

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form header section A-M containing organization details: Name (TECHNOSERVE, INC.), EIN (13-2626135), Address (1777 NORTH KENT STREET, ARLINGTON, VA 22209), Website (WWW.TECHNOSERVE.ORG), and Form type (Corporation).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

Part II Signature Block

Signature block section containing declarations and signatures of the Chief Financial Officer (JEFFREY CHRISFIELD) and Preparer (JENIFER L. CHASE).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TECHNOSERVE'S MISSION IS TO FIGHT POVERTY BY HELPING PEOPLE BUILD REGENERATIVE FARMS, BUSINESSES, AND MARKETS THAT INCREASE INCOMES.

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

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

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

4a (Code:) (Expenses \$ 97,310,049. including grants of \$ 10,409,470.) (Revenue \$ 127,680.)
SEE SCHEDULE O

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

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

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

4e Total program service expenses 97,310,049.

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> ? See instructions	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	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?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash 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	
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
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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 17 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 26		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
JEFFREY CHRISFIELD - (202) 785-4515
1777 NORTH KENT STREET, 1100, ARLINGTON, VA 22209

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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) WILLIAM WARSHAUER PRESIDENT & CEO	40.00	X		X				471,031.	0.	65,234.
(2) JEFFREY CHRISFIELD CHIEF FINANCIAL OFFICER	40.00			X				316,546.	0.	65,234.
(3) KINDRA HALVORSON CHIEF TRANSFORMATION OFFICER	40.00				X			297,637.	0.	68,473.
(4) SHAWN MOOD CHIEF HUMAN CAP OFFICER	40.00				X			294,969.	0.	64,245.
(5) JOHN KEIGHTLEY CHIEF ADVANCEMENT OFFICER	40.00				X			260,602.	0.	63,711.
(6) KATARINA KAHLMANN CHIEF PROGRAM OFFICER	40.00				X			224,941.	0.	96,665.
(7) ELIZABETH ECKERT PROGRAM DIRECTOR	40.00					X		267,947.	0.	37,585.
(8) LARRY UMUNNA REGIONAL DIRECTOR, WEST AFRICA	40.00				X			261,893.	0.	33,524.
(9) PAMELA CHITENHE RGNL DRCTOR, SOUTH AFRICA REGION	40.00				X			256,884.	0.	32,022.
(10) ERICA HOVANI GENERAL COUNSEL	40.00				X			216,044.	0.	53,223.
(11) MARC STEEN CHIEF OF PARTY	40.00					X		221,750.	0.	30,867.
(12) JAMES T MCKINNEY DIRECTOR GLOBAL TECHNOLOGY	40.00					X		194,316.	0.	53,030.
(13) LISA KAGEL SENIOR DIRECTOR, DIGITAL ENGAGEMENT	40.00					X		194,753.	0.	45,176.
(14) BARBORA HLADKA COUNTRY DIRECTOR	40.00					X		226,006.	0.	10,477.
(15) JESON INGRAHAM ASSOCIATE VP, PROGRAM DEVELOPMENT	40.00				X			191,337.	0.	27,583.
(16) JONATHAN BARNOW VICE PRESIDENT	40.00				X			216,467.	0.	0.
(17) PAUL STEWART GLOBAL COFFEE DIRECTOR	40.00				X			186,992.	0.	26,288.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MEFTHE TADESSE REGIONAL DIRECTOR, EAST AFRICA	40.00				X			168,340.	0.	25,002.
(19) GABRIELA CAMPUZANO REGIONAL DIRECTOR, LATIN AND CENTRAL	40.00				X			164,650.	0.	18,240.
(20) JUAN CARLOS THOMAS SOTO GLOBAL ENTREPRENUERSHIP DIRECTOR	40.00				X			173,913.	0.	0.
(21) MICHAEL BUSH CO-CHAIR	3.00	X		X				0.	0.	0.
(22) RACHEL HINES CO-CHAIR	3.00	X		X				0.	0.	0.
(23) PETER FLAHERTY VICE CHAIRMAN	3.00	X		X				0.	0.	0.
(24) JENNIFER BULLARD BROGGINI SECRETARY	3.00	X		X				0.	0.	0.
(25) MICHAEL SPIES TREASURER	3.00	X		X				0.	0.	0.
(26) KOFI ADJEPONG-BOATENG DIRECTOR	1.50	X						0.	0.	0.
1b Subtotal								4,807,018.	0.	816,579.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,807,018.	0.	816,579.

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 77

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAGEPOINT INC,, 2598 EAST SUNRISE BOULEVARD, SUITE 2104, FORT LAUDERDALE, FL	OMNI-CHANNEL MEDIA AGENCY SERVICES	448,934.
ENDEVA UG, SCHONHAUSER ALLEE 175, BERLIN, BERLIN, GERMANY 10119	PROGRAM TECHNICAL SERVICES	286,458.
RPX CONSULTING GROUP INC 5 MAIN STREET, SUITE 2, NEW YORK , NY 13753	MONETIZATION SERVICES	261,118.
IAN CRAIG MACKAY 3333 N ST. NW APT. 7, WASHINGTON , DC 20007	MONETIZATION SERVICES	203,880.
SERENIC SOFTWARE, INC 141 UNION BOULEVARD, LAKEWOOD, CO 80228	ERP SYSTEM IMPLEMENTATION	202,523.

