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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2011

OMB No 1545-0047

Open to Public Inspection

						Inspection			
		calendar year, or tax year beginning 01-01-2011 C Name of organization	and ending 12-31-20	11	D Employer	identification number			
	ress ch	TECHNOSERVE INC			13-2626	5135			
Г№	me cha	Doing Business As nge			E Telephon	e number			
┌ Ind	ıal retu	Number and street (or P O box if mail is not deliver	ed to street address) Room/s	suite	(203)85				
Г Теі	mınate	1 MECHANIC STREET			G Gross rece	ipts \$ 57,881,652			
☐ Am	ended	return City or town, state or country, and ZIP + 4 NORWALK, CT 06850	I						
Гар	olication	pending							
		F Name and address of principal officer			s a group re				
		BRUCE MCNAMER 1120 19TH ST NW 8TH FL		affilia	tes?	⊤Yes ▼ No			
		WASHINGTON, DC 20036		H(b) Are all	l affiliates inc	cluded?			
—— т Та	x-exem	pt status	4947(a)(1) or	_		list (see instructions)			
		WWW TECHNOSERVE ORG	+3+7(u)(1) 01 327	H(c) Grou	p exemption	n number 🟲			
		ganization Corporation Trust Association Other		L Year of for	mation 1969	M State of legal domicile NY			
Ра	rt I	Summary							
		Briefly describe the organization's mission or most sig FECHNOSERVE HELPS ENTREPRENEURIAL MEN A		URALAREAS	OF THE DEV	VELOPING WORLD TO			
e e		BUILD BUSINESSES THAT CREATE INCOME, OPPO COMMUNITIES AND THEIR COUNTRIES	DRTUNITY AND ECONO	MIC GROWTH	FOR THEI	R FAMILIES, THEIR			
S E]	COMMONITIES AND THEIR COUNTRIES							
Ë	-								
Governance	2 0	Check this box দ if the organization discontinued its	operations or disposed	of more than 2	5% of its ne	et assets			
		Number of voting members of the governing body (Par			1	3 26			
Activities &		Number of independent voting members of the governi			T	4 26			
Ĭ	5	Total number of individuals employed in calendar year	2011 (Part V, line 2a)		_ :	5 147			
द	6	Fotal number of volunteers (estimate if necessary) $oldsymbol{\cdot}$			_ •	6 137			
		Fotal unrelated business revenue from Part VIII, colu			7	'a 0			
	ь	Net unrelated business taxable income from Form 990)-T, line 34			b 0			
	8	Contributions and grants (Part VIII, line 1h)			r Year 52,041,818	Current Year 8 55,744,636			
활	9	Program service revenue (Part VIII, line 2g)		4,75					
Revenue	10	Investment income (Part VIII, column (A), lines 3,		286,11	'				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8		53,46	7 112,298				
	12	Total revenue—add lines 8 through 11 (must equal 12)		ne	52,386,15	1 55,968,254			
	13	Grants and similar amounts paid (Part IX, column (A			1,658,010				
	14	Benefits paid to or for members (Part IX, column (A				0 0			
.	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines		25 774 40				
Expenses	16-	5-10)	4.4		25,771,40				
æ ⊕	16a	Professional fundraising fees (Part IX, column (A), I			172,850	0 108,250			
Δ	b 17	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{1,4}{2}$. Other expenses (Part IX, column (A), lines 11a-11			26,862,29	6 28,865,641			
	18	Total expenses Add lines 13–17 (must equal Part			54,464,56				
	19	Revenue less expenses Subtract line 18 from line 1			-2,078,409				
8° €					of Current	End of Year			
Set San	20	Total assets (Part X, line 16)			ear 43,608,70				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			33,686,40				
<u> </u>	22	Net assets or fund balances Subtract line 21 from I			9,922,29	<u> </u>			
Pai	rt II	Signature Block		•					
		ties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of							
	ledge.		F. Span St. Commission	, is bused oil (.	propuler has ally			
		[K		<u> </u>					
Sigr		****** Signature of officer		20 Da	12-08-15 ite				
Her		BRUCE MCNAMER CHIEF EXECUTIVE OFFICER							
		Type or print name and title	_						
		Preparer's NONE ZHANG CDA	Date	Check If self-		expayer identification number			
Paid		signature YONG ZHANG CPA	employed 🕨	(see instruct P01249785	ions)				
	arer's	Firm's name (or yours MCGLADREY LLP If self-employed),	` '						
Use (Jnly	address, and ZIP + 4 8000 TOWERS CRESCENT DR STE 50	0		EIN • 42-07				
		VIENNA, VA 221826205			Phone no	(703) 336-6400			

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2011) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission TECHNOSERVE HELPS ENTREPRENEURIAL MEN AND WOMEN IN POOR RURAL AREAS OF THE DEVELOPING WORLD TO WORK TO BUILD BUSINESSES THAT CREATE INCOME, OPPORTUNITY AND ECONOMIC GROWTH FOR THEIR FAMILIES, THEIR

COMMUNITIES AND THEIR COUNTRIES Did the organization undertake any significant program services during the year which were not listed on ┌ Yes ┌ No If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program

If "Yes," describe these changes on Schedule O 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

