

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TECHNOSERVE, INC.		D Employer identification number 13-2626135
	Doing business as		E Telephone number (202) 785-4515
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1777 NORTH KENT STREET		1100
City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22209			G Gross receipts \$ 87,915,967.
F Name and address of principal officer: WILLIAM WARSHAUER SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: WWW.TECHNOSERVE.ORG			If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			H(c) Group exemption number
L Year of formation: 1969			M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	130
	6 Total number of volunteers (estimate if necessary)	6	61
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	43,238.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	79,783,618.	85,974,826.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	112,108.	180,779.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	302,316.	742,011.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,060,372.	554,452.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	81,258,414.	87,452,068.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,548,156.	9,799,207.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	38,596,510.	38,383,289.
	b Total fundraising expenses (Part IX, column (D), line 25) 2,125,489.	231,098.	187,675.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,507,326.	35,973,029.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	80,883,090.	84,343,200.
19 Revenue less expenses. Subtract line 18 from line 12	375,324.	3,108,868.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	63,448,113.	59,419,782.
	22 Net assets or fund balances. Subtract line 21 from line 20	57,096,392.	47,896,092.
		6,351,721.	11,523,690.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11/1/2019
	WILLIAM WARSHAUER, PRESIDENT & CEO Type or print name and title	

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

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

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
35b			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			95
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (24), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BUSH CO-CHAIR	3.00	X		X				0.	0.	0.
(2) RACHEL HINES CO-CHAIR	3.00	X		X				0.	0.	0.
(3) PAUL TIERNEY CHAIRMAN EMERITUS	1.50	X						0.	0.	0.
(4) PETER FLAHERTY VICE CHAIRMAN	3.00	X		X				0.	0.	0.
(5) JENNIFER BULLARD BROGGINI SECRETARY	3.00	X		X				0.	0.	0.
(6) ROBERT MANLY TREASURER	3.00	X		X				0.	0.	0.
(7) JONATHAN AUERBACH DIRECTOR	1.50	X						0.	0.	0.
(8) KANIKA BAHL DIRECTOR	1.50	X						0.	0.	0.
(9) SCOTT BAKER DIRECTOR	2.00	X						0.	0.	0.
(10) GERALD BALDWIN DIRECTOR	1.50	X						0.	0.	0.
(11) THOMAS BARRY DIRECTOR	1.50	X						0.	0.	0.
(12) ANTHONY BLOOM DIRECTOR	1.50	X						0.	0.	0.
(13) TITUS BRENNINKMEIJER DIRECTOR	1.50	X						0.	0.	0.
(14) ALAN COHEN DIRECTOR	1.50	X						0.	0.	0.
(15) LAURA CORB DIRECTOR	1.50	X						0.	0.	0.
(16) RUSSELL FAUCETT DIRECTOR	1.50	X						0.	0.	0.
(17) HARVEY HELLER DIRECTOR	1.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AEDHMAR HYNES DIRECTOR	1.50	X						0.	0.	0.
(19) DEBRA MCCOY DIRECTOR	1.50	X						0.	0.	0.
(20) TIMOTHY M. KINGSTON DIRECTOR	2.00	X						0.	0.	0.
(21) CHARLES MOORE DIRECTOR	1.50	X						0.	0.	0.
(22) MICHELLE PELUSO DIRECTOR	2.00	X						0.	0.	0.
(23) KURT PETERSON DIRECTOR	1.50	X						0.	0.	0.
(24) MICHAEL SPIES DIRECTOR	1.50	X						0.	0.	0.
(25) WILLIAM WARSHAUER PRESIDENT & CEO	40.00			X				362,550.	0.	47,273.
(26) KEVIN WELCH CFO (ENDING 03/18)	40.00			X				16,064.	0.	9,809.
1b Sub-total								378,614.	0.	57,082.
c Total from continuation sheets to Part VII, Section A								3,056,007.	0.	376,804.
d Total (add lines 1b and 1c)								3,434,621.	0.	433,886.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 54

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RAFFA P.C., 1899 L STREET, NW SUITE 850, WASHINGTON, DC 20036	CONSULTING SERVICES	796,848.
LATERITE LTD. PLOT 1563, GACULIRO, KIGALI, RWANDA	TECHNICAL CONSULTING SERVICES	354,105.
INTELICE SOLUTIONS, LLC, 50 CITIZEN WAY SUITE 410, FREDERICK, MD 21701	IT CONSULTING	218,987.
RSM US LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	AUDIT AND TAX SERVICES	201,877.
FAIRCOM, 12 WEST 27TH STREET, 13TH FLOOR, NEW YORK, NY 10001	DIRECT MAIL/ONLINE FUNDRAISING	187,675.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 15

