FORM D

PROCESSED

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



SEC USE ONLY

Prefix Serial

DATE RECEIVED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)									
Compassoft, Inc Series A Preferred Stock									
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) // [_] ULOE									
Type of Filing: [X] New Filing [] Amendment									
A. BASIC IDENTIFICATION DATA									
1. Enter the information requested about the issuer	1.1								
Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)									
Compassoft, Inc.	<u>//</u>								
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)									
5521 Scotts Valley Drive, Scotts Valley, CA 95066 (831) 427-8101									
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)									
(if different from Executive Offices)									
Brief Description of Business Development and installation of automated systems integration software.									
Type of Business Organization									
[X] corporation [] limited partnership, already formed [] other (please specify):									
[] business trust [] limited partnership, to be formed									
Month Year	_								
Actual or Estimated Date of Incorporation or Organization: [01] [02] [X] Actual [] Estimated									
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:									
CN for Canada; FN for foreign jurisdiction) [DE]									

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer,
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner [] General and/or Managing Partner	[X] Executive Officer	[X] Director				
Full Name (Last name first, if indiv							
	iduai)						
Alumbaugh, Elizabeth	- land City State 7in Code)						
	umber and Street, City, State, Zip Code)						
	Valley Drive, Scotts Valley, CA 95066	(VI) F OCC.	[SV] D'4				
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[X] Executive Officer	[X] Director				
Dallar C. C. C. C.	General and/or Managing Partner						
Full Name (Last name first, if indiv Bach, Paul	Adual)						
Business or Residence Address (Nu	amber and Street, City, State, Zip Code)						
	Valley Drive, Scotts Valley, CA 95066						
Check Box(es) that Apply:	Promoter Beneficial Owner	[X] Executive Officer	Director				
. ,	General and/or Managing Partner	• •					
Full Name (Last name first, if indiv				.,			
Byrne, Jeff	·· /						
	umber and Street, City, State, Zip Code)		·				
	Valley Drive, Scotts Valley, CA 95066						
Check Box(es) that Apply:	Promoter Beneficial Owner	Executive Officer	[X] Director				
Chock Don(es) and rippi).	[] General and/or Managing Partner	[] Executive officer	[74] Director				
Full Name (Last name first, if indiv							
Sinclair, Pete	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	umber and Street, City, State, Zip Code)						
	Valley Drive, Scotts Valley, CA 95066						
Check Box(es) that Apply:	Promoter Beneficial Owner	[X] Executive Officer	[] Director				
Check Box(es) that Approx.	[] General and/or Managing Partner	[A] Excedite Office	[]Director				
Full Name (Last name first, if indiv							
•	victual)						
Kirkley, Jeff	umber and Street, City, State, Zip Code)						
	Valley Drive, Scotts Valley, CA 95066	[] Everyting Officer	[]Discoton				
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director				
E-11 N (I : : : - I:-	General and/or Managing Partner						
Full Name (Last name first, if indiv	victuar)						
Leapfrog Ventures, L.P.	1 10 10 0 0 1						
	umber and Street, City, State, Zip Code)						
	Suite 280, Menlo Park, CA 94025	(37) F	(1 D)				
Check Box(es) that Apply:	Promoter [] Beneficial Owner	[X] Executive Officer	[] Director				
77 333 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	[] General and/or Managing Partner						
Full Name (Last name first, if indiv	vidual)						
Perez, Matt							
	number and Street, City, State, Zip Code)						
	Valley Drive, Scotts Valley, CA 95066						
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[X] Director				
	[] General and/or Managing Partner						
Full Name (Last name first, if indiv	vidual)						
Baloff, Steve							
Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Compassoft, Inc., 5521 Scotts	Valley Drive, Scotts Valley, CA 95066						
	(Use blank sheet, or copy and use additional copie	es of this sheet, as necessary.)					

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer,
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[X] Director				
Full Name (Last name first, if indiv							
Salsgiver, Paul	,						
	imber and Street, City, State, Zip Code)						
•	Valley Drive, Scotts Valley, CA 95066						
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director				
Full Name (Last name first, if indiv Advanced Technology Ventures,	ridual)						
	umber and Street, City, State, Zip Code)	- · · · · · · · · · · · · · · · · · · ·					
485 Ramona Street, Palo Alto, Ca							
Check Box(es) that Apply:	Promoter Beneficial Owner	[] Executive Officer	Director				
	[] General and/or Managing Partner		. ,				
Full Name (Last name first, if indiv	ridual)						
Business or Residence Address (Na	umber and Street, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter Beneficial Owner	[] Executive Officer	[] Director				
, 11)	General and/or Managing Partner	[James Jame	[]				
Full Name (Last name first, if indiv							
Business or Residence Address (Na	umber and Street, City, State, Zip Code)						
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director				
Full Name (Last name first, if indiv							
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Business or Residence Address (Ni	umber and Street, City, State, Zip Code)						
Dubitoso of Hostochoo Hamaso (14	and and bubbly butble, but bubble, but bubble, butble,						
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[Executive Officer	[] Director				
, 11)	General and/or Managing Partner	[]	[] =				
Full Name (Last name first, if indiv	vidual)						
	•						
Business or Residence Address (No	umber and Street, City, State, Zip Code)						
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director				
	[] General and/or Managing Partner						
Full Name (Last name first, if indiv	vidual)						
Business or Residence Address (No	umber and Street, City, State, Zip Code)						
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director				
Full Name (Last name first, if individual)							
Business or Residence Address (No	umber and Street, City, State, Zip Code)						
	(Use blank sheet, or copy and use additional copie	s of this sheet, as necessary.)					