2,333,082) (Revenue \$) (Expenses \$ 40,238,524 including grants of \$ (Code

SUB-SAHARAN AFRICACOTE D'IVOIRECOTE D'IVOIRE IS THE WORLD'S LARGEST PRODUCER AND EXPORTER OF COCOA BEANS AND A SIGNIFICANT PRODUCER AND EXPORTER OF CASHEWS, COFFEE AND PALM OIL, AND ROUGHLY 70 PERCENT OF THE POPULATION DEPENDS ON AGRICULTURE RELATED ACTIVITIES FOR THEIR LIVELIHOODS CONSEQUENTLY, THE ECONOMY IS HIGHLY SENSITIVE TO FLUCTUATIONS IN INTERNATIONAL PRICES FOR THESE PRODUCTS TECHNOSERVE IS WORKING WITH SMALL-SCALE CASHEW AND COCOA FARMERS TO HELP THEM SIGNIFICANTLY INCREASE THEIR INCOMES ETHIOPIAETHIOPIA, CONSIDERED THE BIRTHPLACE OF COFFEE, HAS A CLIMATE AND TERRAIN WELL-SUITED FOR PRODUCING HIGH-QUALITY BEANS COFFEE IS ONE OF THE COUNTRY'S PRINCIPAL EXPORTS AND AN IMPORTANT SOURCE OF INCOME FOR THOUSANDS OF SMALL-SCALE FARMERS TECHNOSERVE WILL DRAW ON ITS FORTY YEARS OF EXPERIENCE WORKING WITH COFFEE FARMERS AROUND THE WORLD TO HELP FARMERS BOOST THEIR INCOMES BY EARNING PRICE PREMIUMS FOR HIGHER-QUALITY BEANS GHANAGHANA, RICH IN NATURAL RESOURCES, RANKS AMONG THE UNITED STATES' TOP TRADING PARTNERS IN SUB-SAHARAN AFRICA BUT MORE THAN HALF OF ITS PEOPLE STILL STRUGGLE TO GET BY, RELYING ONLY ON SUBSISTENCE FARMING, AND UNEMPLOYMENT REMAINS HIGH TECHNOSERVE IS ADDRESSING THIS CHALLENGE BY HELPING FARMERS IMPROVÉ THE QUALITY AND QUANTITY OF THEIR CRÓPS, LINKING THEM TO BETTER MARKETS, AND TRAINING THEM IN BUSINESS SKILLS WE ALSO WORK WITH BUSINESSES THAT BUY FROM FARMERS, TO MAKE THEM MORE EFFICIENT AND COMPETITIVE, INCREASE LOCAL EMPLOYMENT, AND CONTRIBUTE TO ECONOMIC GROWTH ON A WIDER SCALE, TECHNOSERVE HELPS ASPIRING ENTREPRENEURS ACROSS A RANGE OF SECTORS TO BETTER DEVELOP THEIR BUSINESS IDEAS AND CONNECT WITH FINANCIERS KENYA AGRICULTURE IS A MAINSTAY OF KENYA'S ECONOMY, AND THERE IS GROWING DEMAND FOR TROPICAL FRUITS AND OTHER FARM PRODUCTS IN URBAN AREAS WITHIN THE COUNTRY AND OVERSEAS BUT MANY RURAL RESIDENTS STRUGGLE TO SUPPORT THEIR FAMILIES, LACKING THE MEANS TO EFFECTIVELY CATER TO THESE THRIVING MARKETS. ACROSS A NUMBER OF INDUSTRIES, TECHNOSERVE IS WORKING WITH AGRI-BUSINESSES AND DIRECTLY WITH FARMERS TO HELP THEM REACH THEIR POTENTIAL WE ARE HELPING THEM TO PRODUCE MORE HIGHER-VALUE PRODUCTS, THUS CREATING JOBS AND INCREASING INCOMES WE ARE ALSO PROMOTING THE GROWTH OF KENYA'S BUSINESS SECTOR THROUGH WIDE-SCALE ENTREPRENEURSHIP PROGRAMS AND BY HELPING PROMISING SMALL AND MEDIUM BUSINESSES GAIN ACCESS TO FINANCING MOZAMBIQUEIN MOZAMBIQUE, TECHNOSERVE HAS BEEN PROVIDING TECHNICAL ASSISTANCE TO AGRIBUSINESSES IN SECTORS WITH HIGH GROWTH POTENTIAL SINCE 1998 TECHNOSERVÈ HÁS HELPED CREATE A COMPETITIVE AND SUSTAINABLE COMMERCIAL AGRICULTURAL SECTOR THAT INVOLVES A LARGE NUMBER OF SMALL-SCALE RURAL PRODUCERS AS SUPPLIERS AND CREATES JOBS FOR THE RURAL POOR OVER THE PAST FIVE YEARS, TECHNOSERVE-ASSISTED BUSINESSES IN MOZAMBIQUE HAVE GENERATED OVER \$76 MILLION IN REVENUE, PURCHASED RAW MATERIAL FROM MORE THAN 154,000 SMALLHOLDER PRODUCERS AND CREATED OVER 6,200 JOBS NIGERIASINCE REGISTERING AS A NIGERIAN NONPROFIT ORGANIZATION IN 2010, TECHNOSERVE HAS ENGAGED IN COLLABORATION WITH KEY PUBLIC AND PRIVATE PARTNERS TO BUILD A COMMON VISION FOR THE FUTURE OF AGRICULTURE IN NIGERIA WE HAVE WORKED ACROSS SEVERAL SECTORS INCLUDING COCOA, POULTRY AND FEED GRAINS WE HAVE EXECUTED PROJECTS FOR ADAMAWA STATE, UNILEVER AND THE BILL & MELINDA GATES FOUNDATION RWANDA ONE OF AFRICA'S MOST DENSELY POPULATED AND LEAST URBANIZED COUNTRIES, RWANDA HAS FEW NATURAL RESOURCES AND MINIMAL INDUSTRY HUNDREDS OF THOUSANDS OF RWANDANS DIED IN THE TRAGIC CIVIL WAR AND GENOCIDE OF THE 1990S, AND THE COUNTRY'S ECONOMY WAS DESTROYED BUT IN RECENT YEARS HOPE AND OPPORTUNITY ARE BEGINNING TO REPLACE DESPAIR AND POVERTY TECHNOSERVE IS WORKING WITH FARMERS IN THE COFFEE AND DAIRY SECTORS TO HELP THEM IMPROVE THE QUALITY OF THEIR PRODUCT AND ACCESS MORE LUCRATIVE MARKETS, INCREASING THEIR INCOMES AND CREATING A SUSTAINABLE BASE THAT WILL