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 18

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(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			
(27) MONICA ADRACTAS DIRECTOR	1.50	X					0.	0.	0.	
(28) SEGUN AGANGA DIRECTOR	1.50	X					0.	0.	0.	
(29) IMONI AKPOFURE DIRECTOR	1.50	X					0.	0.	0.	
(30) DANIEL AMINETZAH DIRECTOR	1.50	X					0.	0.	0.	
(31) KANIKA BAHL DIRECTOR	1.50	X					0.	0.	0.	
(32) SCOTT BAKER DIRECTOR	1.50	X					0.	0.	0.	
(33) GERALD BALDWIN DIRECTOR	1.50	X					0.	0.	0.	
(34) THOMAS BARRY DIRECTOR	1.50	X					0.	0.	0.	
(35) ROBERT BECHEK DIRECTOR	1.50	X					0.	0.	0.	
(36) TITUS BRENNINKMEIJER DIRECTOR	1.50	X					0.	0.	0.	
(37) MONICA DE LA TORRE DIRECTOR	1.50	X					0.	0.	0.	
(38) JEAN-MARC DUVOISIN DIRECTOR	1.50	X					0.	0.	0.	
(39) RUSSELL FAUCETT DIRECTOR	1.50	X					0.	0.	0.	
(40) MIA FUNT DIRECTOR	1.50	X					0.	0.	0.	
(41) AEDHMAR HYNES DIRECTOR	1.50	X					0.	0.	0.	
(42) TIMOTHY M. KINGSTON DIRECTOR	1.50	X					0.	0.	0.	
(43) ROBERT MANLY DIRECTOR	1.50	X					0.	0.	0.	
(44) CHARLES MOORE DIRECTOR	1.50	X					0.	0.	0.	
(45) KURT PETERSON DIRECTOR	1.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	39,904,388.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	75,241,781.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 22,061,695.			
	h	Total. Add lines 1a-1f		115146169.			
Program Service Revenue	2 a	PROGRAM INCOME	Business Code 900099	52,090.	52,090.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		52,090.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		597,446.		597,446.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		125,449.		
	b	Less: cost or other basis and sales expenses	7b	845.	0.		
	c	Gain or (loss)	7c	-845.	125,449.		
d	Net gain or (loss)		124,604.		124,604.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code 900099	49,690.	49,690.		
	b	GLOBAL ADVISORY COMMITTEE & BOARD	900099	25,900.	25,900.		
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		75,590.			
12	Total revenue. See instructions		115995899.	127,680.	0.	722,050.	

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

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	10,409,470.	10,409,470.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,482,722.	3,551,690.	780,232.	150,800.
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	39,138,367.	31,375,658.	6,582,437.	1,180,272.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,115,179.	2,167,711.	701,488.	245,980.
9 Other employee benefits	12,291,212.	9,991,803.	2,187,353.	112,056.
10 Payroll taxes	3,704,013.	2,577,454.	834,084.	292,475.
11 Fees for services (nonemployees):				
a Management				
b Legal	277,147.	255,235.	21,912.	
c Accounting	340,020.	195,153.	144,867.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	108,000.			108,000.
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.)	10,762,360.	9,871,625.	460,263.	430,472.
12 Advertising and promotion	616,363.	155,021.	16,509.	444,833.
13 Office expenses	4,554,635.	2,500,381.	268,555.	1,785,699.
14 Information technology	400,722.	216,884.	172,304.	11,534.
15 Royalties				
16 Occupancy	2,557,561.	1,958,929.	598,632.	
17 Travel	8,692,746.	7,892,339.	695,876.	104,531.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	670,972.	620,901.	50,071.	
20 Interest	322.	144.	178.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	183,272.	15,674.	167,598.	
23 Insurance	334,840.	76,471.	258,369.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TRAINING	8,398,432.	8,397,054.	1,378.	
b EQUIPMENT	4,215,378.	2,875,336.	1,192,228.	147,814.
c VEHICLE OPERATIONS	2,210,405.	2,205,116.	4,405.	884.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	117,464,138.	97,310,049.	15,138,739.	5,015,350.
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 <input type="checkbox"/> 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	10,962,935.	1	11,602,181.
	2 Savings and temporary cash investments	70,911,886.	2	80,496,502.
	3 Pledges and grants receivable, net	9,964,519.	3	14,199,760.
	4 Accounts receivable, net	830,757.	4	4,441,323.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,059,000.	9	2,510,154.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,853,842.		
	b Less: accumulated depreciation	10b 5,000,847.	2,241,023.	10c 2,852,995.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	657,697.	12	903,883.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,777,051.	15	4,071,322.
16 Total assets. Add lines 1 through 15 (must equal line 33)	102,404,868.	16	121,078,120.	
Liabilities	17 Accounts payable and accrued expenses	7,941,780.	17	12,034,770.
	18 Grants payable		18	
	19 Deferred revenue	65,588,295.	19	83,292,412.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,640,700.	25	10,468,521.
	26 Total liabilities. Add lines 17 through 25	85,170,775.	26	105,795,703.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	13,320,418.	27	12,065,928.
	28 Net assets with donor restrictions	3,913,675.	28	3,216,489.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,234,093.	32	15,282,417.
33 Total liabilities and net assets/fund balances	102,404,868.	33	121,078,120.	

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	115,995,899.
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,464,138.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,468,239.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,234,093.
5	Net unrealized gains (losses) on investments	5	27,742.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-511,179.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,282,417.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization <p style="text-align: center;">TECHNOSERVE, INC.</p>	Employer identification number <p style="text-align: center;">13-2626135</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	84664274.	79995673.	96185270.	92788281.	115146169	468779667
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	84664274.	79995673.	96185270.	92788281.	115146169	468779667
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)						62709737.
6 Public support. Subtract line 5 from line 4.						406069930

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	84664274.	79995673.	96185270.	92788281.	115146169	468779667
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	208,206.	157,978.	91,252.	108,838.	597,446.	1163720.
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.)	1833095.	348,622.	71,458.	124,381.	75,590.	2453146.
11 Total support. Add lines 7 through 10						472396533
12 Gross receipts from related activities, etc. (see instructions)					12	560,736.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	85.96 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	84.74 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2		

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>		
1		

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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" 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>			
2a			
2b			
3a			
3b			

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

2019 AMOUNT: \$ 1,833,095.

2020 AMOUNT: \$ 348,622.

2021 AMOUNT: \$ 71,458.

2022 AMOUNT: \$ 124,381.

2023 AMOUNT: \$ 75,590.

FUNDRAISING

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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), 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), 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).

