

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization TECHNOSERVE, INC.		D Employer identification number 13-2626135	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	1777 NORTH KENT STREET	1100	(202) 785-4515	
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		86,847,157.
ARLINGTON, VA 22209		H(a) Is this a group return for subordinates?		Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: WILLIAM WARSHAUER		H(b) Are all subordinates included?		Yes No
SAME AS C ABOVE		If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number		
J Website: WWW.TECHNOSERVE.ORG		L Year of formation: 1969		M State of legal domicile: NY
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	121
	6 Total number of volunteers (estimate if necessary)	6	52
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	-1,000.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	85,974,826.	84,664,274.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	180,779.	60,124.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	742,011.	289,664.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	554,452.	1,833,095.
		87,452,068.	86,847,157.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,799,207.	9,661,342.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,383,289.	39,133,449.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	187,675.	98,523.
	b Total fundraising expenses (Part IX, column (D), line 25)	2,794,372.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,973,029.	35,686,933.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	84,343,200.	84,580,247.	
19 Revenue less expenses. Subtract line 18 from line 12	3,108,868.	2,266,910.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	59,419,782.	67,539,490.
	22 Net assets or fund balances. Subtract line 21 from line 20	47,896,092.	53,839,146.
	11,523,690.	13,700,344.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	JEFFREY CHRISFIELD, CHIEF FINANCIAL OFFICER				
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	YONG ZHANG, CPA	Yong Zhang	11/06/20	<input type="checkbox"/>	P01249785
Firm's name			Firm's EIN		
RSM US LLP			42-0714325		
Firm's address			Phone no.		
1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102			703-336-6400		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
TECHNOSERVE WORKS WITH ENTERPRISING PEOPLE IN THE DEVELOPING WORLD TO BUILD COMPETITIVE FARMS, BUSINESSES, AND INDUSTRIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 71,716,810. including grants of \$ 9,661,342.) (Revenue \$ 60,124.)
TECHNOSERVE WORKS WITH ENTERPRISING MEN AND WOMEN IN THE DEVELOPING WORLD TO BUILD COMPETITIVE FARMS, BUSINESSES, AND INDUSTRIES. A NONPROFIT ORGANIZATION OPERATING IN 29 COUNTRIES, TECHNOSERVE IS A LEADER IN HARNESSING THE POWER OF THE PRIVATE SECTOR TO HELP PEOPLE LIFT THEMSELVES OUT OF POVERTY. BY LINKING PEOPLE TO INFORMATION, CAPITAL, AND MARKETS, WE HAVE HELPED MILLIONS TO CREATE LASTING PROSPERITY FOR THEIR FAMILIES AND COMMUNITIES.
FOUNDED OVER 50 YEARS AGO, TECHNOSERVE HAS BEEN NAMED THE #1 NONPROFIT FOR FIGHTING POVERTY BY THE IMPACTMATTERS CHARITY RATINGS AGENCY.
DURING THE COURSE OF 2019, OUR WORK BENEFITED 31,493 FARMERS,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 71,716,810.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BUSH CO-CHAIR	3.00	X		X				0.	0.	0.
(2) RACHEL HINES CO-CHAIR	3.00	X		X				0.	0.	0.
(3) PAUL TIERNEY CHAIRMAN EMERITUS	1.50	X						0.	0.	0.
(4) PETER FLAHERTY VICE CHAIRMAN	1.50	X		X				0.	0.	0.
(5) JENNIFER BULLARD BROGGINI SECRETARY	3.00	X		X				0.	0.	0.
(6) ROBERT MANLY TREASURER	3.00	X		X				0.	0.	0.
(7) MONICA ADRACTAS DIRECTOR	1.50	X						0.	0.	0.
(8) KANIKA BAHL DIRECTOR	1.50	X						0.	0.	0.
(9) SCOTT BAKER DIRECTOR	1.50	X						0.	0.	0.
(10) GERALD BALDWIN DIRECTOR	1.50	X						0.	0.	0.
(11) THOMAS BARRY DIRECTOR	1.50	X						0.	0.	0.
(12) ANTHONY BLOOM DIRECTOR	1.50	X						0.	0.	0.
(13) TITUS BRENNINKMEIJER DIRECTOR	1.50	X						0.	0.	0.
(14) LAURA CORB DIRECTOR	1.50	X						0.	0.	0.
(15) RUSSELL FAUCETT DIRECTOR	1.50	X						0.	0.	0.
(16) MIA FUNT DIRECTOR	1.50	X						0.	0.	0.
(17) AEDHMAR HYNES DIRECTOR	1.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIMOTHY M. KINGSTON DIRECTOR	1.50	X					0.	0.	0.	
(19) CHARLES MOORE DIRECTOR	1.50	X					0.	0.	0.	
(20) MICHELLE PELUSO DIRECTOR	1.50	X					0.	0.	0.	
(21) KURT PETERSON DIRECTOR	1.50	X					0.	0.	0.	
(22) MICHAEL SPIES DIRECTOR	1.50	X					0.	0.	0.	
(23) WILLIAM WARSHAUER PRESIDENT & CEO	40.00			X			379,632.	0.	46,554.	
(24) JEFFREY CHRISFIELD CFO	40.00			X			255,271.	0.	36,464.	
(25) KINDRA HALVORSON CHIEF TRANSFORMATION OFFICER	40.00				X		246,445.	0.	50,597.	
(26) CHRIS DONOHUE REGIONAL DIRECTOR - EAST AFRICA	40.00				X		225,904.	0.	13,126.	
1b Subtotal							1,107,252.	0.	146,741.	
c Total from continuation sheets to Part VII, Section A							2,882,728.	0.	388,158.	
d Total (add lines 1b and 1c)							3,989,980.	0.	534,899.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 51