IMPRÔVE THE STANDARD OF LIVING FOR RWANDAN FAMILIES AND THEIR COMMUNÍTIES SOUTH AFRICADESPITE ITS WELL-DEVELOPED NATURAL RESOURCES, SOPHISTICATED INDUSTRIAL BASE AND MODERN INFRASTRUCTURE, SOUTH AFRICA SUFFERS FROM VERY HIGH UNEMPLOYMENT, EXTREME POVERTY AND OTHER REMNANTS OF THE APARTHEID ERA THESE INCLUDE A POOR EDUCATIONAL SYSTEM AND LACK OF BUSINESS SKILLS, NETWORKS AND ENTREPRENEURIAL DRIVE AMONG GROUPS THAT WERE FORMALLY MARGINALIZED FROM THE MAINSTREAM ECONOMY TECHNOSERVE'S VISION IS TO MAKE THE BENEFITS AND OPPORTUNITIES OF THE RAPIDLY EMERGING "DEVELOPED ECONOMY" ACCESSIBLE TO EVERYONE SINCE 2003, WE HAVE BEEN SUPPORTING THE NATIONAL AGENDA OF BLACK ECONOMIC EMPOWERMENT BY HELPING PREVIOUSLY DISADVANTAGED PEOPLE GAIN THE SKILLS, INFORMATION AND RESOURCES THEY NEED TO CREATE NEW ECONOMIC OPPORTUNITIES WE ARE HELPING ENTREPRENEURIAL PEOPLE TO DEVELOP NEW FARMS AND RAISE CAPITAL TO SUPPORT GROWTH IN SOME OF THE COUNTRY'S POOREST REGIONS WE ARE ALSO PROMOTING THE OVERALL GROWTH OF SOUTH AFRICA'S INDIGENOUS BUSINESS SECTOR THROUGH ENTREPRENEURSHIP PROGRAMS AND BY NURTURING THE NEXT GENERATION OF YOUNG LEADERS SWAZILANDIN THIS SMALL LANDLOCKED NATION, SOME 80 PERCENT OF THE PEOPLE STILL DEPEND ON SUBSISTENCE FARMING VERY HIGH HIV/AIDS INFECTION RATES AND DECLINING REMITTANCES FROM WORKERS IN SOUTH AFRICA (PUTTING FURTHER FINANCIAL STRAIN ON SWAZIS) ADD TO ITS CHALLENGES, AND TO ITS 40 PERCENT UNEMPLOYMENT RATE THE SMALL FORMAL ECONOMY IS DOMINATED BY LARGE FOREIGN FIRMS IN 2006 TECHNOSERVE BEGAN WORKING TO INCREASE OPPORTUNITIES FOR INDIGENOUS ENTREPRENEURS AND EXPAND EMPLOYMENT AND INCOME
OPPORTUNITIES THROUGH OUR SWAZILAND ENTERPRISE AND ENTREPRENEURSHIP PROGRAM (SWEEP), WHICH AIMS TO REVITALIZE THE SWAZI ECONOMY BY
FOSTERING THE GROWTH OF SWAZI-OWNED SMALL AND MEDIUM ENTERPRISES TANZANIAFOR MORE THAN 16 YEARS, TECHNOSERVE HAS BEEN WORKING IN
TANZANIA WITH FARMERS, COOPERATIVES, SUPPLIERS AND PROCESSORS TO STRATEGICALLY DEVELOP COMPETITIVE RURAL INDUSTRIES AROUND KEY CROPS SUCH AS CASHEWS, COFFEE, TEA AND ARTEMISIA (AN HERB USED IN THE PRODUCTION OF THE MOST EFFECTIVE TREATMENT FOR MALARIA) THIS CONTINUES
TO BE OUR PRIMARY FOCUS BECAUSE NEARLY 90 PERCENT OF TANZANIA'S RESIDENTS LIVE IN RURAL AREAS, WORK PRIMARILY IN THE AGRICULTURAL SECTOR,
AND LACK ACCESS TO INFORMATION, TECHNOLOGY AND MARKETS WE ARE HELPING FARMERS MAKE THE TRANSITION FROM SUBSISTENCE TO COMMERCIAL
PRODUCTION, AND ASSISTING PROCESSORS TO IMPROVE THEIR OPERATIONS WE ARE ALSO SUPPORTING THE DIVERSIFICATION OF TANZANIA'S ECONOMY
THROUGH ENTREPREBEURSHIP PROGRAMS THAT EMPOWER MEN AND WOMEN TO CREATE THRIVING SMALL AND MEDIUM-SIZED ENTERPRISES IN A VARIETY OF SECTORS UGANDAUGANDA HAS FERTILE LAND AND RELIABLE RAINFALL, BUT LAND OWNERSHIP AMBIGUITIES AND CIVIL STRIFE HAVE SLOWED DEVELOPMENT IN THE PAST AN AMBITIOUS ECONOMIC REFORM PROGRAM HAS LED TO IMPRESSIVE GROWTH OVER THE PAST DECADE, BUT POVERTY, PARTICULARLY IN RURAL AREAS, REMAINS ENTRENCHED AGRICULTURE EMPLOYS FOUR OUT OF FIVE UGANDAN WORKERS, BUT MOST SMALL FARMERS DO NOT PRODUCE AT STANDARD LEVELS OF QUALITY, AND LACK THE MARKETING EXPERTISE AND ACCESS TO FINANCING NEEDED TO REACH THE RAPIDLY GROWING URBAN MARKETS TECHNOSERVE IS WORKING WITH FARMERS TO OVERCOME THESE CHALLENGES. IT IS ALSO RUNNING A WOMEN-FOCUSED ENTREPRENEURSHIP PROGRAM ZAMBIAZAMBIA HAS EXPERIENCED ECONOMIC GROWTH IN RECENT YEARS, BUT A MAJORITY OF ITS POPULATION STILL LIVES BELOW THE POVERTY LINE THE COUNTRY'S HEAVY DEPENDENCE ON MINING HAS PROMPTED THE GOVERNMENT TO DIVERSIFY THE COUNTRY'S ECONOMY TECHNOSERVE IS HELPING TO STRENGTHEN ZAMBIA'S AGRICULTURAL SECTOR THROUGH A PROGRAM THAT AIMS TO BOOST SOY PRODUCTION AMONG SMALL-SCALE FARMERS ZIMBABWEDESPITE ITS RICH NATURAL RESOURCES, ZIMBABWE'S ECONOMY HAS BEEN IN STEEP DECLINE DURING THE PAST DECADE UNEMPLOYMENT IS ESTIMATED TO BE AS HIGH AS 95 PERCENT, AND ABOUT 1 7 MILLION ZIMBABWEANS LACK READY, RELIABLE ACCESS TO FOOD BUT THE COUNTRY IS TAKING

