt of the supporting organiza plete Part IV, Sections A a	tion vested in the sar							
С		Type III f	unctionally integrated. A sopraganization(s) (see instruction	upporting organizatio				ted with, its			
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the organization receiv or Type III non-functionally	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally			
f	Enter	r the number	of supported organizations				<u> </u>				
g			ing information about the su	·	r '						
(ii) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization in your governing document of the properties of the proper							(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
Tota			tion Act Notice, see the In		Cat. No. 11285			 90 or 990-EZ) 2020			

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	qualify under	the tests listed	oelow, please co	omplete Part II.)	
Se	ection A. Public Support						
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and		` '	``		` '	
1	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	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						
	from line 6.)						
36	ection B. Total Support		1	1	1	T	Τ
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	(or fiscal year beginning in) ► Amounts from line 6						
	Gross income from interest,						
L0a	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
_	Add lines 10a and 10b.						
с 11	Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.).						
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, third	l, fourth, or fifth t	ax vear as a secti	on 501(c)(3) orga	nization.
	check this box and stop here	-			•	() ()	· —
-				<u> </u>			· · · · • · · ·
	ection C. Computation of Public S Public support percentage for 2020 (lin			column (f))		1 4 = 1	
15						15	
16	Public support percentage from 2019 S					16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 202	-		-		17	
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17 .			18	<u> </u>
	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and						
	33 1/3% support tests—2019. If the						
U	not more than 33 1/3%, check this box	-			·		
20	· · · · · ·	-	-				
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	.9a, or 19b, check	this box and see	instructions	. ▶ ⊔

Page 4

5a

5b 5с

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

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

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	re all of the organization's supported organizations listed by name in the organization's governing documents? "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		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
	III section 309(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	3a	ı	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?			

	m seed on ses (a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
c	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	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	

	the public support tests under section 509(a)(2)? If res, describe in Part VI when and now the organization made the		
	determination.	3b	
С	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	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported		

С	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			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.				
b	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 supervised by or in connection with its supported organizations.	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b				

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

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

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

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

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

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

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

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

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

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

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

Pā	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 lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in 11a above?	11a		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	VI.			
5	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, 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	163	140
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supported 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 organization.			
_	ection C. Type II Supporting Organizations			
	ection c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in 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		
S	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	1		
_	documents in effect on the date of notification, to the extent not previously provided?			
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).			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2		
,	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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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 line 2a 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 lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) 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		
a	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		
e	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 0.015 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 0.035	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		
		1		

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

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions if any for years prior to 2020				

	stributions to attentive supported organizations to wh tails in Part VI). See instructions	ich the organization is respon	sive (<i>provide</i>	8	
9 Di	stributable amount for 2020 from Section C, line 6			9	
10 Lin	e 8 amount divided by Line 9 amount			10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Dis	tributable amount for 2020 from Section C, line 6				
(re	derdistributions, if any, for years prior to 2020 asonable cause required <i>explain in Part VI</i>). e instructions.				
3 Exc	ess distributions carryover, if any, to 2020:				
a Fr	om 2015				

10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e				
q Applied to underdistributions of prior years				

Schedule A (Form 990 or 990-EZ) (2020)

h Applied to 2020 distributable amount i Carryover from 2015 not applied (see

4 Distributions for 2020 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

instructions)

See instructions.

d Excess from 2019.

a Excess from 2016. **b** Excess from 2017. c Excess from 2018.

e Excess from 2020.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, 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 1; Part IV, Section 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

SCHEDULE D

DLN: 93493136152642

OMB No. 1545-0047

2020

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.