3 of 7 SEC 1972 (1/94)

					B. INI	FORMAT	TION AE	OUT OI	FERING	3				
1. Ha	s the issue	r sold, or d	loes the iss	uer intend A	to sell, to nswer also	non-accred o in Appen	ited invest dix, Colun	ors in this in 2, if filii	offering? ng under U	LOE.			Ye: []	s No [X]
2. V	Vhat is the	minimum :	investmen	t that will l	e accepte	d from any	individua	1 ?					\$Not A	pplicable
3. Do	es the offe	ring permi	t joint own	nership of a	a single un	it?							Ye: [X]	
rer ag	nuneration ent of a bro	for solicit oker or dea	ation of paler registe	rchasers ired with the	n connecti ne SEC an		les of secu state or st	rities in thates, list th	e offering. se name of	If a perso the broker	on to be lis or dealer.	ted is an as If more the	ssociated pers han five (5) p	
Full Na	me (Last n	ame first, i	f individu	d)			,					-		
Busines	s or Reside	nce Addre	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)							
Name o	f Associate	d Broker o	or Dealer											
States in	n Which Pe	erson Liste	d Has Soli	cited or In	tends to Se	olicit Purch	asers	 						
	(Check	"All States	s" or check	individua	States)								[]All S	tates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[]/ [ID]	· cateo
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	MI] [OH]	[MN] [OK]	MS] [OR]	[MO] [PA]	
Full Na	[RI] me (Last n	[SC] ame first, i	[SD] if individu	[TN] al)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
	`				et, Citv, S	tate, Zip C	ode)							
	f Associate					, <u></u> -								
States is	n Which Pe	rson Liste	d Has Soli	cited or In	tends to Se	olicit Purch	asers							
	•				,								. ,	tates
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Na	me (Last n													
Busines	s or Reside	ence Addre	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)					<u> </u>		
Name o	f Associate	ed Broker	or Dealer				·							
States is	n Which Pe	rson Liste	xl Has Soli	cited or In	tends to S	olicit Purch	asers							
	(Check	"All States	s" or check	individua	l States)								[] All S	states
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
	. []					copy and u						[,,,]	1.43	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt..... 2,500,000 Equity..... 2,565,000 [] Common [X] Preferred Series A Convertible Securities (including warrants) Partnership Interests Other (specify) Total 2,500,000 Answer also in Appendix, Column 3, if filing Under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors 2,500,000 Non-accredited Investors Total (for filings Under Rule 504 Only) Answer also in Appendix, Column 4 if filing under ULOE 3. If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Dollar Amount Type of Security Sold Rule 505..... Regulation A Rule 504. Total..... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate... Printing and Engraving Costs......

Legal Fees......[X]

Engineering Fees

Other Expenses (identify): []
Total [X]

15,000

15,000

\$-0-

\$-0-

\$-0-

	C. OFFERING PRICE, NUMBER OF INVE	STORS, EXPENS	SES AI	ND USE OF PROC	EED?	5
	b. Enter the difference between the aggregate offering price given in — Question 1 and total expenses furnished in response to Part C – Q difference is the "adjusted gross proceeds to the issuer."	uestion 4.a. This			\$	2,550,000
5.	Indicate below the amount of the adjusted gross proceeds to the proposed to be used for each of the purposes shown. If the amount not known, furnish an estimate and check the box to the left of the e of the payments listed must equal the adjusted gross proceeds to the response to Part C – Question 4.b above.	for any purpose is stimate. The total		rments to Officers,		
				ectors, & Affiliates	Pa	ayments To Others
	Sales and Marketing	[]	\$	[]	\$	
	Product Development	[]	\$	[]	\$	
	Purchase, rental or leasing and installation of machinery and equ	ipment []	\$	[]	\$	
	Construction or leasing of plant buildings and facilities	[]	\$	[]	\$	
	Acquisition of other businesses (including the value of securities offering that may be used in exchange for the assets of securissuer pursuant to a merger)	urities of another	\$		\$	
	Repayment of indebtedness	[]	\$	[]	\$	
	Working capital	[]	\$	[X]	\$	2,550,000
	Other:	[]	\$	[]	\$	
	Column totals	[]	\$	[X]	\$	2,550,000
	Total payments listed (column totals added)	······································	[X]	\$ 2,550,000		
	D. FEDERA	L SIGNATURE				
constitute	or has duly caused this notice to be signed by the undersigned duly authors an undertaking by the issuer to furnish to the U.S. Securities and Excrete any non-accredited investor pursuant to paragraph (b)(2) of Rule 50	hange Commission,	notice i upon wri	s filed under Rule 505, tten request of its staff,	the folk	owing signature ormation furnished by
	int or Type) ompassoft, Inc.	Signature			Date	3/25/05

Α	tte	n	tı	n	т

Title of Signer (Print or Type)

President and CEO

Name of Signer (Print or Type)

Paul Bach

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)