gg Form

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

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

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



Dep Inte	artment rnal Rev	of the Treasury enue Service	Go to www	v.irs.gov/Form990 fo	r instructions and	d the latest	information.		Inspection
Α	For th	e 2021 calenda	r year, or tax year beginni			ending			
В	Check in applicat	C Name of o	organization				D Employer ide	entificat	ion number
	Addr chan	ess TECHNOS	ERVE, INC.						
	Nam chan	e <u> </u>					13-2626	135	
	Initia retur		and street (or P.O. box if mail	l is not delivered to stree	t address)	Room/suite	E Telephone nu	umber	
	Final retur	1777 NO	RTH KENT STREET		,	1100	(202) 78		
	term	in_	wn, state or province, coun	ntry, and ZIP or foreign	n postal code		G Gross receipts \$		96,635,764.
	Ame retur	nded APT.TNOT	ON, VA 22209		-		H(a) Is this a gro	oup retu	'n
	Appl tion	F Name and	d address of principal office	er:WILLIAM WARSHA	UER		for subordi	nates?	Yes X No
	penc	ING SAME AS C	2 ABOVE				H(b) Are all subordir	nates inclue	led? Yes No
		kempt status: X) 🗲 (insert no	.) 4947(a)(1)	or 527	If "No," atta	ach a list	. See instructions
		ite: 🕨 WWW.TEC					H(c) Group exer		umber 🕨
		of organization: 🛛	Corporation Trust	Association	Other 🕨	L Year	of formation: 1969	M S	tate of legal domicile: NY
Ρ	art I	Summary							
٩	1	Briefly describe	the organization's mission	or most significant a	ctivities: <u>SEE SC</u>	HEDULE O			
Governance									
ŝ	2	Check this box	•	on discontinued its op	•	sed of more	than 25% of its ne	et assets	
Š	3		ng members of the governi					3	26
			pendent voting members o					4	25
a a	5		f individuals employed in ca					5	145
Activities &	6		f volunteers (estimate if neo					6	32
404	5 7 a		business revenue from Par					7a	0.
	k	Net unrelated b	usiness taxable income fro	om Form 990-T, Part I,	line 11	<u></u>		7b	0.
		a		х х			Prior Year	72	Current Year
٩	8		nd grants (Part VIII, line 1h)				79,995,6		96,185,270.
Revenue	9		e revenue (Part VIII, line 2g)				93,7		174,409.
a B B	10		ome (Part VIII, column (A), li				227,4 348,6		201,490. 71,458.
	11		Part VIII, column (A), lines &				80,665,4		96,632,627.
	12		add lines 8 through 11 (mu				10,772,4		11,081,796.
	13		ilar amounts paid (Part IX, o				10,772,1	0.	0.
	14		o or for members (Part IX, c compensation, employee b		(Λ) lines 5.10		40,663,1		48,614,436.
2 P C	15		ndraising fees (Part IX, colu						108,000.
Fynenses					2,929,	197	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ц Х	1 17	b Total fundraising expenses (Part IX, column (D), line 25) ▶2,929,197. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						557.	32,644,109.
	18		. Add lines 13-17 (must equ				79,222,7		92,448,341.
	19		xpenses. Subtract line 18 f		, 1110 20)		1,442,7		4,184,286.
Jr.							ginning of Current \		End of Year
Net Assets or	20 20	Total assets (Pa	art X, line 16)				75,594,9		114,276,337.
Ass	21 21	Total liabilities (60,565,2		95,352,825.
Net	22		ind balances. Subtract line				15,029,7		18,923,512.
P	art II							i	

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		
Here	JEFFREY CHRISFIELD, CHIEF FINANCI	AL OFFICER				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature Yong Zhang	Date	Check	PTIN	
Paid	YONG ZHANG, CPA	10g Zhang	10/28/22	self-employed	P01249785	
Preparer	Firm's name RSM US LLP				2-0714325	
Use Only	Firm's address 🕨 1861 INTERNATIONAL DRIVE	E, SUITE 400				
	MCLEAN, VA 22102			Phone no. 703-33	36-6400	
May the II	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990	(2021)

Form	1990 (2021) TECHNOSERVE, INC.	13-2626135 Page 2
Pa	rt 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'S MISSION IS TO FIGHT POVERTY BY HELPING PEOPLE BUILD	
	REGENERATIVE FARMS, BUSINESSES AND MARKETS THAT INCREASE INCOMES.	
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 ⊻ 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, a	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$78,310,030. including grants of \$11,081,796. 11,081,796. (Re	evenue \$ 174,409.)
	SEE SCHEDULE O	
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Re)
10		yende \$
<u> </u>	O^{+}_{+}	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 78,310,030.	000

Form	990 (2021) TECHNOSERVE, INC. 13-262613	5	P	age 3
Par	t 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D. Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1.12		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		120		x
h	Schedule D, Parts XI and XII	12a		
U		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		x
			x	
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		<u> </u>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		116	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15		15	х	
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		10		x
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	х	
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			•
~~	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form	990 (2021) TECHNOSERVE, INC. 13-26261	35	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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Form		626135	5	P	Page 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ſ			
	filed for the calendar year ending with or within the year covered by this return 2a	145			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	····· -	50		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	х	
Ŀ.		····· -	40		
D	If "Yes," enter the name of the foreign country \blacktriangleright SEE SCHEDULE O	— I			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		-		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the p	ayor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	[7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Г	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	···· Γ	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	Г	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
•	sponsoring organization have excess business holdings at any time during the year?	- 1	8		
9	Sponsoring organizations maintaining donor advised funds.		•		
a		- 1	9a		
b		Г	9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	·····	30		
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a				
44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	+			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	-+			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	+			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	[14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	[14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	Γ	16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	. I			
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.	·····			

Form	990 (2021) TECHNOSERVE, INC.		13-262613		P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thi	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was	filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		х
6	Did the organization have members or stockholders?			6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint o	ne or			
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
		01100			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha		affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	. ,	,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		0			
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi	th a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion 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	d 990-	T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	X Own website X Another's website X Upon request Other (explain details)	on Sci	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	l financ	ial	
	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 book	s and	records			
	JEFFREY CHRISFIELD - 202-785-4515		····· · ·			
	1777 NORTH KENT STREET, 1100, ARLINGTON, VA 22209					
					_	

Form 990 (2	2021) TECHNOSERVE, INC.	13-2626135	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	mpensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending w	ith or within the organizatior	ı's tax year.
	Il of the organization's current officers, directors, trustees (whether individuals or organizations), rega	ardless of amount of comper	isation.
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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition) than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	ia a a	Irecto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) MICHAEL BUSH	3.00									
CO-CHAIR		Х		х				0.	Ο.	0.
(2) RACHEL HINES	3.00									
CO-CHAIR		Х		х				٥.	٥.	0.
(3) PETER FLAHERTY	3.00									
VICE CHAIRMAN		Х		х				٥.	0.	0.
(4) JENNIFER BULLARD BROGGINI	3.00									
SECRETARY		Х		Х				0.	0.	0.
(5) ROBERT MANLY	3.00									
TREASURER		Х		Х				0.	0.	0.
(6) PAUL TIERNEY JR.	1.50									
CHAIRMAN EMERITUS		Х						0.	0.	0.
(7) MONICA ADRACTAS	1.50									
DIRECTOR		Х						0.	0.	0.
(8) IMONI AKPOFURE	1.50									
DIRECTOR		Х						0.	0.	0.
(9) KANIKA BAHL	1.50									
DIRECTOR		Х						0.	0.	0.
(10) SCOTT BAKER	1.50									
DIRECTOR		Х						0.	0.	0.
(11) GERALD BALDWIN	1.50									
DIRECTOR		Х						0.	0.	0.
(12) THOMAS BARRY	1.50									
DIRECTOR		Х						0.	0.	0.
(13) ROBERT BECHEK	1.50									
DIRECTOR		Х						0.	0.	0.
(14) ANTHONY BLOOM	1.50									
DIRECTOR		Х						0.	0.	0.
(15) TITUS BRENNINKMEIJER	1.50									
DIRECTOR		Х						0.	0.	0.
(16) LAURA CORB	1.50									
DIRECTOR		Х						0.	0.	0.
(17) JEAN-MARC DUVOISIN	1.50									
DIRECTOR		Х						0.	0.	0.

Form 990 (2021) TECHNOSERVE,	INC.								13-262	2613	5	P	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Em	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more rson i	than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	ו		(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Form er	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fi org an	pensa rom th anizat d relat anizati	ie tion ted
(18) RUSSELL FAUCETT	1.50												
DIRECTOR		Х						0.		٥.			Ο.
(19) MIA FUNT	1.50												
DIRECTOR		Х						0.		٥.			0.
(20) AEDHMAR HYNES	1.50												
DIRECTOR		X						0.		٥.			0.
(21) TIMOTHY M. KINGSTON	1.50												
DIRECTOR		Х						0.		0.			0.
(22) CHARLES MOORE	1.50												
DIRECTOR		Х						0.		0.			٥.
(23) MICHELLE PELUSO	1.50												
DIRECTOR		Х						0.		0.			0.
(24) KURT PETERSON	1.50												•
DIRECTOR	1 50	х						0.		0.			0.
(25) MICHAEL SPIES DIRECTOR	1.50	x						0.		٥.			0
(26) WILLIAM WARSHAUER	40.00	^				-		0.		<u></u>			0.
PRESIDENT & CEO	40.00	x		x				433,855.		٥.		87	444.
								433,855.		0.			444.
1b Subtotal c Total from continuation sheets to Part VII								3,686,104.		0.		,	427.
d Total (add lines 1b and 1c)								4,119,959.		0.		,	871.
2 Total number of individuals (including but no							o re	, ,	000 of reportable			/	-
compensation from the organization		000	noto	u un		,							51
										ſ		Yes	No
3 Did the organization list any former officer,	-			•									v
line 1a? If "Yes," complete Schedule J for su											3		X
4 For any individual listed on line 1a, is the su												х	
and related organizations greater than \$150											4		
5 Did any person listed on line 1a receive or a											5		x
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	olete Schedule	<u>e J I</u>	<u>or s</u> t		Jers	011 .				····	<u> </u>		
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fr	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax ye	ear.				
(A)	addraaa							(B)		~		C)	~
Name and business	address						_	Description of se	ervices		ompe	nsatio	<u></u>
RPX CONSULTING GROUP INC	150							NONDELEVELON CEDIT	77.0				410
5 MAIN STREET, SUITE 2, DELHI, NY 137	53						_	MONETIZATION SERVI	CES			4//,	416.
SARAMAC CONSULTING, LLC 3333 N ST NW APT #4, WASHINGTON, DC 2	0007							MONETIZATION SERVI	7720			308	023
LATERITE LTD., 61 WEESPERSTRAAT,	.0007							MONITORING/EVALUAT				550,	923.
AMSTERDAM, NOORD, NETHERLANDS								SERVICES				365	454.
NATHANI LAW PRACTICE, PLLC, 1025							-					505,	191.
CONNECTICUT AVE NW, STE 1000, WASHING	TON							LEGAL SERVICES				279	065.
CONSULTING FOR AFRICA PTY LTD	· - · /												
PO BOX 991, NORTHRIDING, SOUTH AFRICA	2161							MONETIZATION SERVI	CES			223,	063.
2 Total number of independent contractors (in		ot lin	nitec	d to	thos	se lis						,	
\$100,000 of compensation from the organiz	ation 🕨				1	7							