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

Schedule B (Form 990) (2023)

Name of organization TECHNOSERVE, INC.	Employer identification number 13-2626135
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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/>	\$ <u>23,349,442.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>16,554,946.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>8,865,141.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>8,085,437.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>7,238,662.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>5,101,033.</u>	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
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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/>	\$ <u>5,058,209.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>3,772,513.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>3,277,657.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	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
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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 _____ _____ _____	\$ 21,986,830.	07/01/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include whether art collections are reported and amounts of revenue and assets included.

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	0.				
b Contributions	1,250,000.				
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	1,250,000.				

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment .0000 %
 - c Term endowment 100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		1,222,973.	572,429.	650,544.
d Equipment		5,242,705.	3,408,397.	1,834,308.
e Other		1,388,164.	1,020,021.	368,143.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,852,995.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	4,458,383.
(3) DEFERRED LOAN GUARANTEES	244,000.
(4) LEASE LIABILITIES - OPERATING	5,766,138.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	116,835,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	27,742.	
	b Donated services and use of facilities	2b	1,323,193.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-511,179.	
	e Add lines 2a through 2d	2e		839,756.
3	Subtract line 2e from line 1		3	115,995,899.
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	115,995,899.

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	118,787,331.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	1,323,193.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		1,323,193.
3	Subtract line 2e from line 1		3	117,464,138.
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	117,464,138.

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 V, LINE 4:

TO SUPPORT TECHNOSERVE FELLOWS WORKING ON PROJECTS RELATED TO CLIMATE AND NATURE IN DEVELOPING COUNTRIES.

PART X, LINE 2:

TECHNOSERVE IS EXEMPT FROM THE PAYMENT OF TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME UNDER IRC SECTION 501(C)(3) AND IS NOT A PRIVATE FOUNDATION. TECHNOSERVE HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2023.

MANAGEMENT HAS EVALUATED TECHNOSERVE'S TAX POSITIONS AND HAS CONCLUDED THAT TECHNOSERVE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

Part XIII Supplemental Information *(continued)*

DISCLOSURE. TECHNOSERVE FILES TAX RETURNS IN THE U.S. FEDERAL AND VIRGINIA JURISDICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CURRENCY TRANSLATION ADJUSTMENT -511,179.

**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

2023

Open to Public
Inspection

Name of the organization TECHNOSERVE, INC.	Employer identification number 13-2626135
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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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	7	300	PROGRAM SERVICE	AGRICULTURAL AND ENTREPRENEURSHIP ASSISTANCE	9,172,586.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			GRANTMAKING		2,798,866.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	4	234	PROGRAM SERVICE	AGRICULTURAL AND ENTREPRENEURSHIP ASSISTANCE	7,753,766.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			GRANTMAKING		306,361.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	8	210	PROGRAM SERVICE	AGRICULTURAL AND ENTREPRENEURSHIP ASSISTANCE	6,308,828.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,			GRANTMAKING		0.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	10	342	PROGRAM SERVICE	AGRICULTURAL AND ENTREPRENEURSHIP ASSISTANCE	3,329,117.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,			GRANTMAKING		0.
3 a Subtotal	29	1086			29,669,524.
b Total from continuation sheets to Part I	29	1597			67,640,525.
c Totals (add lines 3a and 3b)	58	2683			97,310,049.

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

Schedule F (Form 990) 2023

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	29	1597	PROGRAM SERVICE	AGRICULTURAL AND ENTREPRENEURSHIP ASSISTANCE	60,336,282.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,			GRANTMAKING		7,304,243.
Totals	29	1597			67,640,525.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	IMPLEMENT SUSTAINABILITY COMPLIANCE ACTIVITIES IN THE SUPPLY CHAIN	43,426.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CARRY OUT COMPLIANCE ACTIVITIES IN ITS SUPPLY CHAIN TO ENSURE SUSTAINABILITY	36,913.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CARRY OUT COMPLIANCE ACTIVITIES IN ITS SUPPLY CHAIN TO ENSURE SUSTAINABILITY	17,734.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CARRY OUT COMPLIANCE ACTIVITIES IN ITS SUPPLY CHAIN TO ENSURE SUSTAINABILITY	65,515.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CARRY OUT COMPLIANCE ACTIVITIES IN ITS SUPPLY CHAIN TO ENSURE SUSTAINABILITY	25,689.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CARRY OUT COMPLIANCE ACTIVITIES IN ITS SUPPLY CHAIN TO ENSURE SUSTAINABILITY	30,760.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TRAIN STAFF FOR TWO CARGILL'S CAMEROONIAN SUPPLIERS	14,466.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	EXECUTE AND OPERATIONALISE A PILOT FOR FARMERLINE	50,156.	CHECK/WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 81