De

(Form 990)

	artment of the Treasury and Revenue Service	ne latest infor	matio	n.		n to Public spection
	ame of the organization	10 141051 111101			entification	
TE	CHSOUP GLOBAL		94-3	- 070617		
Pa	art I Organizations Maintaining Donor Advised Funds or Other Simi	ilar Funds o				
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 6.				
	(a) Donor advised fu	unds		(b) Fund	ds and other	accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
4	Aggregate value of grants from (during year) Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the assets he	ald in dance ad-	vised 6	inde an		
5	organization's property, subject to the organization's exclusive legal control?			ulius ale		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that granteally charitable purposes and not for the benefit of the donor or donor advisor, or for any orgrivate benefit?	other purpose c			or	Yes 🗆 No
Pa	Conservation Easements.	:				
1	Complete if the organization answered "Yes" on Form 990, Part IV, li Purpose(s) of conservation easements held by the organization (check all that apply).					
•		servation of an	histori	cally im	aartant land	aroa
						ai ea
		servation of a c	ertified	nistorio	structure	
_	☐ Preservation of open space		,			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute easement on the last day of the tax year.	ution in the fori	m of a [ation at the End o	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 included in (a)		2c			
d		a historic	2d			
3	structure listed in the National Register	torminated by t	-ho ore	anizatio	n during tha	
3	tax year ►	terrimated by t	ile org	jailizatio	ir during the	
4	Number of states where property subject to conservation easement is located >					
5	Does the organization have a written policy regarding the periodic monitoring, inspect	tion, handling o	of viola	tions.		
	and enforcement of the conservation easements it holds?	,		,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, ar	nd enforcing co	nserva	ation eas	ements durir	ng the year
	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and en	forcing conserv	/ation	easemer	nts during the	e year
	* \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirement and section 170(h)(4)(B)(ii)?		70(h)(4	1)(B)(i)	п.,	п
^				tomont	Yes	□ No
9	In Part XIII, describe how the organization reports conservation easements in its reve balance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasu Complete if the organization answered "Yes" on Form 990, Part IV, Iii		er Sir	nilar A	ssets.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its reve	enue statemen				
	historical treasures, or other similar assets held for public exhibition, education, or res Part XIII, the text of the footnote to its financial statements that describes these item:	ıs.				
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or res following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
((ii)Assets included in Form 990, Part X			. ▶\$		
2	If the organization received or held works of art, historical treasures, or other similar a following amounts required to be reported under FASB ASC 958 relating to these item	assets for finar		_		
а				. ▶\$		
h	Assets included in Form 990, Part X			- \$		

Cat. No. 52283D

Schedule D (Form 990) 2020

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

Par	t III	Organizations M	aintaining Col	lections o	of Art, H	listori	cal Tr	reasu	ıres, oı	r Other	Similar A	ssets (cor	ntinued)	
3		g the organization's acq s (check all that apply):		n, and other	records,	check a	any of	the fo	llowing t	hat are a	significant	use of its c	ollection	
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				е		Othe	r					
c		Preservation for future	e generations											
4	Provi Part	ide a description of the XIII.	organization's col	lections and	l explain l	now the	y furth	ner the	e organiz	zation's ex	kempt purpo	ose in		
5		ng the year, did the org ts to be sold to raise fu										☐ Yes	□ N	o
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			" on For	m 990,	, Part	IV, li	ne 9, o	r reporte	ed an amo	unt on For	rm 990,	Part
1a		e organization an agent ded on Form 990, Part										Yes	□ N	0
b	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table:				-	Amount		_
c		nning balance		•		_				1c				_
d	Addit	tions during the year .								1d				_
е		ibutions during the yea								1e				_
f	Endir	ng balance								1f				
2a	Did t	he organization include:	an amount on Fo	rm 990, Pai	rt X, line 2	21, for e	escrow	or cu	stodial a	ccount lia	ability?	☐ Yes	□ N	_ o
b		es," explain the arrange												
	rt V	Endowment Fun			- 11 5115 57				p					
		Complete if the or	ganization answ											
	<u>.</u>			(a) Currer	nt year	(b) Pi	rior yea	r i	(c) Two y	ears back	(d) Three ye	ears back (e) Four yea	rs back
	-	ning of year balance .												
		butions												
		vestment earnings, gair	•											
		s or scholarships												
		expenditures for faciliti rograms	es											
f	Admin	istrative expenses .												
g	End of	f year balance												
2		ide the estimated perce	-	ent year end	l balance	(line 1g	g, colur	mn (a))) held a	s:				
а		d designated or quasi-e	endowment 🟲											
b	Perm	nanent endowment ►												
С	Term	n endowment 🟲												
		percentages on lines 2a		•										
3a		:here endowment funds nization by:	not in the posses	sion of the	organizati	ion that	are he	eld an	d admini	istered fo	r the		Yes	No
	_	Inrelated organizations										3a(i		
		Related organizations										3a(i		
b	If "Ye	es" on 3a(ii), are the re	lated organization	s listed as r	required o	n Sche	dule R	?.				. 3b		
4	Desc	ribe in Part XIII the inte			n's endov	vment f	unds.							
Pai	rt VI					000	D	T) (!:		C	000 =		10	_
	Descr	Complete if the or	ganization answ (a) Cost or oth		" on Fori						m 990, Pa lepreciation		10. Book valu	
	ار دعرا	ipaion or property	(investme		(_, 5050	56101	J. 2010 (C		(5) ////			(3)	valu	-
1a	Land													
b	Buildir	ngs												
c	Leasel	hold improvements												
d	Equipr	ment					3,47	79,658			2,645,989			833,669
		lines 1a through 1e (C	Column (d) must e	aual Form	990 Part	X colu	mn (R)) line	10(c)		•			922 660