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 TECHNOSERVE ,	INC.								13-26261	.35
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, a	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	٥r				loyee		the	organizations	compensation
	(list any hours for	lirect				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			sated		(00-2/1033-10100)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest com pen sated em ployee				organizations
	below	idual	tution	er	Key employee	est co	er			Ū
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) JEFFREY CHRISFIELD	40.00									
CFO				х				294,041.	0.	85,556.
(28) KINDRA HALVORSON	40.00									
CHIEF TRANSFORMATION OFFICER					х			278,567.	0.	84,512.
(29) SHAWN MOOD	40.00									
CHIEF HUMAN CAPITAL OFFICER					Х			278,063.	0.	74,563.
(30) LAWRENCE UMUNNA	40.00									
REGIONAL DIRECTOR, WEST AFRICA					Х			250,281.	0.	32,306.
(31) KATARINA KAHLMANN	40.00									
CHIEF PROGRAM OFFICER					Х			248,795.	0.	79,319.
(32) PAMELA CHITENHE	40.00									
REGIONAL DIRECTOR, SOUTHERN AFRICA					X			239,114.	0.	28,920.
(33) JOHN KEIGHTLEY	40.00									
VP, DEVELOPMENT & COMMUNICATIONS					Х			236,736.	0.	74,108.
(34) ANDREI BELYI	40.00									
VICE PRESIDENT, LATIN & CENTRAL AMER					Х			223,691.	0.	28,111.
(35) MEFTHE TADESSE	40.00							0.05 01 4		
COUNTRY DIRECTOR, EAST AFRICA	40.00				х			207,814.	0.	28,552.
(36) PAUL STEWART	40.00				x			100 005	0.	27 072
GLOBAL COFFEE DIRECTOR (37) JUAN CARLOS THOMAS	40.00		-		^			182,235.	υ.	27,972.
GLOBAL ENTREPRENUERSHIP DIRECTOR	40.00				x			166 113	0.	6 732
(38) JANE GROB FREY	40.00		<u> </u>		^			166,113.	0.	6,732.
COUNTRY DIRECTOR	40.00					x		255,805.	0.	33,856.
(39) JONATHAN BARNOW	40.00							255,005.	••	55,050.
VICE PRESIDENT, STRATEGIC INITIATIVE	40.00					x		230,916.	0.	3 567
(40) JACOBUS JOHANNES VAN DER LAAN	40.00							230,910.	••	3,567.
CHIEF OF PARTY	10,00					x		211,636.	0.	15 324
(41) JAMES OBAROWSKI	40.00								••	15,324.
COUNTRY DIRECTOR (ENDING 11/21)						x		191,158.	0.	41 770
(42) JONATHAN THOMAS	40.00							191,100.	••	41,770.
CHIEF OF PARTY						x		191,139.	0.	28,259.
								191,109.	••	20,209.
		1								
								3,686,104.		673,427.

		Check if Schedule O	contains	a response	e or note to anv line	e in this Part VIII			Γ
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
ts	1 a	Federated campaigns		. 1a					
and Other Similar Amounts	b	Membership dues		. 1b					
Ĕ	с	Fundraising events		. 1c					
ar /	d	Related organizations		. 1d					
Ē	е	Government grants (conti	ributions) 1e	27,764,635.				
Š	f	All other contributions, gifts,	grants, a	nd					
the		similar amounts not included	above .	1f	68,420,635.				
0 P	g	Noncash contributions included in	lines 1a-1f	1g \$	19,603,913.				
an	h	Total. Add lines 1a-1f			🕨	96,185,270.			
					Business Code				
	2 a	PROGRAM INCOME			900099	174,409.	174,409.		
Ф	b								
nue	С				·				
Revenue	d				·				
۲	е						ļ		
		All other program service							
\downarrow		Total. Add lines 2a-2f				174,409.			
	3	Investment income (inclue	•						
		other similar amounts) \dots			🕨	91,252.			91,25
	4	Income from investment of		•	· · · ·				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a		6a						
	b		6b						
	С		6c						
		Net rental income or (loss			····· •				
	7 a	Gross amount from sales of) Securities					
		assets other than inventory	7a		113,375.				
	b	Less: cost or other basis		2 1 2 5					
		and sales expenses	7b	3,137					
		Gain or (loss)	10	-3,137	-	110 020			110.07
		Net gain or (loss)			····· ►	110,238.			110,23
	8 а	Gross income from fundraisi							
'		including \$							
		contributions reported on							
	Ŀ	Part IV, line 18			ab				
		Net income or (loss) from							
		Gross income from gamir		-	P				
	Ja	Part IV, line 19			a				
	h				b				
		Net income or (loss) from							
		Gross sales of inventory,							
	10 d	and allowances							
	h	Less: cost of goods sold							
		Net income or (loss) from							
+	U		Jaics 01	niventory	Business Code				
	11 -	OTHER INCOME			900099	71,458.			71,45
Revenue	l i a b								
ver	c c				·				
Be		All other revenue			·				
		Total. Add lines 11a-11d				71,458.			
				·····		96,632,627.	174,409.	0.	272,9

TECHNOSERVE, INC.

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) Х Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 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 11,081,796. 11,081,796. Benefits paid to or for members 4 5 Compensation of current officers, directors, 3,902,409. 1,005,959. trustees, and key employees 2,480,236. 416,214. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 30,282,102. Other salaries and wages 25,399,743. 4,435,725. 446,634. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,215,744 1,807,102. 352,715 55,927. 9,522,615 7,766,391, 1,515,864 240,360. Other employee benefits 9 2,691,566. 2,195,169 428,459 67,938. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 446,209 92,569, 349,486 4,154. b Legal 416,387, 231,485, 184,902, С Accounting Lobbying d 108,000. 108,000. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 11,155,045 9,395,277. 587,365, 1,172,403. column (A), amount, list line 11g expenses on Sch 0.) 431,598 219,034. 20,303, 192,261. Advertising and promotion 12 2,884,959 2,625,515. 231,091 28,353. Office expenses 13 1,250,706, 256,075, 871,996, 122,635. Information technology 14 15 Royalties 2,276,281 1,684,652. 591 629 16 Occupancy 4,698,896, 91,298 4,596,481. 11,117. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 385,255. 385,239. 16. Conferences, conventions, and meetings 19 90. 90. 20 Interest Payments to affiliates 21 310,261 30,782, 226,883 52,596. Depreciation, depletion, and amortization 22 61,078. 321,763. 260,685 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) TRAINING 4,622,060. 4,621,843. 217 а VEHICLE OPERATIONS 1,834,754 1,832,907. 1,619 228 b EQUIPMENTS 1,609,845. 1,546,566. 52,902, 10,377. С

92,448,341

78,310,030,

11,209,114,

 25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► _______ if following SOP 98-2 (ASC 958-720)

d

е

All other expenses

2,929,197.

132011 12-09-21

7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 8 1,580,930. 9 Prepaid expenses and deferred charges 9 1,780,317. **10a** Land, buildings, and equipment: cost or other 7,473,420. basis. Complete Part VI of Schedule D _____ 10a 5,255,535. 2,273,300. 2,217,885. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 669,012. 819,835. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 2,188. 2,188. 15 Other assets. See Part IV, line 11 15 75,594,959. 114,276,337. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 7,277,234. 8,048,040. Accounts payable and accrued expenses 17 17 18 Grants payable 18 45,961,078. 80,634,317. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 7,326,940. 25 6,670,468. of Schedule D 60,565,252. 95,352,825. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗵 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 11,457,390. 14,453,622. 27 27 Net assets with donor restrictions 3,572,317. 4,469,890. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 15,029,707. 32 18,923,512. 32 75,594,959. 114,276,337. 33 Total liabilities and net assets/fund balances 33

13-2626135

(A)

Beginning of year

18,716,748.

44,732,459.

6,793,382.

826,940.

1

2

3

4

5

6

Page 11

12,830,920.

87,547,081.

8,214,452.

Form 990 (2021)

863,659.

(B)

End of year

TECHNOSERVE, INC. Part X | Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

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

Loans and other receivables from other disgualified persons (as defined

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

Form 990 (2021)

1

2

3

4

5

6

Form	990 (2021) TECHNOSERVE, INC.	13-262613	15	Pa	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	96	,632,	627.
2	Total expenses (must equal Part IX, column (A), line 25)	2	92	,448,	341.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	,184,	286.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	,029,	707.
5	Net unrealized gains (losses) on investments	5		66,	399.
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	-	-356,	880.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,	,923,	512.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	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?		2b	Х	
	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 X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a	Х	
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1 -
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	
				000	

Form **990** (2021)

(Form 990)

Total

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.

OMB No. 1545-0047
2021
Open to Public

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection	
Nar	ne of	the organizati	on						Employer	r identification numbe	
			TECHNO	DSERVE, INC.						13-2626135	
Pa	nrt I	Reason	for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	ee instructior	IS.		
The	orgar	ization is not a	private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(⁻	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3					anization described in s)(b)(1)(A)(ii	ii).			
4					njunction with a hospital				.)(iii). Enter	the hospital's name,	
		city, and state	e:								
5		An organizati	on operated f	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed 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	X										
				complete Part II.)		U U					
8					(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research or	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conju	inction with a	land-grant	college	
		-	-	-	culture (see instructions).		-		-	-	
		university:			. , , , , , , , , , , , , , , , , , , ,				Ū		
10			on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities rela	ted to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and u	inrelated busi	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizati	on organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organizati	on organized	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box on	
		lines 12a thro	ugh 12d that	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	l 12g.		
â		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving	
		the suppor	ted organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting	
		organizatio	n. You must e	complete Part IV, Se	ections A and B.						
k		Type II. A s	supporting org	anization supervised	d or controlled in connec ⁻	tion with it	s supporte	ed organizatio	n(s), by hav	/ing	
		control or n	nanagement o	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.						
C	: [_ Type III fur	nctionally inte	egrated. A supportin	ng organization operated	in connec	tion with, a	and functiona	ly integrate	∍d with,	
		_ its supporte	ed organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.			
C		_ Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	ted organiz	zation(s)	
		that is not f	unctionally in	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	I an attentiv	veness	
	_	requiremen	t (see instruct	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.			
e	, [•		written determination fro			Туре I, Туре	II, Type III		
					nally integrated supporti	ng organiz	ation.				
1		er the number	••	•							
		vide the followi (i) Name of supp		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount o	fmonetany	(vi) Amount of other	
		organization			(described on lines 1-10	in your govern	ing document?	support (see ii		support (see instructions	
		3			above (see instructions))	Yes	No		,		
				1	1		1	1		1	

TECHNOSERVE, INC.