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	1 b	Membership dues					
	1 c	Fundraising events	289,935.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	21,455,553.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	64,229,338.				
	1 g	Noncash contributions included in lines 1a-1f: \$	7,728,732.				
	1 h	Total. Add lines 1a-1f	85,974,826.				
Program Service Revenue	2 a	PROGRAM INCOME	900099	180,779.	180,779.		
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		180,779.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		685,166.		685,166.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
6 d	Net rental income or (loss)						
7 a	Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	56,987.				
7 b	Less: cost or other basis and sales expenses		142.	0.			
7 c	Gain or (loss)		-142.	56,987.			
7 d	Net gain or (loss)		56,845.			56,845.	
8 a	Gross income from fundraising events (not including \$ 289,935. of contributions reported on line 1c). See Part IV, line 18	a	89,065.				
		b	463,757.				
		c					
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b					
		c					
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a					
		b					
		c					
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	OTHER INCOME	900099	929,144.		929,144.		
11 b							
11 c							
11 d	All other revenue						
11 e	Total. Add lines 11a-11d		929,144.				
12	Total revenue. See instructions		87,452,068.	180,779.	0.	1,296,463.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	9,799,207.	9,799,207.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,922,515.	1,823,157.	883,790.	215,568.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	24,230,724.	20,531,084.	3,279,031.	420,609.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,442,863.	1,187,855.	221,203.	33,805.
9 Other employee benefits	8,971,040.	7,618,380.	1,173,345.	179,315.
10 Payroll taxes	816,147.	439,043.	327,113.	49,991.
11 Fees for services (non-employees):				
a Management				
b Legal	253,245.	126,599.	126,646.	
c Accounting	1,073,837.	173,835.	900,002.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	187,675.			187,675.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	13,015,117.	11,095,414.	653,316.	1,266,387.
12 Advertising and promotion	132,449.	132,016.	53.	380.
13 Office expenses	3,278,137.	2,838,333.	333,040.	106,764.
14 Information technology	579,259.	186,138.	373,587.	19,534.
15 Royalties				
16 Occupancy	2,568,056.	1,798,993.	769,063.	
17 Travel	5,607,704.	5,213,639.	331,763.	62,302.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,469,121.	1,403,867.	27,463.	37,791.
20 Interest	1,200.	1,199.	1.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	669,261.	102,483.	566,778.	
23 Insurance	323,546.	95,865.	227,681.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING	3,891,620.	3,891,620.		
b VEHICLE OPERATIONS	2,568,777.	2,561,036.	3,747.	3,994.
c EQUIPMENTS	1,005,457.	943,714.	56,612.	5,131.
d FUNDRAISING EXP ON LINE	-463,757.			-463,757.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	84,343,200.	71,963,477.	10,254,234.	2,125,489.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	7,436.	1	4,407.
	2	Savings and temporary cash investments	48,577,764.	2	42,203,455.
	3	Pledges and grants receivable, net	8,449,038.	3	9,189,501.
	4	Accounts receivable, net	3,118,350.	4	2,333,803.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,732,924.	9	1,707,806.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,808,166.		
	b	Less: accumulated depreciation	10b 4,997,392.		
			1,071,325.	10c	2,810,774.
	11	Investments - publicly traded securities		11	746,540.
	12	Investments - other securities. See Part IV, line 11	486,595.	12	421,308.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,681.	15	2,188.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	63,448,113.	16	59,419,782.	
Liabilities	17	Accounts payable and accrued expenses	5,008,123.	17	5,153,156.
	18	Grants payable		18	
	19	Deferred revenue	48,793,635.	19	39,782,791.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,294,634.	25	2,960,145.
	26	Total liabilities. Add lines 17 through 25	57,096,392.	26	47,896,092.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,170,685.	27	8,024,454.
	28	Temporarily restricted net assets	181,036.	28	3,499,236.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	6,351,721.	33	11,523,690.
	34	Total liabilities and net assets/fund balances	63,448,113.	34	59,419,782.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	87,452,068.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,343,200.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,108,868.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,351,721.
5	Net unrealized gains (losses) on investments	5	-55,963.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,119,064.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,523,690.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76,304,736.	86,214,440.	82,689,895.	79,783,618.	85,974,826.	410,967,515.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	76,304,736.	86,214,440.	82,689,895.	79,783,618.	85,974,826.	410,967,515.
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)						39,811,761.
6 Public support. Subtract line 5 from line 4.						371,155,754.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	76,304,736.	86,214,440.	82,689,895.	79,783,618.	85,974,826.	410,967,515.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	107,641.	99,867.	75,542.	194,620.	685,166.	1,162,836.
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.)	102,050.	48,461.	20,920.	1,060,372.	1,018,209.	2,250,012.
11 Total support. Add lines 7 through 10						414,380,363.
12 Gross receipts from related activities, etc. (see instructions)					12	301,554.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	89.57 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	91.91 %

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization 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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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 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.)		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

OTHER INCOME

2014 AMOUNT: \$ 102,050.

2015 AMOUNT: \$ 48,461.

2016 AMOUNT: \$ 20,920.

2017 AMOUNT: \$ 1,060,372.

2018 AMOUNT: \$ 929,144.

FUNDRAISING

2018 AMOUNT: \$ 89,065.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

TECHNOSERVE, INC.