STEPS TOWARD A BRIGHTER FUTURE TECHNOSERVE IS WORKING WITH ENTREPRENEURIAL MEN AND WOMEN IN ZIMBABWE TO CAPITALIZE ON THIS MOMENTUM AND PROMOTE SUSTAINABLE DEVELOPMENT BY ASSISTING MEDIUM-SIZED AGRICULTURAL BUSINESSES, WE HOPE TO CREATE NEW JOBS AND INCOME OPPORTUNITIES FOR SMALL-SCALE FARMERS, DEMONSTRATING A NEW WAY FORWARD FOR ZIMBABWES AGRICULTURE INDUSTRY

5,040,359 including grants of \$

) (Expenses \$

178,437) (Revenue \$

CENTRAL AMERICAN & CARIBBEANEL SALVADORWHEN COFFEE PRICES TUMBLED TO RECORD LOWS EARLIER THIS DECADE, THE LIVELIHOODS OF THOUSANDS OF CENTRAL AMERICAN FARMERS WERE SUDDENLY JEOPARDIZED SO TECHNOSERVE IDENTIFIED A NEW OPPORTUNITY FOR THEM HIGH-QUALITY COMMERCIAL AND SPECIALTY COFFEES THAT COULD FETCH PREMIUM PRICES IN THE CHANGING MARKET WITH SUPPORT FROM THE INTER-AMERICAN DEVELOPMENT BANK, TECHNOSERVE LAUNCHED A PROGRAM IN 2004 TO HELP PRODUCERS IN THE REGION BECOME COMPETITIVE IN THESE GROWING MARKET SEGMENTS TECHNOSERVE PARTNERED WITH NATIONAL ASSOCIATIONS IN EL SALVADOR, COSTA RICA, GUATEMALA, HONDURAS AND NICARAGUA TO PRODUCE TRAINING MANUALS, TRACEABILITY SOFTWARE AND A QUALITY MANAGEMENT SYSTEM WE THEN WORKED WITH 12 COFFEE-PRODUCING GROUPS IN THOSE Countries to show them best practices that could spread to other producers in the region and generate Jobs, as well as higher incomes FOR THE SMALL-SCALE FARMERS WHO SUPPLY THEM OUR BUSINESS ADVISORS TRAINED THESE GROUPS ON THE NEW SOFTWARE AND HELPED THEM DIAGNOSE AND FIX WEAKNESSES IN THEIR PROCESSING SYSTEMS. THEY ALSO HELPED THEM ADOPT ENVIRONMENTALLY FRIENDLY METHODS FOR TREATING WASTEWATER. AND PULP GUATEMALAHAVING EMERGED FROM DECADES OF CIVIL WAR, GUATEMALA IS NOW IN A BETTER POSITION TO CAPITALIZE ON ITS SUBSTANTIAL NATURAL RESOURCES AND CLIMATIC ADVANTAGES. THE COUNTRY IS WELL-POSITIONED FOR GROWTH IN THE INCREASINGLY IMPORTANT AND PROFITABLE BIOFUEL INDUSTRY TECHNOSERVE IS EXPLORING OPPORTUNITIES TO DEVELOP A BIOFUEL INDUSTRY AND IS ALSO HELPING SEVERAL EXISTING AGRICULTURAL BUSINESSES, WITH A VIEW TO GENERATING JOBS AND INCOMES FOR POOR RURAL PRODUCERS MORE BROADLY, WE ARE ALSO RUNNING ENTREPRENEURSHIP PROGRAMS THAT EMPOWER PEOPLE TO CREATE THRIVING BUSINESSES IN A VARIETY OF SECTORS HAITIHAITI'S DEVELOPMENT EFFORTS WERE DEALT A BLOW BY THE MASSIVE JANUARY 2010 EARTHQUAKE THAT HAD A DEVASTATING EFFECT ON THE CAPITAL, PORT-AU-PRINCE, AND SURROUNDING AREAS AND KILLED MORE THAN 200,000 PEOPLE IN THE AFTERMATH OF THE QUAKE, TECHNOSERVE HAS JOINED THE COCA-COLA COMPANY AND OTHER PARTNERS TO HELP HAITIAN FARMERS CREATE A SUSTAINABLE