3 Enter total number of other organizations or entities 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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	ESTABLISH INCLUSIVE SUPPLY CHAINS	49,887.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	IMPLEMENTATION OF OUTCOME 1 & 2 OF THE STRENGTHENING FOOD SYSTEMS	98,984.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT PROGRAM IMPLEMENTATION	600,591.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CONDUCT ASSESSMENT OF TWO BUSINESS DEVELOPMENT SERVICES PROVIDERS AND IMPART	17,550.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	VALIDATE DESIGN & DEVELOP A SCALE-UP PLAN FOR COFFEE FARMER TRAINING	5,664.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PROVIDE OPERATIONAL SUPPORT	7,244.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE TECHNICAL AND FINANCIAL SUPPORT	207,655.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	HELP IN TRANSFORMING UGANDAN HORTICULTURE SECTOR	292,775.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	DESIGN AND IMPLEMENT A DIVERSIFIED RTM CHANNEL	20,000.	CHECK/WIRE	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	DESIGN & IMPLEMENT TECHNICAL ADVISORY SERVICES ON INPUT USAGE & OPTIMISATION	36,537.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	SPECIALITY COFFEE TRAINING-INDUSTRY QUALITY STANDARD	55,321.	CHECK/WIRE	0.		
		NORTH AMERICA	REPLICATE TRAINING IN BEST AGROECOLOGICAL PRACTICES FOR COFFEE UNDER SPC PROGRAM	25,331.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	ESTABLISH INCLUSIVE SUPPLY CHAINS	48,087.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ADVISOR DESIGNING & IMPLEMENTING MARKET SYSTEMS APPROACH	380,746.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	DEVELOP FARMER-CENTRIC LOW COST VIDEOS	8,210.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PROVIDE SUPPORT TO COFFEE WASHING STATIONS	228,306.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE FOCUSED ON COLLABORATION, LEARNING & ADAPTATION	74,050.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	FOOD FORTIFICATION INITIATIVE	351,370.	CHECK/WIRE	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	FACILITATE THE ENGAGEMENT OF STRATEGIC FORTIFICATION	539,353.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CO-SPONSOR THE 2023 MICRONUTRIENT FORTIFICATION INDEX AWARD PROGRAM	15,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	DESIGN/DEPLOY/SUPPORT NICHE COCOA SOURCING	8,306.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHILD LABOR PREVENTION ACTIVITIES	15,129.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CREATE A PERMANENT MARKET MECHANISM INCENTIVIZING GROWTH	107,309.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT TECHNOSERVE IN EXPLORING DESIGN TO IDENTIFY SOLUTIONS TO REDUCE FOOD LOSS	245,593.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE TECHNICAL AND FINANCIAL SUPPORT	7,428.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	INCREASE THE COMPETITIVENESS AND RESILIENCE OF THE COFFEE SECTOR IN	56,991.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	DEVELOP AND DEPLOY TECHNOLOGY PLATFORM	16,441.	CHECK/WIRE	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	IMPLEMENT AN AGENT DENSIFICATION PROJECT ACROSS MULTIPLE REGIONS IN KENYA.	44,450.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	ADDRESS FINANCE CONSTRAINTS	327,646.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT SUCAFINA TO DEVELOP SHF INPUT OPTIMISATION	14,881.	CHECK/WIRE	0.		
		NORTH AMERICA	STRENGTHEN THE TRAINING CAPACITIES OF 15 CHANGES AGENTS	18,530.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	DELIVER A 2 YEAR TRAINING PROGRAM TO 20,000 COFFEE FARMING HOUSEHOLDS	31,824.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CONDUCT AN INDEPENDENT EVALUATION ON THE IMPACT OF CASA TAFS	33,024.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	ESTABLISH INCLUSIVE SUPPLY CHAINS	26,778.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	INCREASE CACAO PRODUCTION & TRADE IN LATIN AMERICA	1890173.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PROVIDE OPERATIONAL SUPPORT FOR SAMANUS DIRECTS OURCING MODEL PILOT	8,513.	CHECK/WIRE	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	"DESIGN AN AGGREGATOR MODEL FOR FARMERLINE OFFERING END TO END SERVICES TO FARMERS"	31,452.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TO COMPLETE THE CUSTOMER SEGMENTATION AND MARKET ASSESSMENT	22,050.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	DEVELOP BUSINESS/INTERNAL CAPABILITIES	29,018.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PROVIDE TECHNICAL ASSISTANCE ACTIVITIES	847,212.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT GROWTH OF COFFEE SECTOR IN SOUTH KIVU, DRC	86,079.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE ANGRICULTURAL TECHNOLOGY AND BEST PRACTICE	163,833.	CHECK/WIRE	0.		
		NORTH AMERICA	TECHNICAL ASSISTANCE ADMINISTRATION	62,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE KENTASTE SUPPLY CHAIN	26,388.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	LEAD THE IMPLEMENTATION OF THE STRENGTHENING FOOD SYSTEMS	353,576.	CHECK/WIRE	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	CONDUCT FEASIBIITY STUDY/FIELD TRIALS	9,098.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PROVIDE OPERATIONAL SUPPORT TO MERCON'S MILL CAPACITY BUILDING AND FARMER	6,235.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PROVIDE OPERATIONAL SUPPORT TO MERCONS MILL CAPACITY BUILDING AND FARMER	92,323.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	ENHANCE INCOME OPPORTUNITIES & IMPROVE RURAL LIVELIHOODS	236,960.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INCREASE BUSINESS AND ATF SUPPORT AND TECHNICAL ADVISORY SUPPORT-PROSPER	679,009.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	COMPLETE A THOROUGH DIAGNOSTIC OF ITS CURRENT SUPPLY CHAIN AND TO SUPPORT WITH	52,761.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	"CONDUCT A COST-BENEFIT ANALYSIS FOR THE PHYGITAL EXTENSION PILOT	39,985.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE TO BUILD CAPACITY	54,409.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PROVIDE FINANCIAL AND TECHNICAL ASSISTANCE TO WASIL	10,000.	CHECK/WIRE	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	TECHNICAL ASSISTANCE TO BUILD CAPACITY	174,090.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE FINANCIAL AND TECHNICAL ASSISTANCE TO WASIL	614,911.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	LEAD THE IMPLEMENTATION OF THE STRENGTHENING FOOD SYSTEM	79,169.	CHECK/WIRE	0.		
		NORTH AMERICA	COVELO MATCH GRANT	200,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	COMPLETE THE CUSTOMER SEGMENTATION AND MARKET ASSESSMENT	9,450.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT THE RECOVERY OF FARMERS IN PUERTO RICO CAUSED BY HURRICANE FIONA	6,579.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	IMPROVEMENT OF MARKET ACCESS FOR PRODUCTS AND SERVICES OF MICRO, SMALL OR	6,686.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT SUCAFINA, AND, SPECIFICALLY, ITS LOCAL SUBSIDIARY IN TANZANIA (COTACOF)	5,093.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	IMPROVEMENT OF MARKET ACCESS FOR PRODUCTS AND SERVICES OF MICRO, SMALL OR	25,714.	CHECK/WIRE	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	DEVELOP STUDY - HUMAN CENTERED DESIGN METHODS	31,594.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	IDENTIFY SUNFLOWER AND RAPESEED VARIETIES THROUGH A SERIES OF FIELD	13,330.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	LEAD THE IMPLEMENTATION OF OUTCOME 3 OF THE STRENGTHENING FOOD	50,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNSHIPS FOR YOUTH	5,821.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CHILD LABOR PREVENTION ACTIVITIES	56,876.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNSHIPS FOR YOUTH	20,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	FACILITE THE CONVENING OF THE V NATIONAL CONFERENCE	8,391.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TO CONTRIBUTE TO A SUSTAINABLE POULTRY FEED FACTORY	45,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTING ACCESS TO AND USE OF BANKING SERVICES FOR RURAL COMMUNITIES IN	16,997.	CHECK/WIRE	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	NEW DEMONSTRATION PLOT FOR IRRIGATION DEMOS	7,189.	CHECK/WIRE	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