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) 🕨 (c) 2019 (d) 2020 (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 79,783,618. 85,974,826. 84,664,274 79,995,673. 96,185,270. 426,603,661. 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 79,783,618, 85,974,826, 84 664 274 79,995,673, 96,185,270. 426,603,661. 4 Total. Add lines 1 through 3 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) 58,526,642. 368,077,019. 6 Public support. Subtract line 5 from line 4. Section B. Total Support <u>(d)</u> 2020 <u>(b)</u>2018 Calendar year (or fiscal year beginning in) (a) 2017 (c) 2019 (e) 2021 (f) Total 79,783,618. 85,974,826, 84,664,274, 79,995,673. 96,185,270, 426,603,661. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,337,222. 194,620 685,166. 208,206 157,978. 91,252. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1,060,372. 1,018,209. 1,833,095 348,622. 71,458. 4,331,756. 432,272,639. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 621,167. 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 85.15 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 86.31 15 % 16a 33 1/3% support test - 2021. 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 ► X b 33 1/3% support test - 2020. 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 17a 10% -facts-and-circumstances test - 2021. 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 b 10% -facts-and-circumstances test - 2020. 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 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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 TECHNOSERVE, INC. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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 disgualified 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(4) 2011	(6) 2010	(0) 2010			
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 on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the check this box and stop here	0		-	-		ization, ►
Section C. Computation of Publi	c Support Per				<u></u>	
15 Public support percentage for 2021 (I			aluma (f))		15	04
	, (),	, ,				%
16 Public support percentage from 2020 Section D. Computation of Invest					16	%
· · · · · · · · · · · · · · · · · · ·						0/
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from						%
19a 33 1/3% support tests - 2021. If the						ne 17 is not
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2020. If the						▶∟_] 3%, and
line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	nization qualifies a	as a publicly suppo	orted organizat	ion ►
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

1

2

3a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

	edule A (Form 990) 2021 TECHNOSERVE, INC. rt IV Supporting Organizations (continued)			age
			Yes	N
1	Has the organization accepted a gift or contribution from any of the following persons?		163	
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	· ·			
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
	<u>detail in</u> Part VI. ction B. Type I Supporting Organizations	11c		
			V.	
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			

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?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

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 instr	ruction	ns)
--	---------	-----

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a g	overnmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
---	--	--------------------------------	---------------------	---	----

- 2 Activities Test. Answer lines 2a and 2b 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

Yes No

	dule A (Form 990) 2021 TECHNOSERVE , INC.		·	13-2626135 Pag
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete :	Sections A through E.	
ect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting orga	anization (see
•	instructions)	,	, - s copporting orge	

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 TECHNOSERVE, INC.				13-2626135	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ied)		
Secti	on D - Distributions				Current Yea	ar
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	;	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 TECHNOSERVE, INC.	13-2626135	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; Part III, line 12;	
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 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	s 1 and 2; Part IV, Section	n C, art V
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit	ional information.	
(See instructions.)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2017 AMOUNT: \$ 1,060,372.		
2018 AMOUNT: \$ 929,144.		
2019 AMOUNT: \$ 1,833,095.		
2020 AMOUNT: \$ 348,622.		
2021 AMOUNT: \$ 71,458.		
FUNDRAISING		
2018 AMOUNT: \$ 89,065.		

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

TEC	HNOSERVE, INC.	13-2626135
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	

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

Form 990-PF

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
TECHNOSE	ERVE, INC.		13-2626135
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$19,623,6	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
2		\$8,075,3	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$7,842,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$6,087,5	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$4,661,0	001. Person X Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
6		\$3,879,7	Person X Payroll

	B (Form 990) (2021)		Page 2
Name of o	rganization	Empl	oyer identification number
TECHNOSE	GRVE, INC.		13-2626135
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$3,524,392.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$3,280,359.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$2,774,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$2,493,304.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$2,059,520.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	B (Form 990) (2021)			Page 3
Name of o	organization		Employe	er identification number
TECHNOSE	ERVE, INC.		13-	-2626135
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
1	FOOD AID			
		\$19,381	,583.	07/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
2	VEHICLE			
		\$23,	,775.	08/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

Name of or	rganization		Employer identification number
TECHNOSE	RVE, INC.		13-2626135
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line e charitable, etc., contributions of \$1,000 c	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year e entry. For organizations o or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	T	(e) Transfer of g	
-	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)	
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Supplemental Financial Statements

OMB No. 1545-0047
2021
Open to Public
Inspection

(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10,	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZU	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Inspecti		
-	e of the organizati			Employe	r identification	
		TECHNOSERVE, INC.			13-2626135	
Pa	rt I Organiza	ations Maintaining Donor Advised	d Funds or Other Similar Funds or Ac	counts.	Complete if th	ne
	organizatio	n answered "Yes" on Form 990, Part IV, line	e 6.			
			(a) Donor advised funds (b) Funds an	nd other accou	nts
1	Total number at er	nd of year				
2	Aggregate value o	f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised func	ls		
	are the organization	on's property, subject to the organization's e	exclusive legal control?		Yes	No No
6	•		dvisors in writing that grant funds can be used o	2		
	• •		r donor advisor, or for any other purpose conferr	°		
Do	impermissible priv				Yes	No
Pa			ganization answered "Yes" on Form 990, Part IV,	line /.		
1		servation easements held by the organizatio				
		n of land for public use (for example, recreat				i
		f natural habitat	Preservation of a certi	fied historic	structure	
0		of open space	ind concernation contribution in the form of a co	noor lation o	accoment on th	
2	day of the tax year		ied conservation contribution in the form of a co		asement on th	
2				2a		
a b				2a 2b		
c	•		ucture included in (a)	20 20		
			fter $7/25/06$, and not on a historic structure	20		
				2d		
3			eased, extinguished, or terminated by the organi	·	a the tax	
-	year ►				9	
4		where property subject to conservation eas	ement is located			
5		tion have a written policy regarding the peri				
	violations, and enf	orcement of the conservation easements it	holds?		Yes	🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conservatio			ear
	▶					
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sements dur	ring the year	
	►\$					
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)	(i)		
	and section 170(h))(4)(B)(ii)?			Yes	No No
9	In Part XIII, descrit	be how the organization reports conservation	on easements in its revenue and expense statem	ent and		
			ote to the organization's financial statements that	at describes	the	
D		ounting for conservation easements.	Ant Illisteries Trees and Other O			
Pa		-	Art, Historical Treasures, or Other S	imilar As	sets.	
	Complete in	f the organization answered "Yes" on Form	990, Part IV, line 8.			

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of			
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			

	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	ovid	le	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	