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LATERITE LTD., PLOT 156361 WEESPERSTRAAT, AMSTERDAM, NETHERLANDS	MONITORING, EVALUATION AND SURVEY SERVIC	290,641.
MATTHEW CAPELLI P O BOX 444, RICHMOND, VA 23218	PROJECT MANAGEMENT, REVIEW REPORTS, SURV	233,101.
RSM US LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	AUDIT AND TAX SERVICES	218,677.
DIALOG CONCEPTS INC, 3100 CLARENDON BLVD, SUITE 510, ARLINGTON, VA 22201	WEBSITE REDESIGN	209,324.
INTELICE SOLUTIONS, LLC, 50 CITIZEN WAY SUITE 410, FREDERICK, MD 21701	IT CONSULTING	195,077.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 17

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include names like LAWRENCE UMUNNA, JOHN KEIGHTLEY, etc.

Total to Part VII, Section A, line 1c 2,882,728. 388,158.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	21,594,377.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	63,069,897.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 10,901,833.				
	h Total. Add lines 1a-1f			84,664,274.			
Program Service Revenue	2 a PROGRAM INCOME	Business Code					
		900099	60,124.	60,124.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			60,124.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		208,206.			208,206.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,598.	79,860.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.	0.			
	c Gain or (loss)	7c	1,598.	79,860.			
d Net gain or (loss)			81,458.		81,458.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	1,833,095.			1,833,095.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			1,833,095.				
12 Total revenue. See instructions			86,847,157.	60,124.	0.	2,122,759.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
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	9,661,342.	9,661,342.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,942,218.	2,535,693.	1,191,518.	215,007.
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	24,064,907.	19,979,772.	3,482,461.	602,674.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,886,670.	1,516,728.	314,857.	55,085.
9 Other employee benefits	7,086,787.	5,697,204.	1,182,681.	206,902.
10 Payroll taxes	2,152,867.	1,730,731.	359,282.	62,854.
11 Fees for services (nonemployees):				
a Management				
b Legal	473,224.	307,057.	159,615.	6,552.
c Accounting	292,797.	134,225.	155,431.	3,141.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	98,523.			98,523.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	12,421,713.	10,638,382.	592,983.	1,190,348.
12 Advertising and promotion	232,696.	152,434.	1,997.	78,265.
13 Office expenses	3,155,073.	2,753,404.	326,747.	74,922.
14 Information technology	785,316.	189,511.	511,477.	84,328.
15 Royalties				
16 Occupancy	2,447,976.	1,778,211.	669,733.	32.
17 Travel	6,876,077.	6,288,587.	491,951.	95,539.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	714,803.	709,656.	4,803.	344.
20 Interest	35,836.	35,836.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	666,416.	348,453.	309,210.	8,753.
23 Insurance	352,888.	115,096.	237,792.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING	4,013,848.	4,013,848.		
b VEHICLE OPERATIONS	2,294,681.	2,292,946.	1,735.	
c EQUIPMENTS	923,589.	837,694.	74,792.	11,103.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	84,580,247.	71,716,810.	10,069,065.	2,794,372.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,407.	1	5,463.
	2 Savings and temporary cash investments	42,203,455.	2	52,051,374.
	3 Pledges and grants receivable, net	9,189,501.	3	9,209,904.
	4 Accounts receivable, net	2,333,803.	4	942,575.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,707,806.	9	1,859,557.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,870,483.		
	b Less: accumulated depreciation	10b 5,018,101.	2,810,774.	10c 2,852,382.
	11 Investments - publicly traded securities	746,540.	11	
	12 Investments - other securities. See Part IV, line 11	421,308.	12	616,047.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,188.	15	2,188.
16 Total assets. Add lines 1 through 15 (must equal line 33)	59,419,782.	16	67,539,490.	
Liabilities	17 Accounts payable and accrued expenses	5,153,156.	17	5,946,368.
	18 Grants payable		18	
	19 Deferred revenue	39,782,791.	19	44,524,084.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,960,145.	25	3,368,694.
	26 Total liabilities. Add lines 17 through 25	47,896,092.	26	53,839,146.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,024,454.	27	10,334,320.
	28 Net assets with donor restrictions	3,499,236.	28	3,366,024.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,523,690.	32	13,700,344.
33 Total liabilities and net assets/fund balances	59,419,782.	33	67,539,490.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	86,847,157.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,580,247.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,266,910.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,523,690.
5	Net unrealized gains (losses) on investments	5	59,001.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-149,257.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	13,700,344.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TECHNOSERVE, INC.

Employer identification number
13-2626135

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	86,214,440.	82,689,895.	79,783,618.	85,974,826.	84,664,274.	419,327,053.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	86,214,440.	82,689,895.	79,783,618.	85,974,826.	84,664,274.	419,327,053.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						50,308,999.
6 Public support. Subtract line 5 from line 4.						369,018,054.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	86,214,440.	82,689,895.	79,783,618.	85,974,826.	84,664,274.	419,327,053.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	99,867.	75,542.	194,620.	685,166.	208,206.	1,263,401.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	48,461.	20,920.	1,060,372.	1,018,209.	1,833,095.	3,981,057.
11 Total support. Add lines 7 through 10						424,571,511.
12 Gross receipts from related activities, etc. (see instructions)					12	356,696.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	86.92 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	89.57 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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 the role played by the organization in this regard.</i>		

Part V 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2015 AMOUNT: \$ 48,461.

2016 AMOUNT: \$ 20,920.

2017 AMOUNT: \$ 1,060,372.

2018 AMOUNT: \$ 929,144.

2019 AMOUNT: \$ 1,833,095.

FUNDRAISING

2018 AMOUNT: \$ 89,065.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

TECHNOSERVE, INC.