MANDED INDUSTRY AN ESTIMATED 100,000 SMALL-SCALE HAITIAN FARMERS GROW MANDED, BUT FEW REALIZE THE FULL. ECONOMIC VALUE OF THEIR FARMS, MAKING THE MANGO INDUSTRY A POTENTIAL BUILDING BLOCK IN HAITI'S LONG-TERM RECOVERY EFFORTS. TECHNOSERVE IS ALSO PART OF A CONSORTIUM WORKING TO IMPROVE ACCESS TO FINANCE FOR HAITI'S SMALL AND MEDIUM BUSINESSES HONDURASIN THE EARLY 2000S, THE COCOA INDUSTRY IN HONDURAS WAS ON THE BRINK OF EXTINCTION. A DEVASTATING HURRICANE, DISEASES AND LOW COMMODITY PRICES COMBINED TO DRASTICALLY DIMINISH THE AREA UNDER COCOA CULTIVATION. BUT TECHNOSERVE SAW PROMISE IN THE INDUSTRY. HONDURAN FARMERS HAD ALWAYS SOLD. THEIR COCOA INTO LOW-VALUE COMMODITY MARKETS, BUT THEY HAD THE POTENTIAL TO PRODUCE HIGH-QUALITY NATIVE VARIETIES TECHNOSERVE DEVELOPED A STRATEGIC PLAN AND WORKED WITH PLAYERS ACROSS THE INDUSTRY TO REVIVE COCOA IN HONDURAS BY TARGETING THE SPECIALTY, FINE COCOA SECTOR OUR ADVISORS HAVE HELPED FARMER GROUPS TO INTRODUCE NATIVE VARIETIES, IMPROVE THEIR PRODUCTION AND PROCESSING, AND CONNECT TO BUYERS OF FINE COCOA TODAY, HONDURAS IS ON A SUSTAINABLE PATH TO BECOMING A COMPETITIVE SUPPLIER OF FINE COCOA, AND FARMERS POISED TO EARN HIGHER INCOMES NICARAGUAIT'S A LONG WAY FROM THE POVERTY AND DEVASTATION OF CIVIL WAR TO PROSPERITY IN NICARAGUA, TECHNOSERVE HAS HELPED A FARMING COOPERATIVE MAKE THAT JOURNEY BY HARNESSING THE POTENTIAL OF UNDERVALUED CROPS THE JORGE SALAZAR COOPERATIVE, LOCATED IN THE NORTHERN MUNICIPALITY OF EL TUMA-LA DALIA, IS A COLLECTIVE OF 46 FARMERS - MOSTLY VETERANS OF NICARAGUA'S CIVIL WAR IN THE 1980S, WHICH DEVASTATED THE COUNTRY'S ECONOMY IN AN EFFORT TO INCORPORATE EX-GUERILLAS BACK INTO CIVILIAN SOCIETY, TECHNOSERVE - WITH THE SUPPORT OF THE U S AGENCY FOR INTERNATIONAL DEVELOPMENT - WORKS TO HELP FARMER GROUPS DIVERSIFY THEIR CROPS, DEVELOP MARKETS, ESTABLISH LINKS TO FINANCING AND IMPROVE ORGANIZATION, ADMINISTRATION AND MARKETING THE JORGE SALAZAR COOPERATIVE'S FARMERS FACED A CRISIS WHEN THE PRICE OF COFFEE SLUMPED IN THE EARLY 2000S AT THE SAME TIME, THE VALUE OF MALANGA - A ROOT CROP THAT GROWS IN PUDDLES AND SWAMPS - ROSE AS THE TUBER FOUND A PLACE IN AMERICAN KITCHENS IN PARTNERSHIP WITH VARIOUS ORGANIZATIONS, TECHNOSERVE HELPED THE COOPERATIVE TO INCREASE ITS YIELDS AND HARNESS THE BURGEONING POPULARITY OF MALANGA, CONNECTING JORGE SALAZAR'S FARMERS TO NEW MARKETS IN NEW YORK, LOS ANGELES AND MIAMI THE FARMERS ALSO FORGED TIES WITH A GUATEMALAN COMPANY THAT USES THE COOPERATIVE'S MALANGA TO MAKE SNACK CHIPS FOR SALE IN GUATEMALA AND EL SALVADOR