b Assets included in Form 990, Part

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

Partiall Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization accession, and other records, check any of the following that make significant use of its continued) a Deptice chilotion d Loan or exchange program b Different chilotion d Loan or exchange program c Provide acception of thure generations d Loan or exchange program b Different than to be maintain as part of the reganization's exempt purpose in Part XIII. Diming the year, did the organization solucion? Yes No Partice childston d Loan or exchange program Yes No Partice childston d Loan or exchange program Yes No Partice childston d Loan or exchange program Yes No Partice childston d Loan or exchange program Yes No Partice childston d Loan or exchange program Yes No Partice childston d Contegenization account on the organization acceleton? Yes No If 'Yes, 'exclain the arrangement in Part XIII check here if the conjanization answered 'Yes' on organization acceleton and the ore	Sche	dule D (Form 990) 2021 TECHNOSERVI	1					13-262		Page 2
collection lemis (check all that apply): a b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>ollections of Ar</th> <th>t, Historical Tr</th> <th>easures, or (</th> <th>Other S</th> <th>imilar</th> <th>r Assets</th> <th>(continu</th> <th>ued)</th>	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or (Other S	imilar	r Assets	(continu	ued)
a Public exhibition d Loan or exchange program b Scholary research e Other	3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that n	nake sign	ificant ι	use of its		
b Scholary research e Other 4 Provide a description of hubre generations 5 Dirig the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to solicit or receive donations collections and explain how they further the organization answered 'Yes' on Form 990, Part XIII. 5 Dirig the year, did the organization along the organization answered 'Yes' on Form 990, Part X, line 21. Test 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, line 21. Test intermediary for contributions or other assets not included on Form 990, Part X, line 21. b If 'Yes', explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance If If a Distributions during the year If If 2a Did the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Yes No b If 'Yes', explain the arrangement in Part XIII. Check here if the copanization natsweed 'Yes' on Form 900, Part X, line 10. If 'Yes', explain the arrangement in Part XIII. Check here if the copanization account liability? Yes No b Contributions If all If 'Yes', on		collection items (check all that apply):								
c Preservation for future generations 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 1 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 Dering the year, did the organization's collection? 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Dot the organization include an amount on Form 990, Part X, line 10. 1 Part VI Information asswered 'Yes' on Form 990, Part X, line 10. 1 Part XIII. Part XIII. 1 Part XIII. Part XIII. <t< th=""><th>а</th><th>Public exhibition</th><th>(</th><th>d 📃 Loan or ex</th><th>change program</th><th>า</th><th></th><th></th><th></th><th></th></t<>	а	Public exhibition	(d 📃 Loan or ex	change program	า				
Provide a description of the organization's collections and explain how they furthe the organization's severet purpose in Part XIII. During the year, did the organization allottor receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is a list engination for the organization answered "Yes" on Form 990, Part X, line 21. If 'es' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete (the organization answered "Yes" on Form 990, Part X, line 21. Reginning of year balance Is a list investment earrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete (the organization answered "Yes" on Form 990, Part X, line 10. Is a leginning of year balance Is contributions Is a contrast earrange and in the progenization answered 'Yes' on Form 990, Part X, line 10. Is a contrast endowment two set of facilities and programs Is a contrast endowment two set of facilities and programs Is a contrast endowment two set of facilities and programs Is addition of numble assets on the progenization facilities explanation Is addition of the organizations Is addition of the organization set of the organization Ty is a line 340, are the eleded organization is the organization that are held and administered	b	Scholarly research	e	e 🗌 Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes No Part V Escrow and Oustodial Arrangements. Complete if the organization's collection? Yes No Part V Escrow and Oustodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X 0 Bit Yes, 'explain the arrangement in Part XII and complete the following table: Amount 1 1 1 0 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 0 Did the organization and part XII. Check there if the explanation has been provided on Part XII. No No 9 If Yes.' exclain the arrangement in Part XII. Check there if the explanation has been provided on Part XII. No No 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Ture years back <td< th=""><th>с</th><th>Preservation for future generations</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	с	Preservation for future generations								
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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Include the organization and the part IV agent in Part XIII and complete the following table: Amount c Beginning balance 1d Include table Include table tab	4	Provide a description of the organization's co	ollections and explai	n how they further t	the organization	's exempt	purpos	se in Part	XIII.	
Part W 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 (III and complete the following table: Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Camplete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account tability? Yes No b If "Yes," explain the arrangement in Part XII. Camplete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account tability? Yes No b If "Yes," explain the arrangement in Part XII. Contributions Contributions Go Current year (0) Prior year (2) Two years back (d) Frite years back (e) Four years back (d) Frite years back (e) Four years back (d) Gurrent year (d) Current year (e) Two years back (f) Administrative expenses (d) Gurrent year end balance (line 10, column (a)) held as: a Board designated or quasiandownent b % b Permanent endownent b % b Permanene andownent b	5	During the year, did the organization solicit of	r receive donations	of art, historical trea	asures, or other	similar as	sets			
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, line 21, line 21										No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete the following table: Amount c Beginning balance Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the following table: <th>Par</th> <th>t IV Escrow and Custodial Arran</th> <th>gements. Compl</th> <th>ete if the organizati</th> <th>on answered "Y</th> <th>es" on Fo</th> <th>orm 990</th> <th>, Part IV, I</th> <th>ine 9, or</th> <th></th>	Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the organizati	on answered "Y	es" on Fo	orm 990	, Part IV, I	ine 9, or	
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 1d d Additions during the year 1d e 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 X Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part X, line 10. (e) Four years back (e) Four years back if a grants or scholarships. Image: and programs if (administrative expenses) e Other expenditures for facilities and programs Image: and programs if (administrative expenses) Image: and programs if (administrative expenses) g End of year balance % % Mode is a sequence on the organization that are held and administered for the organization by: (i) Or related organizations % Mode is a sequence on Scholarships. Sa(i) d Are there endowment twhe organiz		reported an amount on Form 990, Pa	rt X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other asset	ts not inc	luded		_	
c Beginning balance Amount 1d 1d e Distributions during the year 1e 2 Distributions during the year 1f 2 Distributions 1P and the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII. (d) Three years back (e) Four years back for the organization four the years back four the years back four years back (e) Four years back four the percentage		on Form 990, Part X?							Yes	No No
c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1e 1f f Ending balance 1f 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'ves' very cuplan the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Image: cuplan the arrangement in Part XII. 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. Image: cuplanation has been provided on Part XIII If a Beginning of year balance [a] Current year [b] Prior year [c] Two years back (e) Four years back (e) Four years back in the state and programs If Administrative expenses [a] Current year [b] Prior year [c] Two years back in the provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: [c] Administrative explanation insection the current year end balance (line 1g, column (a)) held as: Board designated or quasizations </th <th>b</th> <th>If "Yes," explain the arrangement in Part XIII</th> <th>and complete the fo</th> <th>llowing table:</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
d Additions during the year 1d e Distributions during the year 1d 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 2 Did the organization include an amount on Form 990, Part X, line 10. 1 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1 Beginning of year balance 1 1									Amount	
e Distributions during the year 1e f Ending balance 1t 2D Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back for year balance 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back for years b	с	Beginning balance					1c			
f Ending balance	d	Additions during the year					1d			
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 Yes No 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 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (b) Prior year (c) Two years back (d) Three years back (e) Four years g End of year balance (b) Prior year (c) Two years back (e) Four years (e) Four years g End of year balance (b) Cottor the year radianation has been provided the stance (e) Four years (f) Administrative expenses <th>е</th> <th>Distributions during the year</th> <th></th> <th></th> <th></th> <th></th> <th>1e</th> <th></th> <th></th> <th></th>	е	Distributions during the year					1e			
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. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Two years back (d) Two years (d) Two years a Contributions (c) Two years back (e) Four years back (e) Four years back f Administrative expenses (c) Two years back (d) Two years (e) Four years g End of year balance (f) Administrative expenses (f) Administrative expenses (f) Four year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ////////////////////////////////////	f						<u> </u>			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years (d) Three years back (e) Four years d Orther expenditures for facilities (c) Three years back (d) Three years back (d) Three years back e Other expenditures for facilities (c) Two years (c) Two years (d) Three years back (e) Fouryear g End of year balance (f) Administrative expenses (f) Three years back (f) Three years back (f) Three years back (f) Three years back		0		•			?	L	Yes	No No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance										
1a Beginning of year balance	Par	Endowment Funds. Complete					T 1		() [
b Contributions				(b) Prior year	(C) Two years	раск (а)	i nree y	ears dack	(e) Four y	/ears back
c Net investment earnings, gains, and losses	1a									
d Grants or scholarships	b									
e Other expenditures for facilities and programs	C.									
and programs	d									
f Administrative expenses	е									
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 ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a A re there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related 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 (other) (c) Accumulated depreciation b Buildings	t									
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related 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 (other) (b) Accumulated depreciation b Buildings	-									
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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R? (iii) Additions, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Book value basis (investment) (b) Cost or other basis (other) (c) Accumulated (c) Book value basis (investment) (c) Leasehold improvements (c) Leasehold improvements (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Ac	2		•	e (line 1g, column (a)) held as:					
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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations is endowment funds. (iii) Related new of the organization's endowment funds. (iiii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (ii) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Buildings (c) Leasehold improvements (i) 241,733. (j) 374,014. (j) 467,7119.	a			%						
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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (e) Leasehold improvements (i) (241, 733, 374, 014, 867, 719, 44, 401, 206, 3, 459, 693, 941, 513, 408, 653, 1, 830, 481, 1, 421, 828, 408, 653. (f) Equipment (f) Active Activ										
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 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. (d) Book value 1a Land 1, 241, 733. 374, 014. 867, 719. b Buildings 1, 241, 206. 3, 459, 693. 941, 513. e Other 1, 830, 481. 1, 421, 828. 408, 653.	С	· · · · · · · · · · · · · · · · · · ·	., •							
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Book value (c)	2-			ation that are hold a	and administers	d for the c	raaniaa	tion		
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(i) 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 (other) (c) Accumulated depreciation b Buildings 1 241,733. 374,014. 867,719. c Leasehold improvements 1,241,733. 374,014. 867,719. 4.401,206. 3,459,693. 941,513. e Other 1,830,481. 1,421,828. 408,653.	Ja		ssion of the organiza		and administered		nganiza			Yes No
(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 b Buildings 1, 241, 733. 374, 014. 867, 719. c Leasehold improvements 1, 241, 206. 3, 459, 693. 941, 513. e Other 1, 830, 481. 1, 421, 828. 408, 653.		-								
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 1a Land 1 1 241,733. 374,014. 867,719. c Leasehold improvements 1,241,733. 374,014. 867,719. 408,653. e Other 1,830,481. 1,421,828. 408,653.										
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 1a Land 1 1 241,733. 374,014. 867,719. b Buildings 1,241,733. 374,014. 867,719. 4,401,206. 3,459,693. 941,513. e Other 1,830,481. 1,421,828. 408,653.	h									_
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 1 Land									55	
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 value1a LandImage: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.(d) Book valueb BuildingsImage: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.(d) Book valuec Leasehold improvementsImage: Complete if the organization answered if the organization and the organization	<u> </u>									
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements 1,241,733. 374,014. 867,719. d Equipment 4,401,206. 3,459,693. 941,513. e Other 1,830,481. 1,421,828. 408,653.				0, Part IV, line 11a.	See Form 990, F	Part X, line	e 10.			
1a Land			(a) Cost or o	other (b) Cos	st or other	(c) Acci	umulate	ed	(d) Book	value
b Buildings Image: Constraint of the second se	1 a	Land								
c Leasehold improvements 1,241,733. 374,014. 867,719. d Equipment 4,401,206. 3,459,693. 941,513. e Other 1,830,481. 1,421,828. 408,653.										
d Equipment 4,401,206. 3,459,693. 941,513. e Other 1,830,481. 1,421,828. 408,653.					1,241,733.		374,	014.	8	367,719.
e Other 1,421,828. 408,653.					4,401,206.	3	,459,	693.	9	41,513.
					1,830,481.	1	,421,	828.	4	408,653.
	-			X. column (B). line	10c.)	<u></u>	<u></u> .		2,2	217,885.

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
1) Financial derivatives	. ,		
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
iotal. (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-o	of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(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	
-	Description		(b) Book value
	Beschption		
(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.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED EMPLOYEE BENEFITS			3,536,400
(3) DEFERRED RENT			2,159,991
(4) DEFERRED LOAN GUARANTEES			974,077
(5)			
(6)			
(7)			
(8)			
(0)			
(9)			

- Clair (Column (D) must equal to m 350, t at X, Col. (D) me 25,

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 ... X

Sche	dule D (Form 990) 2021 TECHNOSERVE, INC.			13-262613	5 Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	99,680,781.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	66,399.		
b	Donated services and use of facilities	2b	3,338,635.		
с	Recoveries of prior year grants				
d			-356,880.		
е	Add lines 2a through 2d			2e	3,048,154.
3	Subtract line 2e from line 1			3	96,632,627.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	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	96,632,627.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	95,786,976.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,338,635.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,338,635.
3	Subtract line 2e from line 1			3	92,448,341.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>.)</u>		5	92,448,341.
Pa	t 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, 2021.

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 2018.

	(Form 990) 2021	TECHNOSERVE, INC.
Part XIII	Supplemental	Information (continued)

Continued)		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
CURRENCY TRANSLATION ADJUSTMENT	-356,880.	

and 3b)

SOUTH ASIA

С

3 a Subtotal **b** Total from continuation

> sheets to Part I Totals (add lines 3a

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

TECHNOSERVE, INC.

Part I

Department of the Treasury

SCHEDULE F (Form 990)

	Form 990, Part I	V, line 14b.				
1	For grantmakers. Doe	s the organizatior	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
	the grantees' eligibility f	for the grants or a	assistance, and t	the selection criteria used to award the	grants or assistance? X	Yes
2	For grantmakers. Dese	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the
	United States.					
3	Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)	
	(a) Region	(b) Number of	(c) Number of	5	(e) If activity listed in (d)	(f) ⊺o
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expend for a
		in the region	independent contractors	gram services, investments, grants to		investr
			in the region	recipients located in the region)	of service(s) in the region	in the r
CENT	TRAL AMERICA AND					
THE	CARIBBEAN			GRANTMAKING		4,434
					AGRICULTURAL AND	
CENT	TRAL AMERICA AND				ENTREPRENEURSHIP	
THE	CARIBBEAN	9	302	PROGRAM SERVICE	ASSISTANCE	7,311
NORT	TH AMERICA			GRANTMAKING		153
					AGRICULTURAL AND	
					ENTREPRENEURSHIP	
NORT	TH AMERICA	3	203	PROGRAM SERVICE	ASSISTANCE	6,799
					AGRICULTURAL AND	
					ENTREPRENEURSHIP	
SOUT	TH AMERICA	7	221	PROGRAM SERVICE	ASSISTANCE	5,581
SOUT	TH AMERICA	-		GRANTMAKING		39
					AGRICULTURAL AND	
~ ~					ENTREPRENEURSHIP	
SOUT	TH ASIA	8	363	PROGRAM SERVICE	ASSISTANCE	2,770

GRANTMAKING

1089

1514

2603

27

23

50

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

Employer identification number

13-2626135

Attach to Form 990.

Internal Revenue Service

Name of the organization

OMB No. 1545-0047 **Open to Public** Inspection

No

(f) Total expenditures

for and

investments

in the region

4,434,582.