Part VII	Complete if the organization answered "Yes" on Form 990,	Part IV	ine 11h	See Form 990 I	Part X line	12
	(a) Description of security or category (including name of security)	(b) Book value			d of valuatio	n:
	Il derivatives					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	>				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, l	ine 110	. See Form 990,	Part X, line	13.
	(a) Description of investment	·		(b) Book value	(c) Meth	od of valuation: d-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•		<u> </u>	
	Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, li	ne 11d	. See Form 990, Par		b) Book value
(1)	(-)					.,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colu					>	
	Complete if the organization answered 'Yes' on Form 990, (a) Description of liability		ne 11e	or 11f.See Form	990, Part >	(, line 25. (b) Book value
1. (1) Federal	income taxes					(B) Book value
(2)						1
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)	te to the o	rganizal	tion's financial state	ments that r	eports the
	or uncertain tax positions. In Part XIII, provide the text of the footnor's liability for uncertain tax positions under FIN 48 (ASC 740). Check		_	the footnote has be	en provided	

Schedule D (Form 990) 2020

Page 4

-	rotal revenue, gams, and other s	upport per audited imancial statements .			+	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
C	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line $\bf 2e$ from line $\bf 1$.				3	
4	Amounts included on Form 990, F	Part 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			
c	Add lines 4a and 4b				4c	
5		c. (This must equal Form 990, Part I, line 12.			5	
Par		penses per Audited Financial Staten ization answered 'Yes' on Form 990, Par			Returr	1.
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	ities	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part 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			
c	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18	.) .		5	
Pai	rt XIIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and s 2d and 4b. Also complete this part to provid			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					

chedule D (Form 990) 2020	Page 5
Part XIII Supplemental Info	rmation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

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

Supplemental Information

PART X, LINE 2:

Return Reference

Explanation

T OF THE ADOPTION OF THIS POLICY.

TION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE ("CODE"), AND CONTRIBUTIONS TO IT ARE TAX

DEDUCTIBLE AS PRESCRIBED BY THE CODE. TECHSOUP GLOBAL IS ALSO EXEMPT FROM CALIFORNIA FRAN

CHISE TAX UNDER SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. TECHSOUP GLOBA

L ASSESSES ITS ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN ITS CONSOLIDATED

FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION

AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE TAX RETURNS. THER

E WAS NO MATERIAL IMPACT ON TECHSOUP GLOBAL'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESUL

SCHEDULE F	Stata	mont of	A ativitiae /	Outside the Un	itad States	OMB No. 1545-0047		
Form 990) Department of the Treasury	► Comple	ete if the organi	zation answered " Attach t	Yes" to Form 990, Part IV, I to Form 990. nstructions and the latest in	ine 14b, 15, or 16.	2020 Open to Public Inspection		
nternal Revenue Service					Employer ide	entification number		
TECHSOUP GLOBAL						intilication number		
0				Lite I Constant	94-3070617			
Part I General Info Form 990, Pa			o Outside the C	Jnited States. Comple	ete if the organization	answered "Yes" on		
<u> </u>			intain records to	substantiate the amoun	t of its grants and			
other assistance, the	grantees' e	eligibility for th	ne grants or assis	stance, and the selection	criteria used			
to award the grants	or assistand	:e?				☑ Yes 🗌 No		
2 For grantmakers. I outside the United St		Part V the org	anization's proce	dures for monitoring the	use of its grants and o	ther assistance		
3 Activites per Region. (The followin	g Part I, line 3	table can be dupli	icated if additional space is	s needed.)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region	a (f) Total expenditures for and investments in the region		
See Add'l Data								
3a Sub-total			2 79			7,154,246		
b Total from continuation Part I	sheets to							
Part I c Totals (add lines 3a ar	nd 3b)		0 <u>1</u> 2 80			368,178 7,522,424		
	/				L	.,,		

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (q) Amount (h) Description (i) Method of of noncash valuation organization section cash grant cash of noncash grant and EIN (if (book, FMV, disbursement assistance assistance appraisal, other)

applicable) See Add'l Data

14

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-Schedule F (Form 990) 2020

				eu States. Complete il	the organization and	swered "Yes" on Form 9	90, Part IV, line It
Part III can be d	luplicated if addi	<u>tional space is ne</u>	eeded.		T		т
e of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sche	dule F (Form 990) 2020		Page 4
Pai	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ 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)	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)	✓ 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)	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 (Fo	rm 990) 2020 Page 5
F a r	rovide 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 nethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ny additional information. See instructions.
990 Schedu	le F, Supplemental Information
Return Reference	Explanation
PART I, LINE	FOR MOST GRANTS, THE GRANT RECIPIENT IS REQUIRED TO PROVIDE A DETAILED ACCOUNTING OF THE USE OF THE GRANT FUNDS

Return Explanation

990 Schedule F, Supplemental Information

Reference

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

990 Schedule F, Supplemental Information Return Reference

Return Reference Explanation

PART III ACCOUNTING METHOD:

Additional Data

EAST ASIA AND THE PACIFIC

Software ID: **Software Version:**

EIN: 94-3070617

Name: TECHSOUP GLOBAL

SERVICES AND APPS4GOOD

40,300

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited States		
(a) Pegion	(b) Number of	(c) Number of	(d) Activities conducted	(e) If activity listed in (d)	(f) Total expenditures

(a) Region	offices in the region	employees or agents in region	in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
EAST ASIA AND THE PACIFIC	0	4	PROGRAM SERVICES	TECHSOUP TECHNOLOGY MARKETPLACE, GLOBAL VALIDATION AND DATA	668,815

0 GRANTS TO RECIPIENTS

LOCATED IN REGION

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 for region offices in the employees or in region (by type) (i.e., is a program service, agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the reaion) EUROPE (INCLUDING ICELAND 69 PROGRAM SERVICES TECHSOUP TECHNOLOGY 2,394,960 & GREENLAND) MARKETPLACE, GLOBAL VALIDATION AND DATA SERVICES AND APPS4GOOD EUROPE (INCLUDING ICELAND 0 IGRANTS TO RECIPIENTS 3,606,935 & GREENLAND) LOCATED IN REGION

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 agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the reaion) 0 PROGRAM SERVICES TECHSOUP TECHNOLOGY 98,053 NORTH AMERICA MARKETPLACE, GLOBAL VALIDATION AND DATA SERVICES AND APPS4GOOD NORTH AMERICA 0 IGRANTS TO RECIPIENTS 71,350 LOCATED IN REGION

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 agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the reaion) 6 PROGRAM SERVICES TECHSOUP TECHNOLOGY 47,120 SOUTH AMERICA MARKETPLACE, GLOBAL VALIDATION AND DATA SERVICES AND APPS4GOOD SOUTH AMERICA 0 IGRANTS TO RECIPIENTS 226,713 LOCATED IN REGION