Employer identification number

13-2626135

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization TECHNOSERVE, INC.	Employer identification number 13-2626135
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 10,789,323.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 7,288,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,732,807.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 5,207,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 3,665,763.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 3,516,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TECHNOSERVE, INC.	Employer identification number 13-2626135
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 2,919,372.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 2,774,524.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 2,688,322.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 2,490,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 1,834,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 1,736,476.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TECHNOSERVE, INC.	Employer identification number 13-2626135
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD AID _____ _____ _____	\$ 10,789,323.	12/31/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization TECHNOSERVE, INC.	Employer identification number 13-2626135
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019 Open to Public Inspection

Name of the organization: TECHNOSERVE, INC. Employer identification number: 13-2626135

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,212,820.	162,197.	1,050,623.
d Equipment		4,630,923.	3,614,803.	1,016,120.
e Other		2,026,740.	1,241,101.	785,639.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,852,382.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EMPLOYEE BENEFITS	3,368,694.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,368,694.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	89,642,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	59,001.
b	Donated services and use of facilities	2b	2,885,222.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-149,257.
e	Add lines 2a through 2d	2e	2,794,966.
3	Subtract line 2e from line 1	3	86,847,157.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	86,847,157.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	87,465,469.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,885,222.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,885,222.
3	Subtract line 2e from line 1	3	84,580,247.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	84,580,247.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

TECHNOSERVE IS EXEMPT FROM THE PAYMENT OF TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME UNDER IRC SECTION 501(C)(3) AND IS NOT A PRIVATE FOUNDATION. TECHNOSERVE HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2019.

MANAGEMENT HAS EVALUATED TECHNOSERVE'S TAX POSITIONS AND HAS CONCLUDED THAT TECHNOSERVE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE. TECHNOSERVE FILES TAX RETURNS IN THE U.S. FEDERAL AND WASHINGTON, D.C. JURISDICTIONS. GENERALLY, TECHNOSERVE IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2016.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CURRENCY TRANSLATION ADJUSTMENT -149,257.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

TECHNOSERVE, INC.

Employer identification number

13-2626135

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is 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 the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		2,467,236.
CENTRAL AMERICA AND THE CARIBBEAN	11	112	PROGRAM SERVICE	AGRICULTURAL AND ENTREPRENEURSHIP ASSISTANCE	8,689,420.
NORTH AMERICA			GRANTMAKING		746,137.
NORTH AMERICA	3	189	PROGRAM SERVICE	AGRICULTURAL AND ENTREPRENEURSHIP ASSISTANCE	5,927,021.
SOUTH AMERICA			GRANTMAKING		299,544.
SOUTH AMERICA	11	120	PROGRAM SERVICE	AGRICULTURAL AND ENTREPRENEURSHIP ASSISTANCE	5,827,178.
SOUTH ASIA	11	236	PROGRAM SERVICE	AGRICULTURAL AND ENTREPRENEURSHIP ASSISTANCE	3,222,532.
SUB-SAHARAN AFRICA			GRANTMAKING		6,148,426.
3 a Subtotal	36	657			33,327,494.
b Total from continuation sheets to Part I	52	756			38,389,316.
c Totals (add lines 3a and 3b)	88	1413			71,716,810.