7,311,570.

153,420.

6,799,225.

5,581,000.

39,231.

2,770,796.

27,096,553.

51,213,477.

78,310,030.

6,729.

Chedule F (Form 990) Part I Continuation	TECHNOSERVE,	s per Region	• (Schedule F (Form 990), Part I, line 3	13-2626135	Page
(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 expenditure for region
UB-SAHARAN AFRICA			GRANTMAKING		6,447,83
				AGRICULTURAL AND ENTREPRENEURSHIP	
JB-SAHARAN AFRICA	23	1514	PROGRAM SERVICE	ASSISTANCE	44,765,64
otals	23	1514			51,213,47

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	TECHNICAL TRAINING					
		AND THE CARIBBEAN	ASSISTANCE	19,850.	CHECK/WIRE	0.		
		CENTRAL AMERICA	TECHNICAL ADVISORS					
		AND THE CARIBBEAN	FOR FARMER TRAINING	69,658.	CHECK/WIRE	0.		
		CENTRAL AMERICA	PROVIDE TECHNICAL AND					
		AND THE CARIBBEAN	FINANCIAL SUPPORT	26,077.	CHECK/WIRE	٥.		
		CENTRAL AMERICA	PROVIDE TECHNICAL AND					
		AND THE CARIBBEAN	FINANCIAL SUPPORT	70,583.	CHECK/WIRE	٥.		
			SILVOPASTORAL					
		CENTRAL AMERICA	LIVESTOCK PRODUCTION					
		AND THE CARIBBEAN	SYSTEM	14,839.	CHECK/WIRE	0.		
		CENTRAL AMERICA	TECHNICAL ASSISTANCE					
		AND THE CARIBBEAN	TO CAJAS RURALESHN	188,184.	CHECK/WIRE	0.		
		CENTRAL AMERICA	SMART CLIMATE					
		AND THE CARIBBEAN	AGRICULTURE	50,609.	CHECK/WIRE	0.		
		CENTRAL AMERICA	LEGUME INNOVATION					
		AND THE CARIBBEAN	LABORATORY	145,445.	CHECK/WIRE	0.		
			recognized as charities by the f		-			_
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter	🕨 -		6

Schedule F (Form 990) 2021

(b) IRS code section	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule E (Form 9)	00) Dort II lino 1)		
							1
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, FM\ appraisal, other)
			7 406	OUROR (WIDE	0		
	AND THE CARIBBEAN	1MPL.	7,420.	CHECK/WIRE	0.		
	CENTRAL AMERICA	DROVIDE TECHNICAL AND					
			30,670.	CHECK/WIRE	0.		
	CENTRAL AMERICA	SUSTAINABLE					
	AND THE CARIBBEAN	RENOVATION FUND	5,192.	CHECK/WIRE	0.		
	CENTRAL AMERICA	PROVIDE TECHNICAL AND					
	AND THE CARIBBEAN	FINANCIAL SUPPORT	89,668.	CHECK/WIRE	0.		
		INCREASE CACAO					
			2,862,852.	CHECK/WIRE	0.		
		ACCESS TO FINANCE					
			229,687.	CHECK/WIRE	0.		
	CENTRAL AMERICA						
	AND THE CARIBBEAN	COFFEE RESEARCH CA	623,991.	CHECK/WIRE	0.		
		TRAINING CAPACITY					
	NORTH AMERICA	DEVELOPMENT	34,045.	CHECK/WIRE	0.		
		CADACTOV DIITIDING	01 100	CURCE /WIDE			
		CENTRAL AMERICA AND THE CARIBBEAN CENTRAL AMERICA	AND THE CARIBBEAN IMPL. CENTRAL AMERICA AND THE CARIBBEAN FINANCIAL SUPPORT CENTRAL AMERICA AND THE CARIBBEAN RENOVATION FUND CENTRAL AMERICA AND THE CARIBBEAN FINANCIAL SUPPORT CENTRAL AMERICA AND THE CARIBBEAN FINANCIAL SUPPORT INCREASE CACAO PRODUCTION & TRADE IN LATIN AMERICA AND THE CARIBBEAN LATIN AMERICA ACCESS TO FINANCE STRATEGIES FOR COFFEE FARMERS CENTRAL AMERICA AND THE CARIBBEAN COFFEE RESEARCH CA NORTH AMERICA AND THE CARIBBEAN COFFEE RESEARCH CA	CENTRAL AMERICA AND THE CARIBBEAN CENTRAL AMERICA AND THE CARIBBEAN AND THE CARIBBEAN CENTRAL AMERICA AND THE CARIBBEAN CENTRAL AMERICA AND THE CARIBBEAN CENTRAL AMERICA AND THE CARIBBEAN AND THE CARIBBEAN CENTRAL AMERICA AND THE CARIBBEAN FINANCIAL SUPPORT S,192. CENTRAL AMERICA AND THE CARIBBEAN FINANCIAL SUPPORT 89,668. CENTRAL AMERICA AND THE CARIBBEAN AND THE CARIBBEAN AND THE CARIBBEAN CENTRAL AMERICA AND THE CARIBBEAN AND THE CARIBBEAN CENTRAL AMERICA AND THE CARIBBEAN AND THE CARIBBEAN CENTRAL AMERICA AND THE CARIBBEAN COFFEE RESEARCH CA AND THE CARIBBEAN COFFEE RESEARCH CA AND THE CARIBBEAN COFFEE RESEARCH CA ACCESS TO FINANCE STRATEGIES FOR COFFEE AND THE CARIBBEAN FINANCIAL SUPPORT STRATEGIES FOR COFFEE AND THE CARIBBEAN COFFEE RESEARCH CA ACCESS TO FINANCE STRATEGIES FOR COFFEE AND THE CARIBBEAN STRATEGIES FOR COFFEE AND THE CARIBEAN STRATEGIES FOR COFFEE AND THE CARIBBEAN STRATEGIES FOR COFFEE AND THE CARIBEAN STRATEGIES FOR COFFEE AND THE CARIBEAN STRATEGIES FOR COFFEE AND THE CARIBEAN STRATEGIES FOR COFFEE AND THE CARIBEAN STRATEGIES FOR COFFEE AND THE CARIBEA	CENTRAL AMERICA SUPPORT FOR PROGRAM 7,426. CHECK/WIRE AND THE CARIBBEAN FROVIDE TECHNICAL AND 30,670. CHECK/WIRE AND THE CARIBBEAN FINANCIAL SUPPORT 30,670. CHECK/WIRE CENTRAL AMERICA SUSTAINABLE 30,670. CHECK/WIRE AND THE CARIBBEAN RENOVATION FUND 5,192. CHECK/WIRE CENTRAL AMERICA SUSTAINABLE 89,668. CHECK/WIRE AND THE CARIBBEAN RENOVATION FUND 89,668. CHECK/WIRE CENTRAL AMERICA FROVIDE TECHNICAL AND 89,668. CHECK/WIRE INCREASE CACAO FRODUCTION & TRADE IN 2,862,852. CHECK/WIRE AND THE CARIBBEAN LATIN AMERICA 2,862,852. CHECK/WIRE AND THE CARIBBEAN LATIN AMERICA 2,862,952. CHECK/WIRE AND THE CARIBBEAN ACCESS TO FINANCE STRATEGIES FOR COFFEE AND THE CARIBBEAN COFFEE RESEARCH CA 623,991. CHECK/WIRE NORTH AMERICA TRAINING CAFACITY 34,045. CHECK/WIRE	CENTRAL AMERICA SUPPORT FOR PROGRAM AND THE CARIBBEAN IMPL. 7,426. CHECK/WIRE 0. CENTRAL AMERICA PROVIDE TECHNICAL AND AND THE CARIBBEAN FINANCIAL SUPPORT 30,670. CHECK/WIRE 0. CENTRAL AMERICA SUSTAINABLE AND THE CARIBBEAN RENOVATION FUND 5,192. CHECK/WIRE 0. CENTRAL AMERICA PROVIDE TECHNICAL AND AND THE CARIBBEAN FINANCIAL SUPPORT 89,668. CHECK/WIRE 0. CENTRAL AMERICA PROVIDE TECHNICAL AND RAND THE CARIBBEAN FINANCIAL SUPPORT 89,668. CHECK/WIRE 0. CENTRAL AMERICA PROVIDE TECHNICAL AND RAND THE CARIBBEAN FINANCIAL SUPPORT 89,668. CHECK/WIRE 0. CENTRAL AMERICA PRODUCTION & TRADE IN RAND THE CARIBBEAN LATIN AMERICA 2,862,852. CHECK/WIRE 0. CENTRAL AMERICA STRATEGIES FOR COFFEE AND THE CARIBBEAN FARMERS 229,687. CHECK/WIRE 0. CENTRAL AMERICA COFFEE RESEARCH CA 623,991. CHECK/WIRE 0.	CENTRAL AMERICA AND THE CARIBBEAN MPL. 7,425. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN FINANCIAL SUPPORT 30,670. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN FINANCIAL SUPPORT 30,670. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN RENOVATION FUND 5,192. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN RENOVATION FUND 5,192. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN RENOVATION FUND 89,668. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN RENOVATION FUND 89,668. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN RENOVATION FUND 2,862,852. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN PRODUCTION & TRADE IN AND THE CARIBBEAN PROMERS 229,687. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN PROMERS COFFEE RESEARCH CA 623,991. CHECK/WIRE 0. NORTH AMERICA NORTH AMERICA TRAINING CAPACITY 34,045. CHECK/WIRE 0.

Schedule F (Form 990)		ERVE, INC.			13-2626			Page 2
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9			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, FM' appraisal, other)
			SUPPORT FOR INCLUSIVE	00,100				
		NORTH AMERICA	AGRICULTURE PROGRAM	28,193.	CHECK/WIRE	0.		
		SOUTH AMERICA	COFFEE NURSERIES AND ON FARM TRIALS	39 231.	CHECK/WIRE	0.		
		SOUTH ASIA	ESTABLISH A WET MILL	6,729.	CHECK/WIRE	0.		
		SUB-SAHARAN	BASELINE DATA AND M&E CATALISA SUBAWARD NO.					
		AFRICA	1	199,923.	CHECK/WIRE	0.		
		SUB-SAHARAN	YOUTH TRAINING IN					
		AFRICA	PALMA	48,486.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	INTERNSHIPS FOR YOUTH	13,829.	CHECK/WIRE	0.		
			AG INPUTS DISTRIBUTOR					
		SUB-SAHARAN	CATALISA AGBIZ GRANT					
		AFRICA	NO. 4	153,874.	CHECK/WIRE	0.		
			FRESH VEG					
		SUB-SAHARAN	DISTRIBUTION &					
		AFRICA	AGGREGATOR HUB	30,830.	CHECK/WIRE	0.		+
		SUB-SAHARAN	EXPANDING POULTRY					
		AFRICA	BUSINESS	7,574.	CHECK/WIRE	0.		