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 in region (by type) (i.e., offices in the employees or is a program service, for region agents in fundraising, program describe specific type of region service(s) in region region services, grants to recipients located in the reaion) SOUTH ASIA 0 IGRANTS TO RECIPIENTS 12,500 LOCATED IN REGION SUB-SAHARAN AFRICA 1 PROGRAM SERVICES 74,703 ITECHSOUP TECHNOLOGY MARKETPLACE, GLOBAL VALIDATION AND DATA SERVICES AND APPS4GOOD

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region reaion recipients located in the reaion) 0 IGRANTS TO RECIPIENTS 280,975 SUB-SAHARAN AFRICA LOCATED IN REGION

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND COVID SUPPORT 12.500 ELECTRONIC THE PACIFIC TRANSFER FUROPE SUSTAINING 2.204.702 IELECTRONIC (INCLUDING TRANSFER IGRANT

ICELAND & GREENLAND)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE ISUSTAINING 1,375,000 ELECTRONIC (INCLUDING IGRANT ITRANSFER ICELAND & GREENLAND) COVID SUPPORT 12.500 **IELECTRONIC** EUROPE (INCLUDING TRANSFER

ICELAND & GREENLAND)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) IEUROPE ICOVID. 12,500 ELECTRONIC (INCLUDING ISUPPORT ITRANSFER ICELAND & GREENLAND)

71.350 ELECTRONIC

ITRANSFER

NORTH AMERICA

ICOVID ISUPPORT

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 (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ICOVID SUPPORT 84,701 ELECTRONIC IAMERICA TRANSFER ISUSTAINING 54,682 ELECTRONIC ISOUTH IAMERICA IGRANT TRANSFER

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH COVID 12,500 ELECTRONIC IAMERICA ISUPPORT ITRANSFER. ISOUTH ICOVID 12.500 ELECTRONIC

TRANSFER

IAMERICA

ISUPPORT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) SOUTH ASIA COVID 12,500 ELECTRONIC SUPPORT TRANSFER. ISUB-SAHARAN COVID 112,500 ELECTRONIC IAFRICA SUPPORT TRANSFER

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISUB-SAHARAN ICOVID 87,500 ELECTRONIC IAFRICA ISUPPORT ITRANSFER ISUB-SAHARAN 80.975 ELECTRONIC ICOVID AFRICA ISUPPORT ITRANSFER

efile GRAPHIC print - Do	NOT PROCESS	As Filed Data -					DLN: 93493136152642
Note: To capture the full	content of this de	ocument, please sel	lect landscape mode	(11" x 8.5") whe	n printing.		
Schedule I		Grants and O	ther Assistand	e to Organiz	ations		OMB No. 1545-0047
(Form 990)				_	•		2020
			and Individuals		-		2020
Department of the	Co	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.		Open to Public
Treasury		Inspection					
Internal Revenue Service Name of the organization						Employer ider	ntification number
TECHSOUP GLOBAL						94-3070617	
Part I General Infor	mation on Grants	and Assistance				121, 221, 221,	
			he grants or assistance, t	he grantees' eligibility	for the grants or assistance	e. and	
the selection criteria use						o, aa	☑ Yes ☐ No
2 Describe in Part IV the or	rganization's procedur	es for monitoring the use	e of grant funds in the Un	ited States.			
		estic Organizations an can be duplicated if addi		nts. Complete if the o	ganization answered "Yes"	on Form 990, Part IV,	line 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	
(1) TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 941290907	94-3213100	501(C)(3)	97,850				CONNECTING HUMANITY SUBGRANT
(2) AMERICAN ONLINE GIVING FOUNDATION INC 40 EAST MAIN STREET SUITE 887 NEWARK, DE 19711	81-0739440	501(C)(3)	480,266				DIRECT DONATIONS COVID REIMBURSEMENTS
2 Enter total number of sec	ction 501(c)(3) and go	vernment organizations	listed in the line 1 table .			▶	2
3 Enter total number of oth	ner organizations listed	d in the line 1 table				. ►	0
or Paperwork Reduction Act No	tice see the Instruction	ns for Form 990		Cat No. 50055	;p		Schedule I (Form 990) 2020