PART I, LINE 3:

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

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CONDUCT ASSESSMENT OF TWO BUSINESS DEVELOPMENT SERVICES PROVIDERS AND IMPART TRAINING

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: VALIDATE DESIGN & DEVELOP A SCALE-UP PLAN FOR COFFEE FARMER TRAINING PROGRAMME

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TECHNICAL ASSISTANCE FOCUSED ON COLLABORATION, LEARNING & ADAPTATION OF FTF PREMIER ACTIVITIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FACILITATE THE ENGAGEMENT OF STRATEGIC FORTIFICATION PARTNERS

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.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: INCREASE THE COMPETITIVENESS AND RESILIENCE OF THE COFFEE SECTOR IN MOCCA TARGET COUNTRIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CONDUCT AN INDEPENDENT EVALUATION ON THE IMPACT OF CASA TAFS SUPPORT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDE OPERATIONAL SUPPORT TO MERCON'S MILL CAPACITY BUILDING AND FARMER EXTENSION PROGRAMME

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDE OPERATIONAL SUPPORT TO MERCONS MILL CAPACITY BUILDING AND FARMER EXTENSION PROGRAMME

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INCREASE BUSINESS AND ATF SUPPORT AND TECHNICAL ADVISORY SUPPORT-PROSPER CASHEW PROJECT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: COMPLETE A THOROUGH DIAGNOSTIC OF ITS CURRENT SUPPLY CHAIN AND TO SUPPORT WITH THE DESIGN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVEMENT OF MARKET ACCESS FOR PRODUCTS AND

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.

SERVICES OF MICRO, SMALL OR MEDIUM ENTERPRISES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVEMENT OF MARKET ACCESS FOR PRODUCTS AND SERVICES OF MICRO, SMALL OR MEDIUM ENTERPRISES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IDENTIFY SUNFLOWER AND RAPESEED VARIETIES THROUGH A SERIES OF FIELD TRIALS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LEAD THE IMPLEMENTATION OF OUTCOME 3 OF THE STRENGTHENING FOOD SYSTEM

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROMOTING ACCESS TO AND USE OF BANKING SERVICES FOR RURAL COMMUNITIES IN MOZAMBIQUE

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
FAIRCOM - 12 WEST 27TH STREET, 13TH FLOOR, NEW YORK,	DIRECT MAIL/ONLINE FUNDRAISING		X	1,707,355.	108,000.	1,599,355.
Total				1,707,355.	108,000.	1,599,355.

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: FAIRCOM

(I) ADDRESS OF FUNDRAISER:

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

SCHEDULE G, PART I, LINE 2

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

Part IV Supplemental Information *(continued)*

TECHNOSERVE. TECHNOSERVE PAYS FAIRCOM DIRECTLY FOR ITS ADVISORY AND
PRINTING SERVICES.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TECHNOSERVE, INC.

Employer identification number

13-2626135

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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 and/or 1099-NEC 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)	468,259.	0.	2,772.	36,600.	28,634.	536,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEFFREY CHRISFIELD CHIEF FINANCIAL OFFICER	(i)	315,916.	0.	630.	36,600.	28,634.	381,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KINDRA HALVORSON CHIEF TRANSFORMATION OFFICER	(i)	296,671.	0.	966.	36,234.	32,239.	366,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHAWN MOOD CHIEF HUMAN CAP OFFICER	(i)	293,163.	0.	1,806.	35,611.	28,634.	359,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN KEIGHTLEY CHIEF ADVANCEMENT OFFICER	(i)	258,796.	0.	1,806.	31,872.	31,839.	324,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATARINA KAHLMANN CHIEF PROGRAM OFFICER	(i)	224,941.	0.	0.	96,665.	0.	321,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ELIZABETH ECKERT PROGRAM DIRECTOR	(i)	147,357.	0.	120,590.	26,440.	11,145.	305,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LARRY UMUNNA REGIONAL DIRECTOR, WEST AFRICA	(i)	222,059.	0.	39,834.	17,426.	16,098.	295,417.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PAMELA CHITENHE RGNL DRCTOR, SOUTH AFRICA REGION	(i)	235,396.	0.	21,488.	25,682.	6,340.	288,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ERICA HOVANI GENERAL COUNSEL	(i)	215,216.	0.	828.	26,243.	26,980.	269,267.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARC STEEN CHIEF OF PARTY	(i)	190,740.	0.	31,010.	20,757.	10,110.	252,617.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JAMES T MCKINNEY DIRECTOR GLOBAL TECHNOLOGY	(i)	193,026.	0.	1,290.	23,868.	29,162.	247,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LISA KAGEL SENIOR DIRECTOR, DIGITAL ENGAGEMENT	(i)	193,463.	0.	1,290.	23,538.	21,638.	239,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) BARBORA HLADKA COUNTRY DIRECTOR	(i)	125,000.	0.	101,006.	10,000.	477.	236,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JESON INGRAHAM ASSOCIATE VP, PROGRAM DEVELOPMENT	(i)	190,887.	0.	450.	23,120.	4,463.	218,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JONATHAN BARNOW VICE PRESIDENT	(i)	216,467.	0.	0.	0.	0.	216,467.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) PAUL STEWART	(i)	186,992.	0.	0.	20,569.	5,719.	213,280.	0.
GLOBAL COFFEE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MEFTHE TADESSE	(i)	168,340.	0.	0.	18,517.	6,485.	193,342.	0.
REGIONAL DIRECTOR, EAST AFRICA	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) GABRIELA CAMPUZANO	(i)	160,766.	3,884.	0.	3,340.	14,900.	182,890.	0.
REGIONAL DIRECTOR, LATIN AND CENTRAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) JUAN CARLOS THOMAS SOTO	(i)	173,627.	196.	90.	0.	0.	173,913.	0.
GLOBAL ENTREPRENUERSHIP DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

HOUSING ALLOWANCE

EXPAT EMPLOYEES GENERALLY ARE PROVIDED HOUSING AT POST OR RECEIVE A HOUSING ALLOWANCE THAT IS DESIGNED TO SUBSIDIZE THE COST OF MODERATE HOUSING DURING THEIR ASSIGNMENT. TECHNOSERVE GENERALLY FOLLOWS THE US DEPARTMENT OF STATE TO DETERMINE LOCAL HOUSING ALLOWANCES.