Employer identification number

13-2626135

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 6,927,445.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,491,112.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 6,265,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 4,414,648.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 3,979,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 3,652,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 2,823,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 2,307,795.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 2,141,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 2,069,541.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 2,003,137.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 1,756,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 1,739,181.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD AID _____ _____ _____	\$ 6,927,445.	12/31/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

TECHNOSERVE, INC.

Employer identification number

13-2626135

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Includes table with columns: Held at the End of the Tax Year, rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance _____
- d Additions during the year _____
- e Distributions during the year _____
- f Ending balance _____

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted 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 _____

	Yes	No
3a(i)		
3a(ii)		
3b		

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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,212,820.	61,874.	1,150,946.
d Equipment		4,756,309.	3,924,773.	831,536.
e Other		1,839,037.	1,010,745.	828,292.
Total. Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i>				2,810,774.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EMPLOYEE BENEFITS	2,960,145.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,960,145.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	89,202,295.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-55,963.	
b	Donated services and use of facilities	2b	2,602,979.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-796,789.	
e	Add lines 2a through 2d	2e	1,750,227.	
3	Subtract line 2e from line 1	3	87,452,068.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	87,452,068.	

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

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

1	Total expenses and losses per audited financial statements		1	87,409,936.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,602,979.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	463,757.	
e	Add lines 2a through 2d	2e	3,066,736.	
3	Subtract line 2e from line 1	3	84,343,200.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	84,343,200.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

TECHNOSERVE IS EXEMPT FROM THE PAYMENT OF TAXES ON INCOME OTHER THAN

UNRELATED BUSINESS INCOME UNDER IRC SECTION 501(C)(3) AND IS NOT A PRIVATE

FOUNDATION. FOR THE YEAR ENDED DECEMBER 31, 2018, TECHNOSERVE HAD NET

UNRELATED BUSINESS INCOME OF APPROXIMATELY \$43,000.

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 2015.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CURRENCY TRANSLATION ADJUSTMENT -1,260,546.

FUNDRAISING EXP ON LINE 8B 463,757.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -796,789.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXP ON LINE 8B 463,757.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

Employer identification number

TECHNOSERVE, INC.

13-2626135

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

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

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		497,080.
CENTRAL AMERICA AND THE CARIBBEAN	4	82	PROGRAM SERVICE	AG ASSISTANCE	4,406,087.
NORTH AMERICA	0	0	GRANTMAKING		948,729.
NORTH AMERICA	3	131	PROGRAM SERVICE	AG ASSISTANCE	7,468,976.
SOUTH AMERICA	0	0	GRANTMAKING		152,512.
SOUTH AMERICA	5	83	PROGRAM SERVICE	AG ASSISTANCE	5,024,453.
SOUTH ASIA	0	0	GRANTMAKING		482,969.
SOUTH ASIA	9	213	PROGRAM SERVICE	AG ASSISTANCE	3,098,855.
3 a Subtotal	21	509			22,079,661.
b Total from continuation sheets to Part I	21	763			51,413,633.
c Totals (add lines 3a and 3b)	42	1272			73,493,294.

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

Schedule F (Form 990) 2018

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	MATCHING SUBGRANT NO. 4 - COMSA	6,995.	CHECK/ WIRE TRANSFERS	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE TO CAJAS RURALES-HN	325,054.	CHECK/ WIRE TRANSFERS	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	SMART CLIMATE AGRICULTURE	95,192.	CHECK/ WIRE TRANSFERS	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	LEGUME INNOVATION LABORATORY	69,839.	CHECK/ WIRE TRANSFERS	0.		
			NORTH AMERICA	SMALL FARMER ACCESS PROJECT- NGO PARTNER	285,264.	CHECK/ WIRE TRANSFERS	0.		
			NORTH AMERICA	SMALLHOLDER FARMER ACCESS - NGO PARTNER	76,307.	CHECK/ WIRE TRANSFERS	0.		
			NORTH AMERICA	SMALLHOLDER FARMER ACCESS - NGO PARTNER	132,950.	CHECK/ WIRE TRANSFERS	0.		
			NORTH AMERICA	SMALLHOLDER FARMER ACCESS PROJECT	105,893.	CHECK/ WIRE TRANSFERS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 83

3 Enter total number of other organizations or entities 0

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SMALLHOLDER FARMER ACCESS - NGO PARTNER	240,649.	CHECK/ WIRE TRANSFERS	0.		
		NORTH AMERICA	FARMER TRAINING PROGRAM - Y3	107,666.	CHECK/ WIRE TRANSFERS	0.		
		SOUTH AMERICA	TA TO COFFEE PRODUCERS	28,171.	CHECK/ WIRE TRANSFERS	0.		
		SOUTH AMERICA	TECHNOLOGY SCALE UP	70,760.	CHECK/ WIRE TRANSFERS	0.		
		SOUTH AMERICA	COFFEE NURSERIES AND ON FARM TRIALS	53,581.	CHECK/ WIRE TRANSFERS	0.		
		SOUTH ASIA	BUILDING INNOVATION TRANSFER MECHANISM - IN	346,195.	CHECK/ WIRE TRANSFERS	0.		
		SOUTH ASIA	ADVANCING WOMEN'S LEADERSHIP IN INDIAN COTTON - IN	117,667.	CHECK/ WIRE TRANSFERS	0.		
		SOUTH ASIA	OTHER PROGRAM SUPPORT	19,106.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	ENABLE TA	8,866.	CHECK/ WIRE TRANSFERS	0.		