FOR SALE IN GUATEMALA AND EL SALVADOR 38,834) (Revenue \$ including grants of \$) (Expenses \$ 3,765,660 SOUTH AMERICACHILECHILE HAS A ROBUST AND DIVERSE NATIONAL ECONOMY, BUT ITS BENEFITS ARE FAR FROM EQUALLY DISTRIBUTED - NEARLY A FIFTH OF THE POPULATION LIVES BELOW THE POVERTY LINE TO IMPROVE THE QUALITY OF LIFE FOR CHILEANS AT THE BOTTOM OF THE ECONOMIC PYRAMID, TECHNOSERVE, WITH THE SUPPORT OF THE INTER-AMERICAN DEVELOPMENT BANK, J P MORGAN, DUOC, D&S AND FUNDACION PRO BONO, IS DEVELOPING ITS SUCCESSFUL BUSINESS PLAN COMPETITION MODEL IN CHILE THE PROGRAM IS HELPING EMERGING CHILEAN ENTREPRENEURS TURN GOOD IDEAS INTO THRIVING SMALL AND MEDIUM BUSINESSES THAT GENERATE JOBS AND MARKETS WHILE ALSO INCREASING THE SUPPLY OF HIGH-QUALITY, AFFORDABLE GOODS AND SERVICES FOR THE MAJORITY THE EMPHASIS IS ON BUSINESSES IN THE FIELDS OF ENERGY, FOOD, HEALTH, HOUSING, BASIC SERVICES AND INFORMATION TECHNOLOGY TECHNOSERVE, WITH THE SUPPORT OF MAJOR LOCAL COMPANIES, IS ALSO WORKING ON ECONOMIC DEVELOPMENT PLANS IN SOME OF CHILE'S MOST IMPOVERISHED RURAL COUNTIES THE PROGRAM HAS ALREADY IDENTIFIED HIGH-POTENTIAL BUSINESS OPPORTUNITIES FOR ENTREPRENEURS IN THE AGRIBUSINESS AND TOURISM INDUSTRIES COLUMBIADESPITE THE ONGOING CIVIL PROBLEMS IN COLOMBIA, AND A POVERTY RATE OF NEARLY 50 PERCENT,

THERE ARE SEVERAL LOCAL PRODUCTS THAT ARE IN HIGH DEMAND AROUND THE WORLD, INCLUDING COFFEE COLOMBIA IS THE WORLD'S SECOND-LARGEST COFFEE PRODUCER HOWEVER, DUE TO A VARIETY OF FACTORS, INCLUDING SMALL FARM SIZES AND LOW-GRADE PROCESSING EQUIPMENT, MANY COFFEE FARMERS AREN'T PRODUCING UP TO THEIR POTENTIAL TECHNOSERVE IS WORKING TO CHANGE THIS WE ARE ALSO HELPING COLOMBIA'S ENTREPRENEURS TO DEVELOP BUSINESS IDEAS THAT TRANSLATE INTO OPPORTUNITIES FOR PEOPLE AT THE BOTTOM OF THE ECONOMIC PYRAMID THROUGH OUR SUCCESSFUL BUSINESS PLAN COMPETITION MODEL PERUTECHNOSERVE IS WORKING WITH START-UP BUSINESSES THAT SUPPLY GOODS AND SERVICES TO MINING COMPANIES, HELPING FARMERS PRODUCE HIGHER-VALUE CROPS TO CAPITALIZE ON GOOD MARKET OPPORTUNITIES, AND RUNNING A BUSINESS TRAINING PROGRAM TO HELP ENTREPRENEURS BUILD ENTERPRISES THAT WILL STIMULATE BROADER ECONOMIC GROWTH WE ARE ALSO FOSTERING CLOSE RELATIONSHIPS BETWEEN THE MINES, THE BUSINESSES AND THE GREATER COMMUNITY - CREATING A REPLICABLE MODEL OF INCLUSIVE LOCAL ECONOMIC DEVELOPMENT

501,770 (Code) (Expenses \$ including grants of \$) (Revenue \$ SOUTH ASIAINDIASIXTY YEARS AFTER INDEPENDENCE, INDIA'S PROSPEROUS URBAN ECONOMY - BASED ON HIGH-TECH, MANUFACTURING, TEXTILES AND SERVICES - HAS CREATED NEW OPPORTUNITIES FOR MILLIONS BUT MORE THAN 300 MILLION INDIANS CONTINUE TO LIVE IN ABJECT POVERTY, 75 PERCENT OF THEM RESIDING IN RURAL AREAS TWO-THIRDS OF INDIA'S 1 1 BILLION PEOPLE DEPEND ON AGRICULTURE FOR THEIR INCOMES, PRIMARILY AT A SMALL-SCALE OR SUBSISTENCE LEVEL TECHNOSERVE IS WORKING TO RAISE THE INCOMES OF ABOUT FIVE MILLION RURAL HOUSEHOLDS IN THE EIGHT POOREST STATES BY