BELOW ARE EMPLOYEES LISTED ON PART VII WHO RECEIVED HOUSING ALLOWANCE DURING THE YEAR:

LARRY UMUNNA: \$38,122

ELIZABETH ECKERT: \$30,171

BARBORA HLADKA: \$32,908

MARC STEEN: \$26,667

THE BENEFIT DESCRIBED ABOVE IS INCLUDED IN REPORTABLE COMPENSATION IN PART VII AND SCHEDULE J.

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.

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.

BELOW ARE EMPLOYEES LISTED ON PART VII WHO RECEIVED AN ANNUAL TRAVEL ALLOWANCE DURING THE YEAR:

LARRY UMUNNA: \$1,712

ELIZABETH ECKERT: \$14,009

BARBORA HLADKA: \$3,717

MARC STEEN: \$1,308

Part III Supplemental Information

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

THE BENEFIT DESCRIBED ABOVE IS INCLUDED IN REPORTABLE COMPENSATION IN PART VII AND SCHEDULE J.

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

PAMELA CHITENHE: \$21,488

ELIZABETH ECKERT: \$43,035

BARBORA HLADKA: \$6,173

MARC STEEN: \$3,036

THE BENEFIT DESCRIBED ABOVE IS INCLUDED IN REPORTABLE COMPENSATION IN PART VII AND SCHEDULE J.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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	11	74,645.	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 (<u>GOVERNMENT FOOD</u>)	X	1	21,986,830.	ACCRUAL BASIS
26 Other (<u>TELEVISION</u>)	X	1	220.	FMV
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 V, Donee Acknowledgement **29** **0**

	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 3 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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, LINE 32B:

TECHNOSERVE HIRED A CONTRACTOR/SALES AGENT TO HELP WITH THE TENDER AND SELLING PROCESS OF EACH OF THE SHIPMENTS OF THE COMMODITY DONATED BY U.S. DEPARTMENT OF AGRICULTURE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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:

TO FIGHT POVERTY BY HELPING PEOPLE BUILD REGENERATIVE FARMS,
BUSINESSES, AND MARKETS THAT INCREASE INCOMES.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

FOUNDED IN 1968, TECHNOSERVE IS A LEADER IN HARNESSING THE POWER OF THE
PRIVATE SECTOR TO HELP PEOPLE LIFT THEMSELVES OUT OF POVERTY FOR GOOD.

A NON-PROFIT ORGANIZATION WORKING IN ABOUT 35 COUNTRIES, WE WORK WITH
PEOPLE TO BUILD A BETTER FUTURE THROUGH REGENERATIVE FARMS, BUSINESSES,

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

WHERE ALL PEOPLE IN LOW-INCOME COMMUNITIES HAVE THE OPPORTUNITY TO

PROSPER.

DURING THE COURSE OF 2023, OUR WORK IMPROVED 3.4 MILLION LIVES AND

HELPED PEOPLE AND ENTERPRISES ACROSS LATIN AMERICA, AFRICA, AND ASIA

EARN AN ADDITIONAL \$485 MILLION OF REVENUE AND ENSURED 42% OF THOSE

WITH IMPROVED REVENUES WERE WOMEN OR WOMEN-OWNED BUSINESSES. EACH

DOLLAR INVESTED IN OUR PROGRAMS YIELDED \$5.60 OF FINANCIAL BENEFITS FOR

THE PARTICIPANTS, AND AN ESTIMATED 60,000 MT OF CO2 EMISSIONS WERE

AVOIDED, REDUCED, OR SEQUESTERED BY PROJECTS THAT PROMOTE REGENERATIVE

PRACTICES.

48,000 JOBS WERE CREATED, STRENGTHENED, OR FILLED AS A RESULT OF OUR

WORK IN 2023. THIS INCLUDES ENTREPRENEURS WHO WORK WITH US TO START

THEIR OWN BUSINESS, NEW JOBS CREATED BY BUSINESSES THAT EXPANDED DUE TO

TECHNOSERVE GUIDANCE, AND LOW-INCOME PEOPLE WHO LEARNED SKILLS FROM

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

Schedule O (Form 990) 2023

Name of the organization

TECHNOSERVE, INC.

Employer identification number

13-2626135

TECHNOSERVE THAT ENABLED THEM TO LAND A NEW JOB.

BELOW, WE PROVIDE UPDATES FROM SEVERAL KEY PROJECTS AND PRACTICES, REPRESENTING A CROSS-SECTION OF TECHNOSERVE'S WORK IN AGRICULTURAL VALUE CHAINS AND ENTREPRENEURSHIP AROUND THE WORLD.

SUPPORTING AGRICULTURAL VALUE CHAINS AND FOOD SYSTEMS

TECHNOSERVE IS WORKING TO BUILD INCLUSIVE, REGENERATIVE AGRICULTURAL VALUE CHAINS AND FOOD SYSTEMS THAT DELIVER BETTER LIVELIHOODS FOR FARMING FAMILIES.