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	EOP LESSONS LEARNED & FES DOWNSTREAM DISTRIBUTION SCHEME PILOT	56,192.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	EOP DISTRIBUTION SCHEME	72,493.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	FES DOWNSTREAM DISTRIBUTION SCHEME	92,038.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	AVISON SALES & MARKETING STRATEGY	80,048.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	MOZACAJU MATCHING 16	20,432.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	EBTV AND TR4 DISEASE MANAGEMENT - 9	86,831.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	EASELINE AND M&E - CATALISA SUBAWARD NO. 1	165,042.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	BENIBIZ PROJECT PARTNERSHIP	355,673.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	SALES AND MARKETING STRATEGY DEVELOPMENT	127,012.	CHECK/ WIRE TRANSFERS	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.									
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	EXPORT EXPANSION IMPLEMENTATION PROJECT	57,443.	CHECK/ WIRE TRANSFERS	0.			
			SUB-SAHARAN AFRICA	CASHEW FARMER TRAINING	1,338,559.	CHECK/ WIRE TRANSFERS	0.			
			SUB-SAHARAN AFRICA	QMS FEASIBILITY AND IMPLEMENTATION PLAN	26,729.	CHECK/ WIRE TRANSFERS	0.			
			SUB-SAHARAN AFRICA	SOIL TESTING INNOVATION & CAPACITY BUILDING	9,259.	CHECK/ WIRE TRANSFERS	0.			
			SUB-SAHARAN AFRICA	TR4 DISEASE MANAGEMENT - 6	15,357.	CHECK/ WIRE TRANSFERS	0.			
			SUB-SAHARAN AFRICA	TECHNICAL SUPPORT AND ADVISORY SERVICES	7,513.	CHECK/ WIRE TRANSFERS	0.			
			SUB-SAHARAN AFRICA	SUSTAINABLE MILESTONES OUTCOME FOR GROWTH -ZM	92,050.	CHECK/ WIRE TRANSFERS	0.			
			SUB-SAHARAN AFRICA	COFFEE QUALITY IMPROVEMENT	76,237.	CHECK/ WIRE TRANSFERS	0.			
			SUB-SAHARAN AFRICA	DELIVER ICT SOLUTIONS TO IMPROVE CASHEW PRODUCTION	63,986.	CHECK/ WIRE TRANSFERS	0.			

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
(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	PIGGERY CAPACITY BUILDING LEARNING JOURNEY	58,529.	CHECK/ WIRE TRANSFERS	0.			
		SUB-SAHARAN AFRICA	EGG PRODUCTION FACILITY - CATALISA 3	95,802.	CHECK/ WIRE TRANSFERS	0.			
		SUB-SAHARAN AFRICA	OIL PALM SMALLHOLDER SUPPORT SCHEME	182,006.	CHECK/ WIRE TRANSFERS	0.			
		SUB-SAHARAN AFRICA	FES DOWNSTREAM DISTRIBUTION SCHEME PILOT	15,939.	CHECK/ WIRE TRANSFERS	0.			
		SUB-SAHARAN AFRICA	YELLOW MAIZE SMALLHOLDER SUPPORT	179,996.	CHECK/ WIRE TRANSFERS	0.			
		SUB-SAHARAN AFRICA	STRENGTHEN ENVIRONMENT FOR FOOD FORTIFICATION	210,368.	CHECK/ WIRE TRANSFERS	0.			
		SUB-SAHARAN AFRICA	SMART SUBSIDY	20,238.	CHECK/ WIRE TRANSFERS	0.			
		SUB-SAHARAN AFRICA	SMALLHOLDER SUPPORT SCHEME AND SMART SUBSIDY	158,118.	CHECK/ WIRE TRANSFERS	0.			
		SUB-SAHARAN AFRICA	COALITION PARTNER SUBAWARD	72,979.	CHECK/ WIRE TRANSFERS	0.			