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

Schedule F (Form 990) 2019

Part I **Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	52	756	PROGRAM SERVICE	AGRICULTURAL AND ENTREPRENEURSHIP ASSISTANCE	38,389,316.
Totals	52	756			38,389,316.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SILVOPASTORAL LIVESTOCK PRODUCTION SYSTEM	99,837.	CHECK/ WIRE TRANSFERS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE TO CAJAS RURALESHN	309,472.	CHECK/ WIRE TRANSFERS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SMART CLIMATE AGRICULTURE	302,011.	CHECK/ WIRE TRANSFERS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MOCCA COCO COMPONENT TRAINING	1,127,885.	CHECK/ WIRE TRANSFERS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	LEGUME INNOVATION LABORATORY	182,765.	CHECK/ WIRE TRANSFERS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ENTREPENURIAL ADVISORY FOR ECONOMIC DEVELOPMENT	41,267.	CHECK/ WIRE TRANSFERS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AF STRATEGIES FOR COFFEE FARMERS	294,698.	CHECK/ WIRE TRANSFERS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	COFFEE RESEARCH	109,300.	CHECK/ WIRE TRANSFERS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **64**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SMALL FARMER ACCESS PROJECT NGO PARTNER	258,732.	CHECK/ WIRE TRANSFERS	0.		
		NORTH AMERICA	SMALLHOLDER FARMER ACCESS NGO PARTNER	47,452.	CHECK/ WIRE TRANSFERS	0.		
		NORTH AMERICA	SMALLHOLDER FARMER ACCESS PROJECT AND CAPACITY BUILDING	62,814.	CHECK/ WIRE TRANSFERS	0.		
		NORTH AMERICA	SMALLHOLDER FARMER ACCESS NGO PARTNER	259,285.	CHECK/ WIRE TRANSFERS	0.		
		NORTH AMERICA	FARMER TRAINING PROGRAM YEAR	117,854.	CHECK/ WIRE TRANSFERS	0.		
		SOUTH AMERICA	TA TO COFFEE PRODUCERS	182,923.	CHECK/ WIRE TRANSFERS	0.		
		SOUTH AMERICA	TECHNOLOGY SCALE UP	78,250.	CHECK/ WIRE TRANSFERS	0.		
		SOUTH AMERICA	COFFEE NURSERIES AND ON FARM TRIALS	38,371.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	ENABLE TA	8,239.	CHECK/ WIRE TRANSFERS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MANAGEMENT OF DISEASE RELATED TO BANANA INDUSTRY	85,387.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	DIGITAL TRAINING MATERIAL	26,030.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TR DISEASE MANAGEMENT, PREVENTION	355,996.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	SUPPORT LOCAL POLUTRY ASSOCIATION	7,837.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	AGRIBUSINESS PARTNERSHIP AND ENHANCE POLUTRY CHAIN VALUE INPUTS	87,551.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	BASELINE AND M&E AND SUPPORT INTEGRATION OF LOCAL YOUTH TO THE JOB MARKET	491,772.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	BENIBIZ PARTNERSHIP	267,370.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	CHICKS, EGGS AND FEED ATDCTA: LUANSHYA PILOT 8	5,776.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	SUPPORT AGRICULTURAL INPUTS DISTRIBUTOR	172,500.	CHECK/ WIRE TRANSFERS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CASHEW FARMER TRAINING	1,270,471.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	MANAGEMENT OF DISEASE RELATED TO BANANA INDUSTRY, ADAPTATION AND RESEARCH	218,282.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	ADAPTATION AND RESEARCH AND DISEASE MANAGEMENT	116,866.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	COFFEE IN FOREST AREAS	59,081.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	DELIVER ICT SOLUTIONS TO IMPROVE CASHEW PRODUCTION	24,959.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	MATCHING GRANT MICROWAVE PROBE SAPFFNG00	9,650.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	MATCHING GRANT OBC/FIDE/COH	71,018.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	BBTV AND TR DISEASE MANAGEMENT	371,747.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TA AND GRANT FUNDS NO.	12,237.	CHECK/ WIRE TRANSFERS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	STRENGTHEN ENVIRONMENT FOR FOOD FORTIFICATION	142,957.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	GRANT TO HELLO TRACTOR	50,000.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TECHNOLOGY TRANSFER OF RICE PRODUCTION PILOT MZ	42,400.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	IMPROVE SMALL FARME ACCESS TO HORTICULTURAL TECHNOLOGY	171,390.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	UPL/DECO DEMONSTRATION UNIT	14,152.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TRAINING FOR INCUBATORS AND AGRIPRENEURS	79,134.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	ASSIST THE AGRICULTURE DISTRIBUTION BUSINESS	9,626.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	DEMONSTRATION SITE CATALISA	11,030.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TR DISEASE MANAGEMENT, REPLANTING, ADAPTATION AND	583,374.	CHECK/ WIRE TRANSFERS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	IMPROVE CHICKEN PRODUCTION	34,280.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	FRESH VEG FACILITY CATALISA AGBIZ	73,391.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TR DISEASE MANAGEMENT	35,214.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	POULTRY IMPROVEMENT	19,178.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TA AND GRANT FUNDS NO. MIDLAND STATE UNIVERSITY	15,899.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	AGRIBUSINESS PARTNERSHIP	56,140.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TA TO ATDC IN ZAMBIA	61,930.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	MATCHING OBC/FIDE/COH	12,550.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	RAIMUNDO MATEUS MUTICA	13,887.	CHECK/ WIRE TRANSFERS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FRESH VEGETABLE PRODUCTION CATALISA	66,979.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TR DISEASE MANAGEMENT AND REPLANTING	173,663.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	ADAPTATION AND RESEARCH	56,983.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	BBTV DISEASE	36,812.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	AGTECH INTERFACE NETWORK AND TRAININGTOOLKITS	32,452.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	INCREASE BUSINESS AND ATF SUPPORT	296,941.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	POULTRY VC RESEARCH	56,254.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	ESTABLISH ANCHOR FARM	19,455.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TR DISEASE MANAGEMENT	26,149.	CHECK/ WIRE TRANSFERS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	STRENGTHENING PRODUCER ORGANZATIONS	217,588.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	AGRIBUSINESS PARTNERSHIP AND VEGGIE BASKET	23,267.	CHECK/ WIRE TRANSFERS	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type 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)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, 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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

TECHNOSERVE MAINTAINS OFFICES IN COUNTRIES WHERE PROGRAMS/PROJECTS ARE CONDUCTED. EACH OFFICE MAINTAINS ACCOUNTING RECORDS TO RECORD THE USE OF ALL FUNDS PROVIDED. A SYSTEM OF INTERNAL CONTROLS EXISTS TO ENSURE THAT ALL TRANSACTIONS ARE RECORDED PROPERLY. ADDITIONALLY, TECHNOSERVE CONDUCTS INTERNAL AUDITS AND REVIEWS TO ENSURE THAT CONTROLS ARE FOLLOWED AND TRANSACTIONS ARE PROPERLY RECORDED.

PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TR DISEASE MANAGEMENT, REPLANTING, ADAPTATION AND RESEARCH

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

TECHNOSERVE, INC.

Employer identification number

13-2626135

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes one row for FAIRCOM and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
DC

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: FAIRCOM

(I) ADDRESS OF FUNDRAISER:

12 WEST 27TH STREET, 13TH FLOOR, NEW YORK, NY 10001

SCHEDULE G, PART I, LINE 2

FAIRCOM WAS RETAINED AS FUNDRAISING COUNSEL FOR TECHNOSERVE'S DIRECT MAIL AND PRINTING PROGRAM. ALL CONTRIBUTIONS ARE DELIVERED DIRECTLY TO

Part IV Supplemental Information (continued)

TECHNOSERVE. TECHNOSERVE PAYS FAIRCOM DIRECTLY FOR ITS ADVISORY AND

PRINTING SERVICES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

TECHNOSERVE, INC.