(5)

(6)

(7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation

Return Reference

PART I, LINE 2: FOR MOST GRANTS, THE GRANT RECIPIENT IS REQUIRED TO PROVIDE A DETAILED ACCOUNTING OF THE USE OF THE GRANT FUNDS ANNUALLY OR UPON

COMPLETION OF THE USE OF ALL FUNDS, WHICHEVER COMES FIRST.

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9313	6152	642
Sch	nedule J	C	ompensati	ion Information	MO	IB No.	1545-0	0047
(Fori	m 990)	► Complete if the org	Compensa ganization answ ► Attach	rustees, Key Employees, and Highe Ited Employees Iered "Yes" on Form 990, Part IV, I to Form 990.	ine 23.	2 0	2(<u> </u>
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest informa	ation.		o Pul ectio	
Nar	ne of the organiza	ation		E	mployer identificat			
TEC	HSOUP GLOBAL			9	4-3070617			
Pa	rt I Questi	ons Regarding Compensa	ition					
							Yes	No
1a				the following to or for a person listed y relevant information regarding these				
	First-class	s or charter travel		Housing allowance or residence for pe	ersonal use			
	_	companions	님	Payments for business use of persona				
		nification and gross-up payment		Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauffe	eur, cher)			
b				follow a written policy regarding paym ve? If "No," complete Part III to explai		1 b		
2				or allowing expenses incurred by all	1-2	2		
	directors, truste	es, officers, including the CEO/I	executive Director	r, regarding the items checked on Line	lar			
3				d to establish the compensation of the	!			
				not check any boxes for methods CEO/Executive Director, but explain in	Part III.			
	, 	-						
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	▽	Approval by the board or compensation	on committee			
		-	_					
4	During the year related organiza		990, Part VII, Sed	ction A, line 1a, with respect to the filir	ng organization or a			
_	_		t1			4-		NI -
a b		ance payment or change-of-con		ified retirement plan?	• •	4a 4b	Yes	No
c	•		•	nsation arrangement?		4c	103	No
-		' '	,	licable amounts for each item in Part I	II.			
	, ,,,), 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	n?				5a		No
b	Any related orga	anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b				$\bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet$		6b		No
	•	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des		6		N.o.
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in Re	egulations section	- 8 - 9		No
For F		iction Act Notice, see the Ins			053T Schedule J		990)	2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.											
(A) Name and Title		(B) Break	down of W-2 and/o	or 1099-MISC	and other	(D) Nontaxable benefits	columns	(F) Compensation in			
	co	(i) Base ompensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990			
See Additional Data Table											

Schedule J (Form 990) 2020 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation PART I, LINE 4B REBECCA MASISAK PARTICIPATES IN A SUPPLEMENTAL 457(F) RETIREMENT PLAN SPONSORED BY THE ORGANIZATION. DURING THE 2020 CALENDAR YEAR. THERE WERE NO EMPLOYER CONTRIBUTIONS TO THE 457(F) PLAN, NOR WERE ANY AMOUNTS REQUIRED TO BE REPORTED AS TAXABLE COMPENSATION DUE TO VESTING OF THE 457(F) PLAN BENEFITS.

Schedule 1 (Form 990) 2020

1GERI JIN DORAN

2JACKEY WALL

VP, ENTERPRISE ARCHITECTURE **3**MARNIE WEBB

4DANIEL WEBB

5JOHN MCDERMOTT

PARTNERSHIPS/LEGAL

PATRICIA LYNN VAN HOUSEN

8MICHAEL ENOS

& PLATFORM

EXECUTIVE VICE PRESIDENT (ii)