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	REVOLVING LOAN SCHEME - 3	5,000.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	SMALLHOLDER SUPPORT SCHEME FOLLOW-ON	149,491.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	DESIGN AND CONDUCT IMPACT EVALUATIONS	286,067.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	M&E CAJU	70,995.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	SOYA SUPPORT END LINE SURVEY	36,114.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	UPL/DECO DEMONSTRATION UNIT	68,989.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	ADAPTATION AND RESEARCH - GRANT NO. 13	7,041.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	DIAGNOSTIC LAB DEVELOPMENT	52,221.	CHECK/ WIRE TRANSFERS	0.		
			SUB-SAHARAN AFRICA	TRAINING FOR INCUBATORS AND AGRIPRENEURS	19,784.	CHECK/ WIRE TRANSFERS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(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	TECHNOLOGY PLATFORM PROJECT	17,493.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	DEMONSTRATION SITE-CATALISA 4	31,670.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TR4 DISEASE MANAGEMENT 2	725,830.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TR4 DISEASE MANAGEMENT 9	246,669.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	ACTION RESEARCH STUDY- COMMUNITY AWARENESS WEF	7,427.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	AVISON MIS IMPLEMENTATION PLAN	11,456.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	MECHANISM PLATFORM PROJECT	17,493.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	SMART SUBSIDIES PLATFORM PROJECT	11,570.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	FRESH VEG FACILITY - CATALISA AGBIZ 001	71,520.	CHECK/ WIRE TRANSFERS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(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	TR4 DISEASE MANAGEMENT - 5	14,656.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TR4 DISEASE MANAGEMENT -1	547,151.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	SMALL HOLDER FARM SERVICES UNIT	131,670.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TA AND GRANT FUNDS NO. 1- MIDLAND STATE UNIVERSITY	13,102.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	INFORMAL MARKETING STRATEGY & DEVELOPMENT -ZA	101,989.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	SMART SUBSIDY CONTRIBUTION	1,672.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	TA TO ATDC IN ZAMBIA	49,207.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	SMALLHOLDER SOYA SUPPORT SCHEME AT NGHL	258,564.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	COALITION PARTNER SUBAWARD	98,579.	CHECK/ WIRE TRANSFERS	0.		

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	FARMER DATA MIS PROJECT	11,813.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	FRESH VEGETABLE PRODUCTION - CATALISA 2	140,538.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	MOZACAJU MATCHING 7	10,173.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	COALITION PARTNER SUBAWARD	146,142.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	MOABLAOU BOTTOM OF THE PYRAMID DISTRIBUTION	114,885.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	GOLDTREE OUTGROWER MIS	23,385.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	BBTV DISEASE - 3	90,888.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	INCREASE BUSINESS AND ATF SUPPORT	138,855.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	POULTRY VC RESEARCH	13,092.	CHECK/ WIRE TRANSFERS	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	STRENGTHENING PRODUCER ORGANIZATIONS	179,092.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	VOICE MESSAGES - FALL ARMY WORM WARNING	16,346.	CHECK/ WIRE TRANSFERS	0.		
		SUB-SAHARAN AFRICA	BAKERY OPTIMIZATION OPERATIONS PROJECT	33,552.	CHECK/ WIRE TRANSFERS	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

PART I, LINE 3:

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

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		CALA (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	379,000.			379,000.
	2 Less: Contributions	289,935.			289,935.
	3 Gross income (line 1 minus line 2)	89,065.			89,065.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	463,757.			463,757.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				463,757.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-374,692.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: FAIRCOM

(I) ADDRESS OF FUNDRAISER:

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

SCHEDULE G, PART I, LINE 2

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TECHNOSERVE, INC.

Employer identification number

13-2626135

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a	X	
1b	X	
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM WARSHAUER PRESIDENT & CEO	(i) 361,260.	0.	1,290.	21,600.	25,673.	409,823.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(2) TIMOTHY MCLELLAN COO	(i) 273,819.	0.	690.	21,600.	26,864.	322,973.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(3) JOHN KEIGHTLEY VP, DEVELOPMENT & COMMUNICATIONS	(i) 209,766.	0.	690.	17,107.	28,500.	256,063.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(4) MADHU SREEKUMAR CHIEF HR OFFICER	(i) 200,830.	0.	1,980.	8,000.	2,020.	212,830.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(5) CHRIS DONOHUE REGIONAL DIRECTOR	(i) 167,489.	0.	124,796.	12,612.	12,006.	316,903.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(6) PAMELA CHITENHE REGIONAL DIRECTOR	(i) 202,550.	0.	450.	24,240.	8,460.	235,700.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(7) KINDRA HALVORSON SR. VP PROGRAM DEVELOPMENT	(i) 227,916.	0.	39,589.	16,274.	18,017.	301,796.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(8) ANDREI BELYI REGIONAL DIRECTOR	(i) 184,566.	0.	28,390.	18,434.	9,039.	240,429.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(9) JONATHAN BARNOW VP, STRATEGIC INITIATIVES	(i) 178,422.	0.	270.	16,013.	7,522.	202,227.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(10) JACOB ULRICH COUNTRY DIRECTOR	(i) 133,889.	0.	128,044.	16,139.	6,465.	284,537.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(11) JANE GROB FREY COUNTRY DIRECTOR	(i) 154,416.	0.	109,062.	18,566.	18,062.	300,106.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(12) LARRY UMUNNA COUNTRY DIRECTOR	(i) 174,469.	0.	47,831.	15,764.	17,554.	255,618.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(13) RIZWAN YUSUFALI REGIONAL PROGRAM DIRECTOR	(i) 128,134.	0.	94,934.	10,505.	4,298.	237,871.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(14) PAUL STEWART GLOBAL COFFEE DIRECTOR	(i) 160,807.	0.	54,840.	19,333.	1,344.	236,324.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

TECHNOSERVE WILL PROVIDE APPROPRIATE AND REASONABLE HOUSING FOR CERTAIN

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

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

TECHNOSERVE WILL DIRECTLY EMPLOY SECURITY STAFF AS APPROPRIATE. CHIEF

HUMAN RESOURCE OFFICER WILL DETERMINE A REASONABLE REIMBURSABLE AMOUNT FOR

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

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

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

OFFICER.