HELPING SET UP SUSTAINABLE CATTLE DEVELOPMENT CENTERS WE ARE ALSO DEVELOPING A SOCIAL ENTERPRISE INCUBATION PROGRAM TO IDENTIFY AND PROMOTE SMALL AND MEDIUM ENTERPRISES IN THE NORTHERN KARNATAKA REGION WITH SUPPORT FROM THE DESHPANDE FOUNDATION

1,242,016 including grants of \$ NORTH AMERICATECHNOSERVE PROMOTES BUSINESS SOLUTIONS TO POVERTY BY HELPING BUILD COMPETITIVE FARMS, BUSINESSES AND INDUSTRIES IN THE DEVELOPING WORLD WE ARE AN INTERNATIONAL NONPROFIT THAT ENCOURAGES ECONOMIC GROWTH BY LINKING PEOPLE TO INFORMATION, NETWORKS AND MARKETS OUR WORK IS ROOTED IN THE IDEA THAT WITH THE RIGHT SKILLS, KNOWLEDGE AND ACCESS, ENTERPRISING PEOPLE CAN CREATE ECONOMIC GROWTH THAT BENEFITS POOR FAMILIES AND COMMUNITIES. WITH MORE THAN FOUR DECADES OF MEASURABLE RESULTS, WE BELIEVE IN THE POWER OF PRIVATE ENTERPRISE TO TRANSFORM LIVES TECHNOSERVE USES ITS BROAD SWATH OF ON-THE-GROUND EXPERIENCES TO INFORM OUR APPROACH AND METHODOLOGY WE THEN TAKE THOSE REFINED APPROACHES AND METHODOLOGIES AND RE-APPLY THEM TO OUR PROJECT WORK ON THE GROUND THIS PROVEN, EFFECTIVE APPROACH TO SEEDING ECONOMIC GROWTH IN DEVELOPING ECONOMIES IS INFORMED AND SUPPORTED BY OUR US-BASED KNOWLEDGE MANAGEMENT INITIATIVE THROUGH THIS WORK, TECHNOSERVE MAINTAINS A GROWING LIBRARY OF CASES STUDIES, IMPLEMENTATION TOOLS AND PROJECT PLANS, WHICH MAXIMIZES THE SPEED AT WHICH BEST PRACTICES ARE SHARED, ADAPTED AND IMPLEMENTED THE KNOWLEDGE MANAGEMENT INITIATIVE FEEDS INTO OUR CAPACITY BUILDING WORK OUR CAPACITY DEVELOPMENT TEAM WORKS IN EACH OF OUR REGIONS TO DISSEMINATE PROVEN METHODOLOGIES AND THE REFINEMENTS ON THESE METHODOLOGIES ARISING FROM OUR APPROACH TECHNOSERVE'S WORK IN ENTREPRENEURSHIP IS LED BY A PRACTICE GROUP BASED IN THE UNITED STATES IN THE PAST YEAR, OUR ENTREPRENEURSHIP WORK HAS FOCUSES ON BUILDING TOOL KITS FOR HELPING WOMEN OWNED BUSINESSES ACHIEVE STABILITY, RESILIENCY AND GROWTH

Other program services (Describe in Schedule O)

1,743,786 including grants of \$) (Revenue \$

50,788,329 Total program service expenses►\$

Form **990** (2011

art TV	Check	list of	Required	Schedules
	CIICCR	III OL	IXCuuli Cu	Scriculics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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? If "Yes," complete Schedule D, Part VIII.	11c		No
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? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. ✓	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 92			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
L				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
.	year?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	_		
	account)?	4a	Yes	
b	CI,CO,ES,UK,GH,GT,HO,KE,MZ,NU,NU,WZ,PE,			
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
-	2	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
_	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		Νo
	file Form 8282?			NO
a	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	_		
	Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	ľ		
-	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
	allocated to each state			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the aggregate amount of reserves on hand			
•	13c			
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Vac " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schodule O	4.41		

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 26 Enter the number of voting members included in line 1a, above, who are 1b 26 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . Νo 6 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes Each committee with authority to act on behalf of the governing body? Yes 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 in Schedule O 9 Νo 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?	10a		Νo
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in 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?	16a		No
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?	16b		

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, IA, KS, 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
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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.
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization NINA PENA