Employer identification number

13-2626135

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

Part II 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 aren't 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) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM WARSHAUER PRESIDENT & CEO	(i)	377,901.	0.	1,731.	22,200.	24,354.	426,186.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEFFREY CHRISFIELD CFO	(i)	254,868.	0.	403.	10,350.	26,114.	291,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KINDRA HALVORSON CHIEF TRANSFORMATION OFFICER	(i)	239,404.	0.	7,041.	20,920.	29,677.	297,042.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRIS DONOHUE REGIONAL DIRECTOR - EAST AFRICA	(i)	160,437.	0.	65,467.	12,073.	1,053.	239,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAWRENCE UMUNNA REGIONAL DIRECTOR, WEST AFRICA	(i)	174,483.	2,702.	40,710.	15,764.	14,122.	247,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN KEIGHTLEY VP, DEVELOPMENT & COMMUNIC	(i)	209,965.	0.	926.	17,181.	26,328.	254,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TIMOTHY MCLELLAN COO (LEFT 09/14/19)	(i)	204,420.	0.	1,279.	19,102.	20,018.	244,819.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PAMELA CHITENHE REGIONAL DIRECTOR - SOUTHERN AFRICA	(i)	195,944.	0.	0.	23,908.	4,876.	224,728.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDREI BELYI VP, LATIN & CENTRAL AMERICA	(i)	174,796.	0.	20,910.	18,339.	5,793.	219,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MADHU SREEKUMAR CHIEF HR OFFICER (LEFT 10/16/19)	(i)	184,731.	0.	2,195.	10,593.	2,120.	199,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JONATHAN BARNOW VP, STRATEGIC INITIATIVES	(i)	175,267.	0.	0.	16,103.	4,841.	196,211.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JUAN CARLOS THOMAS GLOBAL ENTREPRENEURSHIP DIRECTOR	(i)	155,481.	0.	7,288.	13,104.	28,054.	203,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PAUL STEWART GLOBAL COFFEE DIRECTOR	(i)	152,398.	0.	54,583.	19,072.	4,270.	230,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JANE GROB FREY COUNTRY DIRECTOR	(i)	147,663.	0.	113,377.	18,354.	14,122.	293,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JACOB ULRICH COUNTRY DIRECTOR	(i)	129,580.	0.	118,341.	15,992.	5,582.	269,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) RIZWAN YUSUFALI REGIONAL PROGRAM DIRECTOR	(i)	111,590.	0.	108,667.	13,295.	13,715.	247,267.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II 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 aren't 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) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) DARIA GAGE PROGRAM DIRECTOR (LEFT 12/07/19)	(i)	124,595.	0.	79,870.	10,622.	15,108.	230,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) HEATHER OH PROGRAM DIRECTOR	(i)	101,802.	0.	89,165.	8,503.	9,277.	208,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

TECHNOSERVE WILL PROVIDE APPROPRIATE AND REASONABLE HOUSING FOR CERTAIN

STAFF (EXPATRIATE OR THIRD COUNTRY NATIONAL EMPLOYEES WORKING OVERSEAS).

TECHNOSERVE WILL NOT COVER THE COSTS OF UTILITIES OR HOUSEHOLD HELP.

TECHNOSERVE WILL DIRECTLY EMPLOY SECURITY STAFF AS APPROPRIATE. CHIEF

HUMAN RESOURCE OFFICER WILL DETERMINE A REASONABLE REIMBURSABLE AMOUNT FOR

MONTHLY RENT BUT IT MAY NOT EXCEED 30% OF ANNUAL BASE SALARY OR, IF

APPLICABLE, THE MAXIMUM USAID ALLOWANCE AT THAT LOCATION. ANY OTHER SPECIAL

HOUSING COSTS WHICH MAY ARISE MUST BE APPROVED BY THE CHIEF HUMAN RESOURCES

OFFICER.

US EXPATRIATES SHOULD NOTE THAT HOUSING ALLOWANCES ARE CONSIDERED EARNED

INCOME AND ARE, THEREFORE, SUBJECT TO US SOCIAL SECURITY AND INCOME TAXES.

BELOW ARE EMPLOYEES LISTED ON PART VII WHO RECEIVED HOUSING ALLOWANCE

DURING THE YEAR:

JACOB ULRICH \$28,629

CHRIS DONOHUE \$29,639

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.

LAWRENCE UMUNNA \$40,710

ANDREI BELYI \$4,888

RIZWAN YUSUFALI \$30,000

JOHN LOGAN \$26,199

PAUL STEWART \$30,000

DARIA GAGE \$25,581

HEATHER OH \$25,450

ANNUAL TRAVEL ALLOWANCE:

TECHNOSERVE WILL ASSIST THE EMPLOYEE (EXPATRIATE OR THIRD COUNTRY NATIONAL EMPLOYEE WORKING OVERSEAS) AND FAMILY (INCLUDING CHILDREN UP TO A MAXIMUM AGE OF 18) RESIDING AT POST WITH AN ANNUAL ALLOWANCE (TO ASSIST WITH ONE TRIP ONLY), SHOULD THEY DECIDE TO TAKE TIME AWAY FROM POST. THIS ALLOWANCE IS PAID BASED ON ACTUAL EXPENSES INCURRED, UP TO CERTAIN LIMITS. THE MAXIMUM ANNUAL REIMBURSABLE AMOUNT IS \$1,750 PER ELIGIBLE EMPLOYEE AND/OR DEPENDENT: THESE ALLOWANCES APPLY TO EITHER ECONOMY CLASS AIRFARE OR THE REIMBURSEMENT OF MILEAGE FOR EMPLOYEES. LIKE OTHER ALLOWANCES, THIS PAYMENT MAY BE SUBJECT TO TAXATION.

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.