AS PART OF THIS EFFORT, WE ARE HELPING TO SUPPORT A SUSTAINABLE GLOBAL COFFEE SECTOR. TECHNOSERVE'S PROGRAMS HELP FARMERS IMPROVE THE QUALITY AND YIELDS OF THEIR COFFEE, BOOST THE RESILIENCE OF THEIR FARMS, PROTECT NATURAL RESOURCES, AND COMBAT CLIMATE CHANGE. IN 2023, TECHNOSERVE'S COFFEE PROGRAMS HELPED 150,059 FARMERS EARN MORE THAN \$134 MILLION IN ADDITIONAL INCOME.

TECHNOSERVE IS ALSO HARNESSING TECHNOLOGY AND INNOVATION TO IMPROVE FARMER LIVELIHOODS. TECHNOSERVE LABS AND THE UNIVERSITY OF MINNESOTA PARTNERED TO MAP CASHEW-GROWING AREAS IN BENIN USING SATELLITE IMAGERY AND MACHINE LEARNING. NEARLY 200,000 SMALLHOLDER FARMERS IN THE COUNTRY RELY ON CASHEWS AS THEIR MAIN SOURCE OF INCOME, AND CASHEW PRODUCTION CONTRIBUTES 15% OF BENIN'S NATIONAL EXPORT EARNINGS. HOWEVER, THERE WAS LIMITED INFORMATION ON WHERE CASHEWS WERE GROWN BECAUSE CASHEW FARMS ARE OFTEN SMALL, IRREGULAR, AND HARD TO IDENTIFY. TECHNOSERVE'S GEOSPATIAL TECHNOLOGY WORK RESULTED IN THE FIRST NATIONAL MAP OF CASHEW

Name of the organization

TECHNOSERVE, INC.

Employer identification number

13-2626135

PRODUCTION, ALLOWING THE ORGANIZATION TO TARGET TRAINING AND RESOURCES MORE EFFECTIVELY, ULTIMATELY REACHING MORE SMALLHOLDER FARMERS WITH THE TOOLS AND CONNECTIONS THEY NEED TO INCREASE THEIR INCOMES AND IMPROVE THEIR LIVES.

CATALYZING ENTERPRISE DEVELOPMENT

TECHNOSERVE'S ENTREPRENEURSHIP PRACTICE SUPPORTS THE MICRO, SMALL, AND GROWING BUSINESSES (SGBS) THAT CREATE EMPLOYMENT AND ECONOMIC ACTIVITY IN LOCAL COMMUNITIES. USING CAREFUL ADAPTATION, A MARKET-DRIVEN APPROACH, EFFECTIVE CAPACITY DEVELOPMENT, INNOVATIVE APPLICATION OF REMOTE-AND-BLENDED LEARNING, AND RIGOROUS MEASUREMENT AND CONTINUOUS LEARNING, THIS WORK HELPED PROVIDE 310,707 PEOPLE WITH AN ADDITIONAL \$185 MILLION IN FINANCIAL BENEFITS IN 2023.

IN 2023, THE ALLIANCE FOR INCLUSIVE AND NUTRITIOUS FOOD PROCESSING (AINFP) A PARTNERSHIP BETWEEN TECHNOSERVE, THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, AND PARTNERS IN FOOD SOLUTIONS DELIVERED A WOMEN'S LEADERSHIP TRAINING PROGRAM, ONE-ON-ONE MENTORING FOR WOMEN BUSINESS LEADERS, AND NETWORKING EVENTS FOR WOMEN ENTREPRENEURS. THE PROGRAM WORKS DIRECTLY WITH LOCAL AFRICAN COMPANIES THAT MILL FLOUR, REFINE COOKING OIL, PASTEURIZE AND BOTTLE MILK, AND PRODUCE READY-TO-EAT YOGURT, BREAD, PORRIDGE, AND SUPPLEMENTARY FOODS. AINFP HELPED FOOD BUSINESSES TO MORE FULLY CONSIDER THE NEEDS OF WOMEN AS SUPPLIERS, WORKERS, AND CONSUMERS, ADDRESSING A NUMBER OF THE BARRIERS WOMEN FACE IN RECEIVING THE SAME RECOGNITION AND BENEFITS AS THEIR MALE COUNTERPARTS.

Name of the organization TECHNOSERVE, INC.	Employer identification number 13-2626135
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TECHNOSERVE'S GREEN SUSTAINABILITY ACCELERATOR, SUPPORTED BY THE IKEA FOUNDATION AND VISA FOUNDATION, BOOSTED ECO-ENTREPRENEURS IN INDIA, NURTURING HIGH-GROWTH BUSINESSES DISRUPTING THE ENVIRONMENT ACTION SPACE. THE ACCELERATOR HELPED TO IDENTIFY AND EXECUTE STRATEGIES TO BUILD RESILIENT REVENUE MODELS AND WORLD-CLASS ENTERPRISES ALONGSIDE THE MOST PROMISING ENVIRONMENT ACTION ENTREPRENEURS. THROUGH ITS FIRST COHORT, THE PROGRAM WORKED WITH OVER 100 GREEN STARTUPS 54% OF THEM WOMEN-LED BUSINESSES AND FACILITATED \$1 MILLION IN INVESTMENT.