TECHNOSERVE, INC. 13-2626135 Schedule F (Form 990) Page 2 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 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN POULTRY FEED DEMOPLOT AFRICA GRANT NO. 7 7,582. CHECK/WIRE 0. EQUIPMENT FOR POULTRY SUB-SAHARAN FEED FACILITY AGRIBZ AFRICA GRT 5 5,207. CHECK/WIRE 0. SUB-SAHARAN EXPANDING POULTRY AFRICA 12,126. CHECK/WIRE BUSINESS 0. SPRINKLER IRRIGATION SYSTEM MICRO GRANT SUB-SAHARAN AFRICA NO. 9 8,463. CHECK/WIRE 0. SUB-SAHARAN EQUIPMENT FOR HERD AFRICA 16,567. CHECK/WIRE FATTENING FACILITY 0. SUB-SAHARAN EQUIPMENT FOR HERD AFRICA FATTENING FACILITY 22,275. CHECK/WIRE 0 SUB-SAHARAN EOUIPMENT FOR HERD AFRICA FATTENING FACILITY 22,275. CHECK/WIRE 0. SUB-SAHARAN EQUIPMENT FOR HERD AFRICA FATTENING FACILITY 27,522. CHECK/WIRE Ο. SUB-SAHARAN EQUIPMENT FOR HERD AFRICA FATTENING FACILITY 16,417. CHECK/WIRE 0.

Schedule F (Form 990)	TECHNOS	ERVE, INC.			13-2620	5135		Page 2		
Part II Continuati	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 organizat	tion (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	POULTRY PROCESSING FACILITY	22,483.	CHECK/WIRE	0.				
		SUB-SAHARAN AFRICA	CONSTRUCTION OF POULTRY HOUSING	80,785.	CHECK/WIRE	0.				
		SUB-SAHARAN AFRICA	OPERATIONAL GRANT FOR POULTRY VC	26,927.	CHECK/WIRE	0.				
		SUB-SAHARAN AFRICA	SUPPORT COMMERCIAL ACTIVITIES AT ATDC	5,097.	CHECK/WIRE	0.				
		SUB-SAHARAN AFRICA	IMPROVE SMALL FARME ACCESS TO HORTICULTURAL TECH.	101,089.	CHECK/WIRE	0.				
		SUB-SAHARAN AFRICA	DEVELOP A COMMERCIALLY VIABLE AGGREGATION MODEL	30,786.	CHECK/WIRE	0.				
		SUB-SAHARAN AFRICA	DESIGN/DEPLOY/SUPPORT NICHE COCOA SOURCING	17,965.	CHECK/WIRE	0.				
		SUB-SAHARAN AFRICA	REEXAMINE KENTASTE'S SOURCING & EXTENSION MODEL	24,799.	CHECK/WIRE	0.				
		SUB-SAHARAN AFRICA	PROVIDE TECH. SUPPORT TO DEHAAT, AGRI TECH COMPANY	37,119.	CHECK/WIRE	0.				

Schedule F (Form 990)	TECHNOS	ERVE, INC.			13-2620	5135		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	1	- I
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	PROVIDE TECHNICAL SUPPORT TO DEHAAT	13,586.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	IDENTIFY & DEPLOY APPROPRIATE FINANCIAL PRODUCTS	26,957.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNICAL & BUSINESS SKILLS TRAINING	12,565.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	BENIBIZ PROJECT PARTNERSHIP NUTRITION	260,581.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	HELP IN TANSFORMING UGANDAN HORTICULTURE SECTOR	185,569.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	SPECIALITY COFFEE TRAININGINDUSTRY QUAL. STANDARD	18,741.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE FUND FOR MICROENTERPRISES	2,492,759.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TO CREATE MARKET MECHANISMSMALLHOLDER ENTERPRISES	107,693.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INFORMATION TECHNOLOGY SOLUTIONS FOR CASHEW FARMER	139,591.	CHECK/WIRE	0.		

Schedule F (Form 990)		ERVE, INC.			13-2620			Page 2
Part II Continuation of 1	of Grants and Other A	Assistance to Organiz	(d) Purpose of	United States. (e) Amount	(Schedule F (Form 9 (f) Manner of	90), Part II, line 1) (g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant		non-cash assistance	of non-cash assistance	valuation (book, FMV appraisal, other)
			SOFTWARE & ICT					
		SUB-SAHARAN	PROFESSIONAL & MGMT.					
		AFRICA	SKILLS	57,906.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	EQUIPMENT SUPPORT	98,394.	CHECK/WIRE	0.		
			DEVELOP WOMEN					
		SUB-SAHARAN	ENTREPRENEUR CONTENT					
		AFRICA	FOR TV EPISODES	9,295.	CHECK/WIRE	0.		
		SUB-SAHARAN	IMPROVING MOBILE LOAN					
		AFRICA	REPAYMENT SYSTEM	43,927.	CHECK/WIRE	0.		
		SUB-SAHARAN	TECHNICAL SUPPORT TO					
		AFRICA	WOMEN ENTREPRENEURS	37,462.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	WOMEN IN BUSINESS TECHNICAL SUPPORT	12,437.	CHECK/WIRE	0.		
		SUB-SAHARAN	IMPROVING MICRO					
		AFRICA	FINANCE SERVICES	42,559.	CHECK/WIRE	0.		
		SUB-SAHARAN	RADIO AND TELEVISION					
		AFRICA	TRAININGS	29,012.	CHECK/WIRE	0.		
		SUB-SAHARAN	INCREASE BUSINESS AND					
		AFRICA	ATF SUPPORT	226,468.	CHECK/WIRE	0.		

Schedule F (Form 990)		ERVE, INC.			13-2620			Page 2
	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9			
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	SUPPORT GROWTH OF COFFEE SECTOR IN SOUTH KIVU, DRC	31,874.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	SWEET BENIN MARKETING AND DISTRIBUTION	99,471.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CASHEW FARMER TRAINING	530,501.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CASHEW APPLE PROCESSING	172,782.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ADVISORY SUPPORT PROSPER CASHEW PROJECT	211,770.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ADVISORY SUPPORTPROSPER CASHEW PROJECT	296,260.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	DELIVERING GRANT & TECHNIAL ASSISTANCE TO AGRISME	310,000.	CHECK/WIRE	0.		

Schedule F (Form 990) 2021	TECHNOSERVE, INC.			13	8-2626135		Page
Part III Grants and Other Assistan			ates. Complete i	f the organization answered "Yes" o	n Form 990, Parl	IV, line 16.	9
Part III can be duplicated if a	additional space is neede		T		1	Γ	T
(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)
		1			1		1

Schedule F (Form 990) 2021

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021 TECHNOSERVE, INC.

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.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest mormation	on.	Employer id	lentification number
	TECHNOSERVI	E INC.					13-26261	
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-E	Z filers are not
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person solicitat 2 a Did the organization key employees list b If "Yes," list the 1000 	tions email solicitations tations dicitations on have a written o red in Form 990, P) highest paid indiv	f X Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		X Ye	
(i) Name and addres	and address of individual r entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Did fundraiser have custody or control of (iii) Did fundraiser from activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser from activity							
			contrib			lisi	ted in col. (i)	
FAIRCOM - 12 WEST		DIRECT MAIL/ONLINE	Yes	No	005 504		100 000	505 504
STREET, 13TH FLOOR	, NEW YORK,	FUNDRAISING		X	895,594.		108,000	. 787,594.
			1					
Total					895,594.		108,000	,
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from r	egistration

AL, AK, AZ, AR, CA, CO,	, CT , DE , FL , GA , HI ,	ID, IL, IN, IA, KS, KY, LA	A, 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	K,UT,VT,VA,WA,WV,WI,WY
DC			

TECHNOSERVE, INC.

Part II	Fundraising Events. Complete if th	e organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported r	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				

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa	11	Net income summary. Subtract line 10 from lin				
Fd		 Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. 	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
	0	Cook prizos				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
						1

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

Yes

No

a Is the organization licensed to conduct gaming activities in each of these states?

Yes

No

%

Yes

No

%

►

%

132082 10-21-21

5 Other direct expenses

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:

6 Volunteer labor

Yes

No

No

Sch	ichedule G (Form 990) 2021 TECHNOSERVE, INC.	13-2	2626135	Page 3
11	1 Does the organization conduct gaming activities with nonmembers?		Yes	No
	2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other er	ntity formed	Yes	No
12	to administer charitable gaming?			
			13a	0/
	a The organization's facility		13a	<u>%</u> %
	 b An outside facility 4 Enter the name and address of the person who prepares the organization's gaming/special events boo 		150	//
14		JKS and records.		
	Name			
	Address 🕨			
15	5a Does the organization have a contract with a third party from whom the organization receives gaming	revenue?	Yes	No No
I	b If "Yes," enter the amount of gaming revenue received by the organization > \$	_ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	6 Gaming manager information:			
	Name			
	Gaming manager compensation <a> \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	7 Mandatory distributions:			
	a is the organization required under state law to make charitable distributions from the gaming proceed	s to		
	retain the state gaming license?	5 10	Yes	
	b Enter the amount of distributions required under state law to be distributed to other exempt organizat	ions or spent in the		
	organization's own exempt activities during the tax year > \$	ļ		
Pa	Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colun 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	3.		
SCI	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	I) NAME OF FUNDRAISER: FAIRCOM			
(I)	I) ADDRESS OF FUNDRAISER:			
12	2 WEST 27TH STREET, 13TH FLOOR, NEW YORK, NY 10001			
SCI	CHEDULE G, PART I, LINE 2			
FA	AIRCOM WAS RETAINED AS FUNDRAISING COUNSEL FOR TECHNOSERVE'S DIRECT			

MAIL AND PRINTING PROGRAM. ALL CONTRIBUTIONS ARE DELIVERED DIRECTLY TO

TECHNOSERVE, INC.