THE FOLLOWING EMPLOYEES RECEIVED TAX INDEMNIFICATION AND GROSS-UP PAYMENTS,

WHICH ARE TAXABLE:

JACOB ULRICH \$89,711

CHRIS DONOHUE \$27,607

JANE GROB FREY \$54,438

RIZWAN YUSUFALI \$25,230

DARIA GAGE \$47,781

HEATHER OH \$60,039

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **TECHNOSERVE, INC.** Employer identification number **13-2626135**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	112,510.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GOVERNMENT FO)	X	1	10,789,323.	SELLING PRICE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

TECHNOSERVE HIRED A CONTRACTOR/SALES AGENT TO HELP WITH THE TENDER AND

SELLING PROCESS OF EACH OF THE SHIPMENTS OF THE COMMODITY DONATED BY

U.S.DEPARTMENT OF AGRICULTURE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

TECHNOSERVE, INC.

Employer identification number

13-2626135

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TECHNOSERVE WORKS WITH ENTERPRISING PEOPLE IN THE DEVELOPING WORLD TO

BUILD COMPETITIVE FARMS, BUSINESSES, AND INDUSTRIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BUSINESSES, AND EMPLOYEES, IMPROVING THE LIVES OF AN ESTIMATED 1.6

MILLION HOUSEHOLD MEMBERS. WE HELPED THESE BENEFICIARIES GENERATE MORE

THAN \$200 MILLION IN ADDITIONAL REVENUE AND WAGES. WOMEN'S ECONOMIC

EMPOWERMENT IS A CENTRAL FOCUS OF TECHNOSERVE'S WORK, AND 38 PERCENT OF

ALL OF OUR BENEFICIARIES WERE WOMEN IN 2019.

BELOW, WE PROVIDE UPDATES FROM SEVERAL KEY PROJECTS AND PRACTICES,

REPRESENTING A CROSS-SECTION OF TECHNOSERVE'S WORK IN AGRICULTURAL

VALUE CHAINS AND ENTREPRENEURSHIP AROUND THE WORLD:

IN 2019, WE LAUNCHED TECHNOSERVE LABS. BASED IN SILICON VALLEY, THIS

INITIATIVE PARTNERS WITH TECHNOLOGY COMPANIES TO IDENTIFY, TEST, AND

IMPLEMENT SOLUTIONS THAT CAN TRANSFORM THE LIVES OF SMALLHOLDER

FARMERS, ENTREPRENEURS. WORKING WITH TECHNOSERVE LABS, PROGRAMS ARE

INNOVATING IN THE USE OF REMOTE TRAINING TO REACH ENTREPRENEURS AND

FARMERS, DRONE IMAGING AND MAPPING TO IMPROVE CROP PRODUCTION AND

SUSTAINABILITY, AND TECHNOLOGICAL SOLUTIONS THAT MAKE AGRICULTURAL

VALUE CHAINS MORE TRANSPARENT AND EFFICIENT.

IN DECEMBER 2019, TECHNOSERVE AND THE MASTERCARD FOUNDATION CONCLUDED

THE STRENGTHENING RURAL YOUTH DEVELOPMENT THROUGH ENTERPRISE (STRYDE)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization TECHNOSERVE, INC.	Employer identification number 13-2626135
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PROGRAM, A LANDMARK INITIATIVE THAT CREATED NEW ECONOMIC OPPORTUNITIES

FOR NEARLY 70,000 YOUNG PEOPLE IN RURAL REGIONS OF KENYA, UGANDA,

TANZANIA, AND RWANDA. BY COMBINING TRAINING ON PERSONAL AND BUSINESS

SKILLS WITH TAILORED AFTERCARE, THE PROGRAM HELPED YOUTH START NEW

BUSINESSES, EXPAND EXISTING MICRO-ENTERPRISES, AND FIND WAGE-PAYING

JOBS, LEADING TO AN AVERAGE INCOME INCREASE OF 84%.

IN BENIN, TECHNOSERVE IS LEADING THE BENINCAJU PROJECT, WHICH WAS

LAUNCHED IN 2016 AND IS FUNDED BY THE U.S. DEPARTMENT OF AGRICULTURE.

BY PROVIDING AGRONOMY TRAINING TO FARMERS, BUILDING THE CAPACITY OF

CASHEW-NUT AND CASHEW-APPLE PROCESSORS, HARNESSING NEW TECHNOLOGY, AND

IMPROVING ACCESS TO FINANCE AND MARKETS, THE PROGRAM IS HELPING TO MAKE

THE CASHEW SECTOR AN ENGINE FOR BENIN'S ECONOMIC DEVELOPMENT. TO DATE,

THE PROGRAM HAS PROVIDED TRAINING TO MORE THAN 43,000 FARMERS AND HAS

HELPED TO GENERATE AN ADDITIONAL \$23 MILLION OF REVENUE FOR FARMERS AND

CASHEW PROCESSORS.

FROM HONDURAS TO ZIMBABWE AND PERU TO ETHIOPIA, TECHNOSERVE IS WORKING

TO BUILD A SUSTAINABLE GLOBAL COFFEE SECTOR. TECHNOSERVE'S PROGRAMS

HELP FARMERS IMPROVE THE QUALITY AND YIELDS OF THEIR COFFEE AND

STRENGTHEN THE VALUE CHAIN, HELPING TO ENSURE THAT COFFEE GROWERS EARN

BETTER PRICES AND IMPROVE THE RESILIENCE OF THEIR FARMS. IN 2019,

TECHNOSERVE'S COFFEE PROGRAMS HELPED 85,290 FARMERS EARN NEARLY \$50

MILLION IN ADDITIONAL INCOME.