SR. DIRECTOR, COMMUNITY

9FRANCISCO CASTELLANOS

DATABASE ARCHITECT

10KENNETH TSUNODA

VP, DEVELOPMENT

SYSTEMS

VP, FINANCE

6JOLIE BALES

VP, STRAT

AFFAIRS

CEO, CARAVAN / CHIEF COMM IMPACT OFF

VP, ENTERPRISE BUSINESS

CHIEF OPERATING OFFICER

(ii)

(i)

(ii)

(i)

(i)

(ii)

(i)

(i) Base Compensation

164,974

167,518

193,617

158,984

154,373

160,689

157,063

159,987

158,782

162,327

Software ID: **Software Version:**

(ii)

EIN: 94-3070617

Name: TECHSOUP GLOBAL

(iii)

17

17

17

17

17

17

17

17

1,998

1,818

1,984

1,746

1,686

1,860

4,010

1,783

(E) Total of columns

(B)(i)-(D)

38,785

31,792

2,976

37,215

39,325

28,172

22,874

18,777

12,184

2,940

345,277

205,774

201,145

198,594

197,962

195,401

190,738

179,954

178,781

174,993

167,067

(F) Compensation in

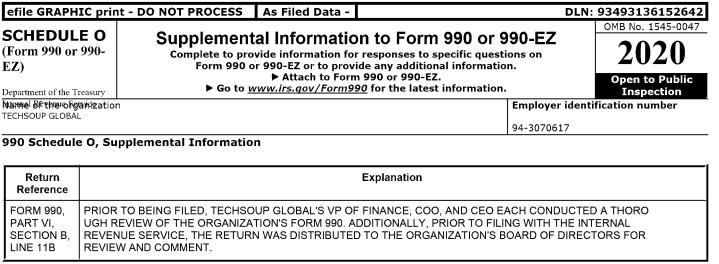
column (B)

reported as deferred on prior Form 990

(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable
	(i) Base Compensation	(ii)	(iii)	other deferred	benefits

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

			Bonus & incentive compensation	Other reportable compensation	compensation	- ',
1REBECCA MASISAK BOARD MEMBER / CEO	(i)	289,492	0	18	,	,
	(ii)	0	0	0	0	0



Return

Reference	
FORM 990, PART VI.	THE ORGANIZATION REQUIRES BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY. THE ORGANIZATION SENDS OUT AN UPDATED LIST AT LEAST ANNUALLY AN
SECTION B,	D WHEN NEW CLIENTS ARE ADDED TO THE LIST. THE BOARD SHALL NOT APPROVE OR ENGAGE IN ANY TRA
LINE 12C	NSACTION TO WHICH THE ORGANIZATION IS A PARTY AND IN WHICH ONE OR MORE OF THE DIRECTORS HA S A MATERIAL FINANCIAL INTEREST UNLESS THE BOARD DETERMINES THAT (1) THE ORGANIZATION ENTE
	RS INTO THE TRANSACTION FOR ITS OWN BENEFIT; (2) THE TRANSACTION IS FAIR AND REASONABLE TO THE ORGANIZATION; AND (3) AFTER REASONABLE INVESTIGATION, THE BOARD DETERMINES THAT IT CO
	ULD NOT HAVE OBTAINED A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT UNDER CIRCUMS
	TANCES. SUCH DETERMINATIONS MUST BE MADE BY THE BOARD, IN GOOD FAITH, WITH KNOWLEDGE OF TH E MATERIAL FACTS CONCERNING THE TRANSACTION AND THE DIRECTORS THEN IN OFFICE, WITHOUT COUN
	TING THE VOTE OF THE INTERESTED DIRECTOR OR DIRECTORS.

Explanation

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
SECTION B,
LINE 15

THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD COMPENSATION COMMITTEE UTILIZING COMPARA
BILITY DATA FROM THE CALIFORNIA NONPROFIT COMPENSATION AND BENEFIT STUDY. THE LAST TIME TH
IS PROCESS WAS UNDERTAKEN WAS IN 2020. FOR OTHER OFFICERS AND KEY EMPLOYEES, THE ORGANIZAT
ION'S HUMAN RESOURCES DEPARTMENT PERFORMS A COMPARATIVE ANALYSIS OF SALARIES FOR LOCALIZED
MARKETS FOR EACH ROLE: THIS IS THEN APPROVED BY THE COO.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

Reference	
FORM 990,	OTHER PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 7,111,327. MANAGEMENT AND GENERAL EX
PART IX,	PENSES 577,213. FUNDRAISING EXPENSES 274,045. TOTAL EXPENSES 7,962,585.
LINE 11G	

Return Explanation Reference

FORM 990. FOREIGN CURRENCY TRANSLATION ADJUSTMENT -14.443.