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

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

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

Name of the organization TECHNOSERVE, INC.	Employer identification number 13-2626135
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HIM/HER SELF FROM ANY INVOLVEMENT IN A DECISION IN WHICH THE INDIVIDUAL HAS OR MAY HAVE A CONFLICT OF INTEREST. ON AN ANNUAL BASIS, EACH DIRECTOR, OFFICER AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A STATEMENT THAT INCLUDES AN ACKNOWLEDGEMENT THAT THE INDIVIDUAL HAS READ AND UNDERSTANDS THE POLICY, AGREES TO ABIDE BY THE POLICY AND DISCLOSES ANY CONFLICTS. IN ADDITION, THE ORGANIZATION HAS A POLICY THAT CLARIFIES THE PROCESS IN WHICH EMPLOYEES, VOLUNTEERS AND CONSULTANTS MAY DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE CHIEF HUMAN CAPITAL OFFICER (CHCO) REGULARLY CONDUCTS REVIEWS OF COMPENSATION FOR THE CEO AND OTHER SENIOR MANGEMENT OFFICIALS AGAINST RELEVANT AND LOCATION-SPECIFIC PAY AND BENEFIT BENCHMARKS. THE CHCO USES DATA TO COMPARE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. DOCUMENTATION IS CONTEMPORANEOUSLY RECORDED FOR DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. IN ADDITION, IN COOPERATION WITH THE COMPENSATION COMMITTEE OF THE BOARD, THE CHCO COMMISSIONS A CUSTOM SURVEY OF EXECUTIVE PAY AT LEAST ONCE EVERY THREE YEARS TO ASSESS ONGOING REASONABLENESS AND COMPETITIVENESS OF EXECUTIVE PAY (MEMBERS OF THE C-SUITE). AN EXECUTIVE COMPENSATION ANALYSIS IS CONDUCTED YEARLY, THE LAST ONE TAKING PLACE FEBRUARY 2023. ANY CHANGES TO THE COMPENSATION OF THE CEO ARE RECOMMENDED BY THE COMPENSATION COMMITTEE TO THE EXECUTIVE COMMITTEE FOR CONSIDERATION AND APPROVAL.

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:

AUDITED 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).

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

CURRENCY TRANSLATION ADJUSTMENTS -511,179.

FORM 990, PART I, LINE 5

IN 2023, TECHNOSERVE, INC. HAD 2,683 EMPLOYEES WORLDWIDE. THE NUMBER OF EMPLOYEES REPORTED IN PART I, LINE 5 AND PART V, LINE 2A ONLY REFLECT THOSE INDIVIDUALS RECEIVING A FORM W-2.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ASSOCIACAO TECHNOSERVE BRAZIL - 98-1564006 RUA JOSE COELHO DE ARAUJO LAGES, 02 ROSARIO CONCEICAO DO MATO DENTRO, BRAZIL 35860-000	DEVELOPMENT	BRAZIL	1,340,297.	284,753.	TECHNOSERVE INC.
FUNDACION TECHNOSERVE CHILE - 98-1563991 ALFREDO BARROS ERRAZURIZ, NO. 1956 OFICINA 2 SANTIAGO, CHILE 01225-0498	DEVELOPMENT	CHILE	2,584,996.	1,460,997.	TECHNOSERVE INC.
FUNDACION TECHNOSERVE COLOMBIA - 98-1563975 CRA 13 #90 - 28, OFICINA 606 BOGOTA, COLOMBIA	DEVELOPMENT	COLOMBIA	341,346.	35,719.	TECHNOSERVE INC.
TECHNOSERVE (RF) NPC - 98-1564124 1ST FLOOR OFFICES, 54 ON BATH, 54 BATH AVENU JOHANNESBURG, SOUTH AFRICA 2196	DEVELOPMENT	SOUTH AFRICA	4,430,253.	753,652.	TECHNOSERVE INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TECHNOSERVE ZAMBIA LIMITED - 98-1563946 PLOT NO. 88B CENTRAL STREET LUSAKA, ZAMBIA	DEVELOPMENT	ZAMBIA	1,683,623.	113,325.	TECHNOSERVE INC.
TSERV SOLUCIONES PARA LA POBREZA A.C. - 98-1563929, ARQUIMEDES 15 COL. POLANCO V SECCION OFFICE NO. 517 & 515, MEXICO CITY,	DEVELOPMENT	MEXICO	1,897,103.	213,500.	TECHNOSERVE INC.
TNS BOTSWANA - 98-1564014 LOT 1124-28, THE MALL GABORONE, BOTSWANA	DEVELOPMENT	BOTSWANA	1,272,177.	711,647.	TECHNOSERVE INC.
TECHNOSERVE SOLUTIONS TO POVERTY LTD/GTE - 98-1564115, 4B ASA STREET, OFF USUMA CLOSE, OFF GANA STREET, MAITAMA, ABUJA, NIGERIA	DEVELOPMENT	NIGERIA	440,967.	166,222.	TECHNOSERVE INC.
ASHWATTHA ADVISORS PVT LTD - 98-1563943 B1 - 201 CENTRE POINT, OPPOSITE BAWLA MASJID MUMBAI, INDIA 400013	DEVELOPMENT	INDIA	3,417,607.	1,555,947.	TECHNOSERVE INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ASHWATTHA ADVISORS PVT LTD - 98-1563943, B1 - 201 CENTRE POINT, OPPOSITE BAWLA MASJID, 243A, NM JOSHI MARG, LOWER	DEVELOPMENT	INDIA	TECHNOSERVE INC.		221,281.	0.		<input checked="" type="checkbox"/>	N/A		<input checked="" type="checkbox"/>	99.00%

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

TSERV SOLUCIONES PARA LA POBREZA A.C.

EIN: 98-1563929

ARQUIMEDES 15 COL. POLANCO V SECCION OFFICE NO. 517 & 515

MEXICO CITY, MEXICO 11560

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ASHWATTHA ADVISORS PVT LTD

EIN: 98-1563943

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

MUMBAI, INDIA 400013

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

2023

For calendar year 2023 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 including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 121,078,120, D Employer identification number 13-2626135, E Group exemption number, F Check box if an amended return.

G Check organization type: X 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T)

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

L The books are in care of JEFFREY CHRISFIELD Telephone number (202) 785-4515

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Line 11: Unrelated business taxable income 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Line 7: Total 0.

Part III Tax and Payments

Table with 5 main rows for Part III: Tax and Payments. Line 5: Current net 965 tax liability paid from Form 965-A, Part II, column (k) 0.

Part III Tax and Payments <i>(continued)</i>			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2023 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 1	Yes	No
2	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
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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.				
			CHIEF FINANCIAL OFFICER		
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JENIFER L. CHASE	JENIFER L. CHASE	10/31/24		P01306883
	Firm's name	Firm's EIN			42-0714325
	Firm's address			Phone no.	
	RSM US LLP 4650 EAST 53RD STREET DAVENPORT, IA 52807-3479			563-888-4000	

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 1

NAME OF COUNTRY

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