THE STRENGTHENING AFRICAN PROCESSORS OF FORTIFIED FOODS (SAPFF)

PROGRAM, A PARTNERSHIP BETWEEN TECHNOSERVE, PARTNERS IN FOOD SOLUTIONS,

AND THE BILL & MELINDA GATES FOUNDATION, IS WORKING TO BOOST NUTRITION

AND FOOD SECURITY BY IMPROVING CONSUMER ACCESS TO FORTIFIED FOOD IN

Name of the organization TECHNOSERVE, INC.	Employer identification number 13-2626135
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NIGERIA, KENYA, AND TANZANIA. THE PROGRAM WORKS WITH FOOD PROCESSORS TO

ADOPT FOOD FORTIFICATION AND INCREASE THEIR CAPACITY TO PRODUCE SAFE,

NUTRITIOUS FOOD. IN 2019, SAPFF CONVENED THE 2ND ANNUAL NIGERIA FOOD

PROCESSING AND LEADERSHIP FORUM, WHERE IT WAS ANNOUNCED THAT THE

PROGRAM'S PRIVATE-SECTOR PARTNERS HAD INCREASED THE SHARE OF WHEAT

FLOUR THAT WAS FORTIFIED FROM 58 PERCENT TO 74 PERCENT; FORTIFIED

EDIBLE OIL FROM 63 PERCENT TO 75 PERCENT; AND FORTIFIED SUGAR FROM 32

PERCENT TO 84 PERCENT; AND THAT 100 PERCENT OF THE SALT BEING PRODUCED

WAS FORTIFIED.

TECHNOSERVE'S ENTREPRENEURSHIP PRACTICE SUPPORTS THE MICRO, SMALL, AND

GROWING BUSINESSES THAT CREATE EMPLOYMENT AND ECONOMIC ACTIVITY IN

LOCAL COMMUNITIES. USING CAREFUL ADAPTATION, A MARKET-DRIVEN APPROACH,

EFFECTIVE CAPACITY DEVELOPMENT, AND RIGOROUS MEASUREMENT AND CONTINUOUS

LEARNING, THIS WORK HELPED 45,000 PEOPLE EARNED AN ADDITIONAL \$67

MILLION IN 2019.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CHILE, COLOMBIA, EL SALVADOR, GHANA,

GUATEMALA, HONDURAS, KENYA, MOZAMBIQUE,

NICARAGUA, SWAZILAND, PERU, RWANDA,

SOUTH AFRICA, TANZANIA, UGANDA, ZAMBIA,

COTE D IVOIRE, NIGERIA, ETHIOPIA, ZIMBABWE,

MEXICO, BENIN, BRAZIL, BOTSWANA,

INDIA, MALAWI, SOUTH SUDAN

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990 IS PREPARED AND REVIEWED INTERNALLY BY SENIOR MANAGEMENT

Name of the organization TECHNOSERVE, INC.	Employer identification number 13-2626135
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AND PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW. THE FINAL FORM 990 IS
 DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL
 REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:
 TECHNOSERVE'S CONFLICT OF INTEREST POLICY REQUIRES EACH DIRECTOR, OFFICER
 AND KEY EMPLOYEE TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST AND RECUSE
 HIM/HER SELF FROM ANY INVOLVEMENT IN A DECISION IN WHICH THE INDIVIDUAL HAS
 OR MAY HAVE A CONFLICT OF INTEREST. ON AN ANNUAL BASIS, EACH DIRECTOR,
 OFFICER AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A STATEMENT THAT INCLUDES
 AN ACKNOWLEDGEMENT THAT THE INDIVIDUAL HAS READ AND UNDERSTANDS THE POLICY,
 AGREES TO ABIDE BY THE POLICY AND DISCLOSES ANY CONFLICTS. IN ADDITION, THE
 ORGANIZATION HAS A POLICY THAT CLARIFIES THE PROCESS IN WHICH EMPLOYEES,
 VOLUNTEERS AND CONSULTANTS MAY DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:
 THE CHIEF HUMAN RESOURCES OFFICER CONDUCTS REVIEWS OF COMPENSATION
 INCLUDING BENCHMARKING AGAINST OTHER NON-PROFIT ORGANIZATIONS. SENIOR
 MANAGEMENT SALARIES AND INCREASES ARE PRESENTED TO AND SUBJECT TO APPROVAL
 BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE
 NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, HI, DE,
 ID

FORM 990, PART VI, SECTION C, LINE 19:
 FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS

Name of the organization TECHNOSERVE, INC.	Employer identification number 13-2626135
---	--

ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH

IN SECTION 6104(D). THE ORGANIZATION'S MOST RECENT FORM 990 IS ALSO

AVAILABLE ON ITS WEBSITE AT WWW.TECHNOSERVE.ORG.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	10,638,382.
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MANAGEMENT AND GENERAL EXPENSES	592,983.
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FUNDRAISING EXPENSES	1,190,348.
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TOTAL EXPENSES	12,421,713.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	12,421,713.
--	-------------

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CURRENCY TRANSLATION ADJUSTMENTS	-149,257.
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EFFECT OF ADOPTION OF ASU 2018-08

TOTAL TO FORM 990, PART XI, LINE 9	-149,257.
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FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND

SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL

STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990, PART I, LINE 5

TECHNOSERVE WORLDWIDE NUMBER OF EMPLOYEES DURING THE 2017 IS 1,264,

PART I LINE 5 SHOWS 125, FOR WHICH THE ORGANIZATION HAS ISSUED

CORRESPONDING W-2S.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **TECHNOSERVE, INC.** Employer identification number **13-2626135**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ASSOCIACAO TECHNOSERVE BRAZIL - 98-1564006 R FAUSTOLO 01861 S LOJA - CONJ 02 SALA, BRAZIL	DEVELOPMENT	BRAZIL	366,020.	531,706.	TECHNOSERVE INC.
FUNDACION TECHNOSERVE CHILE - 98-1563991 HUELEN 191 D, PROVIDENCIA HUELEN, CHILE 191	DEVELOPMENT	CHILE	53,426.	1,319,336.	TECHNOSERVE INC.
FUNDACION TECHNOSERVE COLOMBIA - 98-1563975 BOGOTA, COLOMBIA, CL 75 3 15 AP 402 BOGOTA, COLOMBIA	DEVELOPMENT	COLOMBIA	-1,255.	2,629.	TECHNOSERVE INC.
TECHNOSERVE (RF)NPC - 98-1564124 37 BATH AVE, ROSEBANK, JOHANNESBURG, GAUTENG, SOUTH AFRICA 2196	DEVELOPMENT	SOUTH AFRICA	-512,043.	581,546.	TECHNOSERVE INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more 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)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
TECHNOSERVE EUROPE 54 COMMERCIAL STREET LONDON, UNITED KINGDOM E16LT	DEVELOPMENT	UNITED KINGDOM	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.	X	

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

Schedule R (Form 990) 2019

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TECHNOSERVE ZAMBIA LIMITED - 98-1563946 PLOT NO 16794, OFF ALICK NKHATA ROAD, MASS M LUSAKA, ZAMBIA	DEVELOPMENT	ZAMBIA	-50,165.	118,489.	TECHNOSERVE INC.
TECHNOSERVE ORGANISATION - 98-1563959 4TH FLOOR, LILUNGA HOUSE, SOMHOLO RD MBABANE, SWAZILAND	DEVELOPMENT	SWAZILAND	29,232.	694,484.	TECHNOSERVE INC.
TSERV SOLUCIONES PARA LA POBREZA A.C. - 98-1563929, AV. ALVARO OBREGON 270 HIPODROMO CONDESA DIST. FEDERAL 06170, MEXICO 06170	DEVELOPMENT	MEXICO	794,221.	2,045,713.	TECHNOSERVE INC.
TNS BOTSWANA - 98-1564014 PLOT 1124-28 UNIT 007 - 3F, STANDARD HOUSE,M GABORONE, BOTSWANA	DEVELOPMENT	BOTSWANA	279,444.	327,649.	TECHNOSERVE INC.
TECHNOSERVE SOLUTIONS TO POVERTY LTD/GTE - 98-1564115, ATBARA ST, OFF CAIRO ST, WUSE 11, ABUJA, NIGERIA	DEVELOPMENT	NIGERIA	-49,178.	365,459.	TECHNOSERVE INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ASHWATTHA ADVISORS PRIVATE LIMITED - 98-1563943, UNIT 6, NEERU SILK MILLS, MATHURADAS MILL COMPOUND 126, MUMBAI,	DEVELOPMENT	INDIA	TECHNOSERVE INC.		-14,830.	2,538,625.		X	N/A	X		99.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ASHWATTHA ADVISORS PRIVATE LIMITED

EIN: 98-1563943

UNIT 6, NEERU SILK MILLS, MATHURADAS MILL COMPOUND 126

MUMBAI, INDIA 400013

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. TO REQUEST REFUND PAID ON ESTIMATED TAX PAYMENTS. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

J The books are in care of JEFFREY CHRISFIELD Telephone number 202-785-4515. Part I Unrelated Trade or Business Income table header.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Depreciation, 21 Less depreciation claimed, 22 Depletion, 23 Contributions to deferred compensation plans, 24 Employee benefit programs, 25 Excess exempt expenses, 26 Excess readership costs, 27 Other deductions, 28 Total deductions, 29 Unrelated business taxable income before net operating loss deduction, 30 Deduction for net operating loss, 31 Unrelated business taxable income.

Part III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-1,000.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-1,000.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-1,000.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-1,000.

Part IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments				
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a		
b	Other credits (see instructions)	46b		
c	General business credit. Attach Form 3800	46c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d		
e	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47	0.	
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48		
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.	
51a	Payments: A 2018 overpayment credited to 2019	51a		
b	2019 estimated tax payments	51b	8,160.	
c	Tax deposited with Form 8868	51c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d		
e	Backup withholding (see instructions)	51e		
f	Credit for small employer health insurance premiums (attach Form 8941)	51f		
g	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	51g		
52	Total payments. Add lines 51a through 51g	52	8,160.	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	8,160.	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	56	8,160.	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 3	X	
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ **CHIEF FINANCIAL OFFICER** Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	YONG ZHANG, CPA	<i>Yong Zhang</i>	11/06/20		P01249785
	Firm's name RSM US LLP	1861 INTERNATIONAL DRIVE, SUITE 400		Firm's EIN 42-0714325	
	Firm's address MCLEAN, VA 22102	Phone no. 703-336-6400			

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
ACCOUNTING FEES ALLOCATED TO 990-T PREPARATION		1,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		1,000.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	2,000.	0.	2,000.	2,000.
NOL CARRYOVER AVAILABLE THIS YEAR			2,000.	2,000.

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 3

NAME OF COUNTRY

CHILE
COLOMBIA
EL SALVADOR
GHANA
GUATEMALA
HONDURAS
KENYA
MOZAMBIQUE
NICARAGUA
SWAZILAND
PERU
RWANDA
SOUTH AFRICA
TANZANIA
UGANDA
ZAMBIA
COTE D IVOIRE
NIGERIA
ETHIOPIA
ZIMBABWE
MEXICO
BENIN
BRAZIL
BOTSWANA
INDIA
MALAWI
SOUTH SUDAN