US EXPATRIATES SHOULD NOTE THAT HOUSING ALLOWANCES ARE CONSIDERED EARNED

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

BELOW ARE EMPLOYEES LISTED ON PART VII WHO RECEIVED HOUSING ALLOWANCE

DURING THE YEAR:

JACOB ULRICH \$31,286

CHRIS DONOHUE \$37,026

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.

KINDRA HALVORSON	\$24,000
LARRY UMUNNA	\$41,367
ANDREI BELYI	\$19,550
RIZWAN YUSUFALI	\$24,315
PAUL STEWART	\$27,500

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.

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

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.

WHICH ARE TAXABLE:

JACOB ULRICH \$96,154

CHRIS DONOHUE \$45,187

JANE GROB FREY \$46,236

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	15	801,287.	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	6,927,445.	SELLING PRICE
26	Other ▶ ()				
27	Other ▶ ()				
28	Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

Part II

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

SCHEDULE M, LINE 32B:

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

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

U.S. DEPARTMENT OF AGRICULTURE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

TECHNOSERVE, INC.

Employer identification number

13-2626135

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

TECHNOSERVE WORKS WITH ENTERPRISING PEOPLE IN THE DEVELOPING WORLD TO

BUILD COMPETITIVE FARMS, BUSINESSES, AND INDUSTRIES.

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

MILLION IN ADDITIONAL REVENUE AND WAGES. WOMEN'S ECONOMIC EMPOWERMENT

IS A CENTRAL FOCUS OF TECHNOSERVE'S WORK, AND 39 PERCENT OF ALL OF OUR

BENEFICIARIES-INCLUDING 58 PERCENT OF THE BENEFICIARIES FROM OUR

ENTREPRENEURSHIP PROGRAMS-WERE WOMEN IN 2018.

BELOW, WE PROVIDE UPDATES FROM SEVERAL KEY PROJECTS REPRESENTING A

CROSS-SECTION OF TECHNOSERVE'S WORK IN AGRICULTURAL VALUE CHAINS AND

ENTREPRENEURSHIP AROUND THE WORLD.

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

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

BY PROVIDING AGRONOMY TRAINING TO FARMERS, BUILDING THE CAPACITY OF

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

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

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

THE PROGRAM HAS PROVIDED TRAINING TO MORE THAN 30,000 FARMERS AND HAS

CONTRIBUTED TO A 450-PERCENT INCREASE IN THE SALES OF LOCALLY PROCESSED

CASHEWS.

2018 MARKED THE SUCCESSFUL CONCLUSION OF THE NIRMAL DHARA PROJECT, A

PARTNERSHIP WITH GLOBAL HEALTHCARE COMPANY ABBOTT IN INDIA. THE PROJECT

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

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

Name of the organization TECHNOSERVE, INC.	Employer identification number 13-2626135
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HELPED SMALLHOLDER DAIRY FARMERS TO BECOME PRODUCERS OF HIGH-QUALITY MILK AND ENTER ABBOTT'S SUPPLY CHAIN, WHERE THEY WERE ABLE TO EARN A PRICE PREMIUM. AS A RESULT OF THE PARTNERSHIP, LOCAL FARMERS AND ENTREPRENEURS HAVE EARNED \$9.5 MILLION OF ADDITIONAL INCOME.

TECHNOSERVE PARTNERED WITH THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT AND THE J.M. SMUCKER COMPANY TO IMPLEMENT THE BETTER COFFEE HARVEST PROGRAM, WHICH SUPPORTED THE RECOVERY OF THE COFFEE SECTOR IN AREAS OF NICARAGUA AND EL SALVADOR THAT WERE BADLY AFFECTED BY THE COFFEE LEAF RUST EPIDEMIC. THE PROJECT PROVIDED TRAINING ON CLIMATE-SMART AGRICULTURAL TECHNIQUES TO COFFEE GROWERS AND FACILITATED ACCESS TO IMPROVED INPUTS IN ORDER TO MAKE FARMS MORE PRODUCTIVE AND RESILIENT. BY THE TIME THE PROJECT ENDED IN 2018, IT HAD BENEFITED 9,500 WOMEN AND MEN, WHOSE YIELDS INCREASED BY AN AVERAGE OF 50 PERCENT.

IN ADDITION TO OUR WORK IN AGRICULTURAL VALUE CHAINS, TECHNOSERVE WORKS WITH ENTREPRENEURS AROUND THE WORLD TO START AND GROW COMPETITIVE BUSINESSES.