 Schedule G (Form 990)
 TECHNOSERVE, IN

 Part IV
 Supplemental Information (continued)

TECHNOSERVE. TECHNOSERVE PAYS FAIRCOM DIRECTLY FOR ITS ADVISORY AND

PRINTING SERVICES.

sc	HEDULE J	Compe	ensation Information	1	OMB No. 1	545-004	47	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest				2021		
			ompensated Employees on answered "Yes" on Form 990, Part IV, line 23.					
	tment of the Treasury		Attach to Form 990.		Open to		ic	
	al Revenue Service		m990 for instructions and the latest information.		Inspection er identification number			
man	e of the organization					n nui	nber	
Da	rt I Question	TECHNOSERVE, INC. s Regarding Compensation		13-262	20133			
10		s negariting compensation				Vee	No	
10	Check the appropri	ate box(es) if the organization provided	any of the following to or for a person listed on Form	000		Yes	No	
Id		· / · ·	relevant information regarding these items.	990,				
	First-class or c		X Housing allowance or residence for perso	معبياهم				
	X Travel for com		Payments for business use of personal re-					
		ation and gross-up payments	Health or social club dues or initiation fee					
		pending account	Personal services (such as maid, chauffel					
				ii, onoi)				
b	If any of the boxes	on line 1a are checked, did the organiza	tion follow a written policy regarding payment or					
-	•	· · · · · ·	d above? If "No," complete Part III to explain		1b	х		
2			sing or allowing expenses incurred by all directors,					
	•		r, regarding the items checked on line 1a?		2	х		
		o,						
3	Indicate which, if ar	v. of the following the organization used	d to establish the compensation of the organization's	.				
	•		any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but						
	X Compensation		Written employment contract					
	·	ompensation consultant	X Compensation survey or study					
	·	ther organizations	X Approval by the board or compensation c	ommittee				
		5						
4	During the year, dic	any person listed on Form 990, Part VI	I, Section A, line 1a, with respect to the filing					
	organization or a re	• •						
а	Receive a severance	e payment or change-of-control paymen	t?		4a		х	
b	Participate in or rec	eive payment from a supplemental none	qualified retirement plan?		. 4b		Х	
с	Participate in or rec	eive payment from an equity-based com	pensation arrangement?		4c		X	
	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) organiza	tions must complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a,	, did the organization pay or accrue any compensatio	'n				
	contingent on the r	evenues of:						
а	The organization?				5a		X	
b	Any related organiz	ation?			5b		X	
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a,	, did the organization pay or accrue any compensatio	'n				
	contingent on the n	-						
а	The organization?				6a		X	
b	Any related organiz	ation?			6b		X	
		r 6b, describe in Part III.						
7			, did the organization provide any nonfixed payments					
			l		7		X	
8	•		accrued pursuant to a contract that was subject to th	1e				
					. 8	_	X	
9			table presumption procedure described in					
					9			
LHA	For Paperwork R	eduction Act Notice, see the Instruction	ons for Form 990.	Schedul	e J (Forn	n 990)	2021	

13-2626135

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WILLIAM WARSHAUER	(i)	422,049.	10,000.	1,806.	58,587.	28,857.	521,299.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEFFREY CHRISFIELD	(i)	283,411.	10,000.	630.	55,851.	29,705.	379,597.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KINDRA HALVORSON	(i)	267,601.	10,000.	966.	53,237.	31,275.	363,079.	0.
CHIEF TRANSFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHAWN MOOD	(i)	266,257.	10,000.	1,806.	44,250.	30,313.	352,626.	0.
CHIEF HUMAN CAPITAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAWRENCE UMUNNA	(i)	205,326.	5,000.	39,955.	16,051.	16,255.	282,587.	0.
REGIONAL DIRECTOR, WEST AFRICA	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATARINA KAHLMANN	(i)	238,375.	10,000.	420.	51,836.	27,483.	328,114.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PAMELA CHITENHE	(i)	234,114.	5,000.	0.	23,120.	5,800.	268,034.	0.
REGIONAL DIRECTOR, SOUTHERN AFRICA	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN KEIGHTLEY	(i)	234,930.	0.	1,806.	46,029.	28,079.	310,844.	0.
VP, DEVELOPMENT & COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDREI BELYI	(i)	196,160.	5,000.	22,531.	21,262.	6,849.	251,802.	0.
VICE PRESIDENT, LATIN & CENTRAL AMER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MEFTHE TADESSE	(i)	196,614.	1,500.	9,700.	18,396.	10,156.	236,366.	0.
COUNTRY DIRECTOR, EAST AFRICA	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PAUL STEWART	(i)	170,935.	0.	11,300.	18,652.	9,320.	210,207.	0.
GLOBAL COFFEE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JUAN CARLOS THOMAS	(i)	160,817.	5,296.	0.	5,182.	1,550.	172,845.	0.
GLOBAL ENTREPRENUERSHIP DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JANE GROB FREY	(i)	162,913.	0.	92,892.	17,308.	16,548.	289,661.	0.
COUNTRY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JONATHAN BARNOW	(i)	225,697.	5,219.	0.	2,605.	962.	234,483.	0.
VICE PRESIDENT, STRATEGIC INITIATIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JACOBUS JOHANNES VAN DER LAAN	(i)	134,639.	0.	76,997.	14,810.	514.	226,960.	0.
CHIEF OF PARTY	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JAMES OBAROWSKI	(i)	128,269.	0.	62,889.	29,448.	12,322.	232,928.	0.
COUNTRY DIRECTOR (ENDING 11/21)	(ii)	0.	0.	0.	0.	0.	0.	0.

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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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) JONATHAN THOMAS	(i)	106,142.	0.	84,997.	11,145.	17,114.	219,398.	0.
CHIEF OF PARTY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							

TECHNOSERVE, INC.

13-2626135

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:

HOUSING ALLOWANCE

EXPAT EMPLOYEES GENERALLY ARE PROVIDED HOUSING AT POST OR RECEIVE A HOUSING

ALLOWANCE THAT IS DESIGNED TO SUBSIDIZE THE COST OF MODERATE HOUSING DURING

THEIR ASSIGNMENT. TECHNOSERVE GENERALLY FOLLOWS THE US DEPARTMENT OF STATE

TO DETERMINE LOCAL HOUSING ALLOWANCES.

SECURITY

IN THOSE COUNTRIES IN WHICH THERE ARE SECURITY CONCERNS, THE COUNTRY OFFICE

WILL RECOMMEND AND AUTHORIZE EXPAT EMPLOYEES TO INSTALL SECURITY DEVICES OR

CONTRACT A SECURITY SERVICE (PREFERABLY A COMPANY AND NOT AN INDIVIDUAL

GUARD). SECURITY-RELATED EXPENSES ARE GENERALLY ARRANGED BY THE EXPAT

EMPLOYEE THROUGH STANDARD PROCUREMENT PROCEDURES, NORMALLY REQUIRING

OBTAINING THREE COMPETITIVE QUOTES, TO THE DEGREE POSSIBLE.

BELOW ARE EMPLOYEES LISTED ON PART VII WHO RECEIVED HOUSING ALLOWANCE

DURING THE YEAR:

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.

LARRY UMUNNA: \$37,281

PAUL STEWART: \$5,000

JACOBUS JOHANNES VAN DER LAAN: \$16,180

JAMES OBAROWSKI: \$17,446

JONATHAN THOMAS: \$19,975

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.

I ARE IAAADDE:
GROB FREY : \$52,495
BUS JOHANNES VAN DER LAAN: \$21,142
S OBAROWSKI: 44,404

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,

TECHNOSERVE, INC.

WHICH ARE TAXABLE:

Schedule J (Form 990) 2021

JANE

JACOB

JAMES

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

2021 **Open to Public** . Inspection

Name of the organization

CHNOSERVE, I	NC.	
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Employer identification number
13-2626135

TEC Part I Types of Property

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	determining		
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition ar	nount	S
1	Art - Works of art			<u> </u>				
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	13	198,555.	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	, ,	ACCRUAL BASIS			
26	Other (<u>VEHICLE</u>)	X	1	23,775.	FMV			
27	Other ()							
28	Other ()	<u> </u>						
29	Number of Forms 8283 received by the organi						0	
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement				
20-	During the year did the exception receives	v oontrikuti-		orted in Dart L lines 1 through	th 29 that it		Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date	-				200		x
Ь	exempt purposes for the entire holding period'	۲				30a		
	b If "Yes," describe the arrangement in Part II.						х	
31 32a								
3 2d	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?						x	
h	If "Yes," describe in Part II.					32a		
33	If the organization didn't report an amount in c	column (c) for	r a type of property	(for which column (a) is che	cked			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule N	I (Forn	n 990)	2021

Schedule M (Form 990) 2021 TECHNOSERVE, INC.

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, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REFLECTS THE NUMBER OF DONORS.

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)

Department of the Treasury

Name of the organization

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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 13-2626135

TECHNOSERVE, INC.

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, DESCRIPTION OF PROGRAM SERVICE:

FOUNDED IN 1968, TECHNOSERVE IS A LEADER IN HARNESSING THE POWER OF THE

PRIVATE SECTOR TO HELP PEOPLE LIFT THEMSELVES OUT OF POVERTY FOR GOOD.

A NON-PROFIT ORGANIZATION WORKING IN 30 COUNTRIES, WE WORK WITH PEOPLE

TO BUILD A BETTER FUTURE THROUGH REGENERATIVE FARMS, BUSINESSES, AND

MARKETS THAT INCREASE INCOMES. OUR VISION IS A SUSTAINABLE WORLD WHERE

ALL PEOPLE IN LOW-INCOME COMMUNITIES HAVE THE OPPORTUNITY TO PROSPER.

DURING THE COURSE OF 2021, OUR WORK BENEFITED 407,000 FARMERS,

BUSINESSES, AND EMPLOYEES, IMPROVING THE LIVES OF AN ESTIMATED 2.3

MILLION HOUSEHOLD MEMBERS. WE HELPED THESE BENEFICIARIES GENERATE MORE

THAN \$250 MILLION IN ADDITIONAL REVENUE AND WAGES. WOMEN'S ECONOMIC

EMPOWERMENT IS A CENTRAL FOCUS OF TECHNOSERVE'S WORK, AND 41% OF ALL OF

OUR BENEFICIARIES WERE WOMEN IN 2021.

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.

AGRICULTURAL VALUE CHAINS

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

Schedule O (Form 990) 2021	Page 2
Name of the organization TECHNOSERVE, INC.	Employer identification number 13-2626135
TO BUILD A SUSTAINABLE GLOBAL COFFEE SECTOR. TECHNOSERVE'S PROGRAMS	
HELP FARMERS IMPROVE THE QUALITY AND YIELDS OF THEIR COFFEE, BOOST THE	
RESILIENCE OF THEIR FARMS, PROTECT NATURAL RESOURCES, AND COMBAT	
CLIMATE CHANGE. IN 2021, TECHNOSERVE'S COFFEE PROGRAMS HELPED 173,352	
FARMERS EARN MORE THAN \$52 MILLION IN ADDITIONAL INCOME.	
IN WEST AFRICA, TECHNOSERVE IS LEADING THE PROSPER CASHEW PROJECT,	
WHICH WAS LAUNCHED IN 2020 AND IS FUNDED BY THE U.S. DEPARTMENT OF	
AGRICULTURE (USDA). WEST AFRICA IS THE WORLD'S NUMBER ONE PRODUCER AND	
EXPORTER OF RAW CASHEW NUTS; HOWEVER, ONLY 7% OF WEST AFRICA'S CASHEW	
CROP IS PROCESSED IN THE COUNTRY.	
THE FIVE-YEAR PROGRAM AIMS TO HELP CASHEW PROCESSORS SELL MORE THAN	
\$200 MILLION OF PROCESSED CASHEW PRODUCTS INTO DOMESTIC, REGIONAL AND	
INTERNATIONAL MARKETS. THE PROJECT WILL FACILITATE \$61 MILLION OF	
INVESTMENT IN THE CASHEW SECTOR AND CREATE 4,500 NEW JOBS, 50% OF WHICH	
WILL BE FOR WOMAN.	
IN SEPTEMBER 2021, THE STRENGTHENING AFRICAN PROCESSORS OF FORTIFIED	
FOODS (SAPFF) PROGRAM, A PARTNERSHIP BETWEEN TECHNOSERVE, PARTNERS IN	
FOOD SOLUTIONS, AND THE BILL & MELINDA GATES FOUNDATION, OFFICIALLY	
LAUNCHED THE MICRONUTRIENT FORTIFICATION INDEX (MFI). THIS INDEX	
PROVIDES A PUBLIC, INDEPENDENTLY VERIFIED RANKING OF NIGERIAN	
COMPANIES' PERFORMANCE IN FORTIFYING WHEAT FLOUR, EDIBLE OIL, SUGAR,	
AND SALT, THUS PROMOTING COMPETITIVE BUSINESS PRACTICES AND SUPPORTING	
SAPFF'S MISSION OF IMPROVING CONSUMER ACCESS TO FORTIFIED FOODS.	