PART XI. LINE 9:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Employer identification number

Open to Public Inspection

2020

DLN: 93493136152642 OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization TECHSOUP GLOBAL

(Form 990)

► Go to www.irs.gov/Form990 for instructions and the latest information.

							94-3070617			
Part I Identification of Disregarded Entities. Comple	ete if the orgar	nization answered	"Yes	" on Form 99	0, Part	IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	Ī			(d) Total incom	(e) End-of-year ass	ets Direct coi enti	ntrolling	
related tax-exempt organizations during the tax ye	ations. Comple ar.		ition		es" on					
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Lega or f	l domicile (state	Exemp	(d) t Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (b) continued to the continued t	g) on 512 (13) rolled tity?
(1)THE TECHSOUP TRUST 64 CLARENCE AVENUE GANTS HILL IG26JE UK				UK				TECHSOUP GLOBAL	Yes	No
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" or related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (b) (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization Primary activity (b) (c) Legal domicile (state or foreign country) Exercised September 1				TECHSOUP GLOBAL	Yes					
For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.		Cat	t. No. 50135Y				Schedule R (Form	990) 20	ງ 20

•	,5-
	tification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had remore 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 controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Dispropi allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging	(k) Percentage ownership
				314)			Yes	No		Yes	No	
Part IV Identification of Related Organizations Taxable as a Co					zation ansv	vered "Ye	s" on F	orm 9	990, Part IV	, line	34	

because it had one or more related	organizations treated as	a corporation or trust du	ring the tax ye	ar.					
(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	(i Sectio (b)(contr enti	on 512 (13) rolled
								Yes	No
(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	347,505	1,131,315	100.000 %	Yes	
(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	42,222	-3,757	100.000 %	Yes	
(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	79,660	39,248	100.000 %	Yes	
(4)TSAP ENTERPRISES LIMITED RM 902 9/F FU FAI COMM CENTER NO 2 SHEUNG WAN HK	PROVIDES CLOUD BASED PRODUCT SUBSCRIPTIONS FOR CHARITABLE ORGANIZATIONS IN E	нк	TECHSOUP GLOBAL	С	80,725	39,765	100.000 %	Yes	

(1)FUNDACJA TECHSOUP

(2)THE TECHSOUP TRUST

(3)TSL ENTERPRISES

Schedule R (Form 990) 2020											
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.											
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?											
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity											
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes									
c Gift, grant, or capital contribution from related organization(s)	1c		No								
d Loans or loan guarantees to or for related organization(s)											
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								

No No

No

No

No

No

No

No

11

1m

10 Yes

1r

1s

Schedule R (Form 990) 2020

(d)

Method of determining amount involved

1n Yes

Yes **1**p **1**q

d	Loans or loan guarantees to or for related organization(s)	10	1 Y	es
е	Loans or loan guarantees by related organization(s)	1e	:	
f	Dividends from related organization(s)	1 f		
g	Sale of assets to related organization(s)	1 g	T	_
h	Purchase of assets from related organization(s)	1h		

(b)

Transaction type (a-s)

В

Amount involved

2,204,702

1,375,000

54,862

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.

Name of related organization

Lease of facilities, equipment, or other assets to related organization(s) . . .

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

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.

was not a related organization. See instructions regarding exclusion	n for certain inv	estment p	artnerships.										
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managing partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
													_
	•									Schedul	e R (Form	990)) 2020

chedule R (Form 990) 2020								
Part VII	Supplemental Info	iformation						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).						
Return Reference		Explanation						