TECHNOSERVE TEAMS HAVE HELPED TO EQUIP KENYAN "MOM-AND-POP" SHOPKEEPERS WITH BETTER BUSINESS KNOWLEDGE, TOOLS, AND PRACTICES. HARNESSING INNOVATIVE TECHNOLOGICAL TOOLS, BUSINESS ADVISORS HAVE PROVIDED TRAINING TO IMPROVE THESE MICRO-RETAILERS' MERCHANDISING, MARKETING, INVENTORY MANAGEMENT, AND RECORDKEEPING, WHILE ALSO INTRODUCING MOBILE FINANCE AND INVENTORY MANAGEMENT SOLUTIONS. THE SMART DUKA PROJECT WORKED WITH MORE THAN 1,000 BUSINESSES, 60 PERCENT OF WHICH ARE WOMEN-OWNED; PARTICIPANTS EXPERIENCED AVERAGE REVENUE INCREASES OF 44

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

IN CENTRAL AMERICA, THE CRECE TU EMPRESA PROGRAM HAS HELPED YOUNG PEOPLE TO GROW THEIR SMALL BUSINESSES BY PROVIDING TRAINING ON KEY BUSINESS SKILLS AND FOSTERING STRONGER MARKET CONNECTIONS. THE PROJECT, WHICH IS SUPPORTED BY THE CITI FOUNDATION AND IS PROGRAMMED TO RUN THROUGH 2020, HAS HELPED 257 YOUTH ENTREPRENEURS ACROSS GUATEMALA, EL SALVADOR, AND PANAMA TO INCREASE THEIR SALES BY 78 PERCENT.

THE EMERGE PROGRAM, AN ONGOING ANGLO-AMERICAN-TECHNOSERVE COLLABORATION IN CHILE, HAS HELPED TO CREATE NEW, DIVERSIFIED ECONOMIC OPPORTUNITIES IN MINING COMMUNITIES BY STRENGTHENING LOCAL SMALL BUSINESSES. THE PROGRAM BUILDS THE CAPACITY OF THESE BUSINESSES AND HELPS TO CONNECT THEM TO PROFITABLE SUPPLY CHAINS. THROUGH 2018, THE PROGRAM HAS WORKED WITH MORE THAN 1,700 SMALL BUSINESSES, HELPING THEM TO GENERATE MORE THAN \$11 MILLION IN ADDITIONAL REVENUE AND SUPPORT MORE THAN 3,000 JOBS.

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

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

Name of the organization TECHNOSERVE, INC.	Employer identification number 13-2626135
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FORM 990, PART VI, SECTION B, LINE 11B:

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 RESOURCES OFFICER CONDUCTS REVIEWS OF COMPENSATION INCLUDING BENCHMARKING AGAINST OTHER NON-PROFIT ORGANIZATIONS. SENIOR MANAGEMENT SALARIES AND INCREASES ARE PRESENTED TO AND SUBJECT TO APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

Name of the organization TECHNOSERVE, INC.	Employer identification number 13-2626135
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FORM 990, PART VI, SECTION C, LINE 19:

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	11,095,414.
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MANAGEMENT AND GENERAL EXPENSES	653,316.
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FUNDRAISING EXPENSES	1,266,387.
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TOTAL EXPENSES	13,015,117.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	13,015,117.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CURRENCY TRANSLATION ADJUSTMENTS	-1,260,546.
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EFFECT OF ADOPTION OF ASU 2018-08	3,379,610.
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TOTAL TO FORM 990, PART XI, LINE 9	2,119,064.
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FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND

SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL

STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990, PART I, LINE 5

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

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
TECHNOSERVE EUROPE 54 COMMERCIAL STREET LONDON, UNITED KINGDOM E16LT	DEVELOPMENT	UNITED KINGDOM	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC BENIN RUE 205, SAINT MICHE COTONOU, BENIN 04 BP 1392	DEVELOPMENT	BENIN	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC BOTSWANA PLOT 1124-28 UNIT 007 - 3F, STANDARD HOUSE, M GABORONE, BOTSWANA	DEVELOPMENT	BOTSWANA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC COTE D'IVOIRE 28 BP 426 ABIDJAN 28 ABIDAN, COTE D'IVOIRE (IVORY COAST)	DEVELOPMENT	COTE D'IVOIRE (IVORY COAST)	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC EL SALVADOR COLONIA SAN BENITO, CALLE LAS PALMAS #137, SAN SALVADOR, EL SALVADOR	DEVELOPMENT	EL SALVADOR	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC ETHIOPIA HAILE G/SELASSIE STREET, REBECCA BUILDING, 8 ADDIS ABABA, ETHIOPIA	DEVELOPMENT	ETHIOPIA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC GHANA ROAD EXTENSION, OSU, P.O BOX 3262 ACCRA, GHANA	DEVELOPMENT	GHANA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC HONDURAS CAMPUS UTH, 3 CUADRAS AL OESTE DEL PUENTE RI HONDURAS	DEVELOPMENT	HONDURAS	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC KENYA P.O BOX 14821 -00800 WESTLADB, KENYA	DEVELOPMENT	KENYA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC MOZAMBIQUE ROAD: ANTONIO SIMBINE, NO 203 BAIRRO SOMMERS MAPUTO, MOZAMBIQUE	DEVELOPMENT	MOZAMBIQUE	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC NICARAGUA KILMETRO 8.5 CARRETERA SUR, NEJAPA, ENTRADA MANAGUA, NICARAGUA	DEVELOPMENT	NICARAGUA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC NIGERIA 4B ASA STREET MAITAMA ABUJA ABUJA, NIGERIA	DEVELOPMENT	NIGERIA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
TECHNOSERVE INC PERU 191 AUGUSTO BOLOGNESI ST. ISIDRO LIMA, PERU	DEVELOPMENT	PERU	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC RWANDA UMOJA HOUSE 2ND FLOOR PLOT 0079 NYA MUH AFRI KIGALI, RWANDA	DEVELOPMENT	RWANDA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC TANZANIA COCO PLAZA- PLOT NO. 254 P. O. BOX 78375 DAR ES SALAAM, TANZANIA	DEVELOPMENT	TANZANIA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INC UGANDA 2ND FLOOR PLOT 11, BUGANDA ROAD KAMPALA, UGANDA	DEVELOPMENT	UGANDA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INCORPORATED GUATEMALA 17 AVE. 19-70, ZONA 10, EDIFICIO TORINO, NIV GUATEMALA CITY, GUATEMALA	DEVELOPMENT	GUATEMALA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE INDIA UNIT 6, NEERU SILK MILLS, MATHURADAS MILL CO MUMBAI, INDIA 400013	DEVELOPMENT	INDIA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE LIMITED ZAMBIA PLOT NO 16794, OFF ALICK NKHATA ROAD, MASS M LUSAKA, ZAMBIA	DEVELOPMENT	ZAMBIA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE MALAWI PLOT NUMBER 299, AREA 6, OFF KAMUZU PROCESSI LILONGWE, MALAWI	DEVELOPMENT	MALAWI	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE SWAZILAND 4TH FLOOR, LILONGA HOUSE, SOMHOLO RD MBABANE, SWAZILAND	DEVELOPMENT	SWAZILAND	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TECHNOSERVE ZIMBABWE 16 MCCHLERY AVE, EASTLEA HARARE, ZIMBABWE	DEVELOPMENT	ZIMBABWE	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X
TSERV SOLUCIONES PARA LA POBREZA AC MEXICO AV. ALVARO OBREGON 270 HIPODROMO CONDESA DIS MEXICO 06170	DEVELOPMENT	MEXICO	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.		X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	FURNITURE & EQUIPMENT	VARIOUS	200DE	7.00		HY17	815,764.				815,764.	158,447.		49,016.	207,463.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						815,764.				815,764.	158,447.		49,016.	207,463.
	MACHINERY & EQUIPMENT														
2	VEHICLES	VARIOUS	200DE	5.00		HY17	4,756,309.				4,756,309.	3,444,027.		480,746.	3,924,773.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						4,756,309.				4,756,309.	3,444,027.		480,746.	3,924,773.
	PROGRAM SERVICES														
4	SOFTWARE	VARIOUS	200DE	3.00		HY17	1,023,273.				1,023,273.	519,277.		284,005.	803,282.
5	LEASEHOLD IMPROVEMENTS	VARIOUS	200DE	10.00		HY17	1,212,820.				1,212,820.	-215,224.		277,098.	61,874.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						2,236,093.				2,236,093.	304,053.		561,103.	865,156.
	* GRAND TOTAL 990 PAGE 10 DEPR						7,808,166.				7,808,166.	906,527.		1,090,865.	1,997,392.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990-T

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

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning , and ending

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

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

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

Department of the Treasury Internal Revenue Service

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

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here TAXABLE FRINGE BENEFITS.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of JEFFREY CHRISFIELD Telephone number 202-785-4515

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

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

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Deduction for net operating loss; 32 Unrelated business taxable income.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-4,760.
34	Amounts paid for disallowed fringes	34	48,998.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	44,238.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	43,238.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	9,080.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	9,080.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	9,080.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	9,080.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	10,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	10,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	920.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 920. Refunded	55	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 2	Yes	No
		X	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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

Signature of officer: _____ Date: _____ Title: **PRESIDENT & CEO**

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
YONG ZHANG, CPA				P01249785
Firm's name RSM US LLP	Firm's EIN 42-0714325			
1861 INTERNATIONAL DRIVE, SUITE 400				
Firm's address MCLEAN, VA 22102		Phone no. 703-336-6400		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A									
1 Inventory at beginning of year	1		6 Inventory at end of year	6					
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7					
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Yes	No		
Yes	No								
4a Additional section 263A costs (attach schedule)	4a								
b Other costs (attach schedule)	4b								
5 Total. Add lines 1 through 4b	5								

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

1. Description of property

(1) _____

(2) _____

(3) _____

(4) _____

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

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

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

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

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

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

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

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

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

(see instructions)

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

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

TECHNOSERVE, INC.

13-2626135

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
ACCOUNTING FEES ALLOCATED TO 990-T PREPARATION		2,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		2,000.

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 2
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NAME OF COUNTRY

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