SUPPORTING ENTERPRISE DEVELOPMENT

Name of the organization

TECHNOSERVE, INC.

Page 2 Employer identification number 13-2626135

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

GROWING BUSINESSES THAT CREATE EMPLOYMENT AND ECONOMIC ACTIVITY IN

LOCAL COMMUNITIES AND HAVE PROVIDED ESSENTIAL GOODS AND SERVICES AMID

THE COVID-19 PANDEMIC. USING CAREFUL ADAPTATION, A MARKET-DRIVEN

APPROACH, EFFECTIVE CAPACITY DEVELOPMENT, AND RIGOROUS MEASUREMENT AND

CONTINUOUS LEARNING, THIS WORK HELPED 65,559 PEOPLE EARN AN ADDITIONAL

\$138 MILLION AMID THE PANDEMIC IN 2021.

IN CENTRAL AMERICA, FOR EXAMPLE, THE CRECE TU EMPRESA PROGRAM PROVIDES

YOUNG ENTREPRENEURS WITH 60 HOURS OF BUSINESS TRAINING, 10 MONTHS OF

SUPPORT, AND 1:1 ADVICE FROM BUSINESS ADVISORS. TO DATE, THE PROGRAM

HAS WORKED WITH MORE THAN 700 YOUNG PEOPLE TO GROW THEIR BUSINESSES AND

CREATE ECONOMIC OPPORTUNITIES IN THEIR COMMUNITIES.

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 A, LINE 4:

THE FOLLOWING SECTIONS OF BYLAWS CHANGED DURING THE YEAR:

Name of the organization

TECHNOSERVE, INC.

ARTICLE V COMMITTEES

EXECUTIVE COMMITTEE. SUBJECT TO THE LIMITATIONS OF AUTHORITY SET FORTH IN

SECTION 712(A) OF THE NEW YORK NOT-FOR-PROFIT-CORPORATION LAW (N-PCL

712(A)), AN EXECUTIVE COMMITTEE SHALL BE APPOINTED TO ACT IN THE PLACE OF

THE BOARD OF DIRECTORS WHEN AUTHORITY IS DESIGNATED BY THE BOARD OR WHEN

THE BOARD IS NOT IN SESSION. THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR

MINUTES OF ITS PROCEEDINGS, AND ALL ACTION BY THE EXECUTIVE COMMITTEE SHALL

BE REPORTED AT EACH REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS

IMMEDIATELY FOLLOWING SUCH ACTION. THE EXECUTIVE COMMITTEE SHALL CONSIST OF

AT LEAST THREE DIRECTORS, INCLUDING THE CHAIR AND THE VICE CHAIR. EACH

MEMBER OF THE EXECUTIVE COMMITTEE SHALL BE ELECTED ANNUALLY BY A MAJORITY

VOTE OF THE MEMBERS OF THE BOARD OF DIRECTORS THEN IN OFFICE TO SERVE UNTIL

THE EARLIER OF THE ELECTION OF A SUCCESSOR OR THE END OF THE DIRECTOR'S

TERM ON THE BOARD OF DIRECTORS.

ARTICLE VI CONFLICTS OF INTEREST

IN ORDER TO PROTECT THE CORPORATION AGAINST ANY REAL OR POTENTIAL CONFLICTS

OF INTEREST. THE BOARD OF DIRECTORS SHALL ADOPT A WRITTEN CONFLICT OF

INTEREST POLICY THAT WILL GOVERN THE INDEPENDENCE OF DIRECTORS, OFFICERS

AND KEY PERSONS AS WELL AS TRANSACTIONS IN WHICH DIRECTORS, OFFICERS AND

KEY PERSONS HAVE A FINANCIAL INTEREST. ANY DIRECTOR, OFFICER OR KEY PERSON

WHO HAS AN INTEREST IN A RELATED PARTY TRANSACTION SHALL DISCLOSE IN GOOD

FAITH TO THE BOARD OF DIRECTORS, OR AN AUTHORIZED COMMITTEE THEREOF, THE

MATERIAL FACTS CONCERNING SUCH INTEREST.

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

Schedule O (Form 990) 2021	Page 2
Name of the organization TECHNOSERVE, INC.	Employer identification number 13-2626135
THE DRAFT FORM 990 IS PREPARED AND REVIEWED INTERNALLY BY SENIOR MANAGEMENT	
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 CAPITAL 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:

Schedule O (Form 990) 2021		Page 2
Name of the organization TECHNOSERVE , INC.		Employer identification number 13-2626135
	DOCIMENTIC	
FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING	DOCUMENTS	
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	9,395,277.	
MANAGEMENT AND GENERAL EXPENSES	587,365.	
FUNDRAISING EXPENSES		
	1,172,403.	
TOTAL EXPENSES	11,155,045.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	11,155,045.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CURRENCY TRANSLATION ADJUSTMENTS	-356,880.	
REFUND OF GRANT		
TOTAL TO FORM 990, PART XI, LINE 9	-356,880.	
FORM 990, PART XII, LINE 2C		
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENT	'S AND	
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCI	AL	
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.		
FORM 990, PART I, LINE 5		
TECHNOSERVE WORLDWIDE NUMBER OF EMPLOYEES DURING THE 2021 IS 2,	603,	
PART I LINE 5 SHOWS 145, FOR WHICH THE ORGANIZATION HAS ISSUED		

CORRESPONDING W-2S.

Schedule O (Form 990) 20 Name of the organization		Page Employer identification number
	TECHNOSERVE, INC.	13-2626135

SCHEDULE	R
(= 000)	

(Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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					
RUA JOSE COELHO DE ARAUJO LAGES, 02 ROSARIO					
MINAS GERAIS, BRAZIL	DEVELOPMENT	BRAZIL	-241,648.	99,206.	TECHNOSERVE INC.
FUNDACION TECHNOSERVE CHILE - 98-1563991					
ALFREDO BARROS ERRAZURIZ, NO. 1956 OFICINA 2					
SANTIAGO, CHILE 01225-0498	DEVELOPMENT	CHILE	-203,466.	876,540.	TECHNOSERVE INC.
FUNDACION TECHNOSERVE COLOMBIA - 98-1563975					
CRA 13 #90 - 28, OFICINA 606					
BOGOTA, COLOMBIA	DEVELOPMENT	COLOMBIA	-4,804.	5,990.	TECHNOSERVE INC.
TECHNOSERVE (RF)NPC - 98-1564124					
54 BATH AVENUE, 1ST FLOOR OFFICES, 54 ON BAT	1				
JOHANNESBURG, SOUTH AFRICA 2196	DEVELOPMENT	SOUTH AFRICA	359,748.	781,722.	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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
			501(a)(2))			Yes	No

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

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 MWANO HOUSE, HOUSE NO. 3, MPULUNGU RD, OLYMP		ZAMBIA	174.260	200 552	
LUSAKA, ZAMBIA TECHNOSERVE ORGANISATION - 98-1563959 PO BOX 1298	DEVELOPMENT		-174,369.	209,552.	TECHNOSERVE INC.
MBABANE, SWAZILAND TSERV SOLUCIONES PARA LA POBREZA A.C	DEVELOPMENT	SWAZILAND	-5,498.	0.	TECHNOSERVE INC.
98-1563929, ARQUIMEDES 15 PISO 5 OFICINA 515, COL. POLANCO V SECCION, CP 11560,	DEVELOPMENT	MEXICO	-90,100.	3,096,941.	TECHNOSERVE INC.
TNS BOTSWANA - 98-1564014 LOT 1124-28, THE MALL GABORONE, BOTSWANA	DEVELOPMENT	BOTSWANA	-275,266.	323 706	TECHNOSERVE INC.
TECHNOSERVE SOLUTIONS TO POVERTY LTD/GTE - 98-1564115, 4B ASA STREET, OFF USUMA CLOSE,	DEVELOPMENT	NIGERIA			
OFF GANA STREET, MAITAMA, ABUJA, NIGERIA	DEVELOPMENT	NIGERIA	-53,976.	572,220.	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)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	manag partn	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
ASHWATTHA ADVISORS PVT LTD -											
98-1563943, B1 - 201 CENTRE]										
POINT, OPPOSITE BAWLA MASJID,	1		TECHNOSERVE								
243A, NM JOSHI MARG, LOWER	DEVELOPMENT	INDIA	INC.		182,000.	1,350,516.		x	N/A	x	99.00%
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1	1				l	1				

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	(d) Direct controlling entity	ct controlling Type of entity Share of total Share of		Share of end-of-year	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			Х
b Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)			Σ
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)			х
g Sale of assets to related organization(s)	1g		2
h Purchase of assets from related organization(s)	1h		2
i Exchange of assets with related organization(s)	<u>1i</u>		
j Lease of facilities, equipment, or other assets to related organization(s)			1
k Lease of facilities, equipment, or other assets from related organization(s)	1k		2
Performance of services or membership or fundraising solicitations for related organization(s)			:
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n		
o Sharing of paid employees with related organization(s)			2
p Reimbursement paid to related organization(s) for expenses	1 p		2
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	1r		2
s Other transfer of cash or property from related organization(s)	1s		1

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

Schedule R (Form 990) 2021 TECHNOSERVE, INC.

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.

(2)				(2)	(4)	(c)	(h)	<u>, </u>	(i)	(3)	(k)
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d)	(e) Are all partners s 501(c)(3 orgs.?	(f) ec. Share of	(g) Share of	(h)	l nor-	(i) Code V URI	(j) General (
of entity	Primary activity	(state or foreign	(related, unrelated,	partners s 501(c)(3	total	end-of-year	Dispro tiona allocatio	ite	amount in box 20	managin	
orentity		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.?				ons?		partner'	
		country	sections 512-514)	Yes N	o "Neonic	233013	Yes	No	(FUTIT 1065)	Yes No	
											+
					_						+
											+
											
											+

Part VII Supplemental Information

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

TSERV SOLUCIONES PARA LA POBREZA A.C.

EIN: 98-1563929

ARQUIMEDES 15 PISO 5 OFICINA 515, COL. POLANCO V SECCION, CP 11560

MEXICO CITY, MEXICO

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ASHWATTHA ADVISORS PVT LTD

EIN: 98-1563943

B1 - 201 CENTRE POINT, OPPOSITE BAWLA MASJID, 243A, NM JOSHI MARG, LOWER PA

MUMBAI, INDIA 400013