1120 19TH STREET NW 8TH FL WASHINGTON, DC 20036 (202) 785-4515

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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) A verage hours per week (describe	A verage hours more than one box, compen unless person is both week (describe director/trustee) 2/1099								(E) Reportable compensatior from related organizations (W- 2/1099-	d compensations from the		ated fother sation the ion and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relati organiza	
See A	Additional Data Table													
												4		
												+		
												1		
												4		
												_		
		1										\dashv		
1b	Sub-Total				•	•		+						
- c	Total from continuation sheets Total (add lines 1b and 1c) .							<u> </u>		2,485,017		0		387,042
2	Total number of individuals (inc \$100,000 of reportable comper						above) wh	o receiv	ed more tha	an			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc.							ee,	or highes	st compens	ated employee	3		No
4	For any individual listed on line organization and related organiz											4		
5	Did any person listed on line 1a services rendered to the organiz										or individual for •	5		No
Se	ection B. Independent Con	itractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio												
		(A) me and business ad	dress							Desc	(B) ription of services		(C Comper	
2550	NARWICK ASSOCIATES NINTH STREET SUITE 103 ELEY, CA 94710									CONSULTIN	G SERVICES			324,117
1750	ER & ASSOCIATES 5 BEAUVOIR BLVD VOOD, MD 20855									CONSULTIN	G SERVICES			158,498
MCGI 5155	ADREY & PULLEN LLP PAYSPHERE CIRCLE AGO, IL 60674									AUDITING S	ERVICES			141,250
AGLA 900 L	AGO, EL 00074 ND INVESTMENT SERVICESINC ARKSPUR LANDING CIRCLE SUITE SPUR, CA 94939									CONSULTIN	G SERVICES			105,750

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 \blacktriangleright 4

Form **990** (2011)

Part \	/	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
¥¥	1a	Federated campaigns 1a					
亞克	ь	Membership dues 1b					
్రెక్	c	Fundraising events 1c	675,708				
£ E	d	Related organizations 1d					
$\frac{5}{2}$	e		16,088,132				
統					ļ		
粪	f	All other contributions, gifts, grants, and similar amounts not included above	38,980,796				
通り	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$					
ပြုံ ခြ	h	Total. Add lines 1a-1f	•	55,744,636			
		Busine	ess Code				
Ē	2a	PROJECT FEES	900099	8,767	8,767		
%	ь						
Ф Ш	l c						
Š	d						
æ							
Ē	e						
Program Serwce Revenue	f	All other program service revenue					
ΔŤ	g	Total. Add lines 2a-2f	. 🌬	8,767			
	3	Investment income (including dividends, intere		·			
		and other similar amounts)	▶	102,748			102,748
	4	Income from investment of tax-exempt bond proceeds	▶ │				
	5	Royalties	▶				
			ersonal				
	6a	Gross rents					
	b	Less rental					
	_c	expenses Rental income					
		or (loss)					
	d	Net rental income or (loss)	-				
	l_		Other				
	7a	Gross amount 1,776,386 from sales of					
		assets other than inventory					
	b	Less cost or 1,776,581					
		other basis and sales expenses					
	c	Gain or (loss) -195					
	d	Net gain or (loss)	►	-195			-195
4.	8a	Gross income from fundraising events (not including					
Other Revenue		\$ 675,708 of contributions reported on line 1c) See Part IV, line 18	47 275				
Ē	Ь	Less direct expenses b	47,275 136,817				
₹	c	Net income or (loss) from fundraising events		-89,542			-89,542
_	9a	Gross income from gaming activities	ŀ				
		See Part IV, line 19 a					
	b	Less direct expenses b					
	C	Net income or (loss) from gaming activities .					
	10a	Gross sales of inventory, less returns and allowances .					
	Ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory .	. •				
			ess Code				
	11a	OTHER INCOME	900099	201,840			201,840
	b						
	С .						
	d	All other revenue					
	e	Total. Add lines 11a-11d		204.040			
	12	Total revenue. See Instructions	►	201,840		_	24
	ı			55,968,254	8,767	0	214,851

3

5

7

Part IX Statement of Functional Expenses

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United 2,550,353 2,550,353 States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 2,631,751 1,273,785 1,318,862 39,104 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 17,477,443 15,152,175 2,019,832 305,436 Pension plan contributions (include section 401(k) and section 1,741,310 1,422,368 289,107 403(b) employer contributions) 29,835 Other employee benefits 5,909,239 4,894,928 922,711 91,600 1,413,842 1,154,880 234,738 24,224 10 Fees for services (non-employees) 11 Management 212,954 136,443 76,511 Legal 108,308 152,276 260,584 Lobbying Professional fundraising See Part IV, line 17 . . 108,250 108,250 Investment management fees 8,845,489 7,233,851 927,318 g 684,320 Advertising and promotion . . . 171,706 171,371 335 12 Office expenses 2,995,571 2,339,968 613,193 13 42,410 904,937 703,728 198,869 14 Information technology 2,340 15 Royalties . . 16 1,790,686 1,088,130 700,460 2,096 6,063,223 5,500,427 524,589 17 38,207 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,388,192 1,388,192 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 25 **AUTO EXPENSES** 4,046,431 2,438 4,043,968 OTHER PASSTHROGH EXPENS 2,185,868 1,625,454 509,865 50,549 c d е All other expenses 25 Total functional expenses. Add lines 1 through 24f 60,697,829 50,788,329 8,491,104 1,418,396 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the

Part X **Balance Sheet** (A) (B) Beginning of year End of year 22.643 23,650 1 1 32,505,165 35.910.934 2 2 3 5,440,964 6,566,510 912.852 386.570 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 161.488 8 435.171 9 1,690,410 1.352.050 Prepaid expenses and deferred charges 8,385,227 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 5,574,219 b Less accumulated depreciation 2,702,878 **10c** 2,811,008 2,090 11 0 11 170,213 258,717 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets **15** 15 43,608,703 47,744,610 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 2,565,960 17 1,364,443 17 Accounts payable and accrued expenses . 18 18 19 28, 126, 782 19 37,789,645 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 2,993,665 25 3,242,003 D 26 33,686,407 26 42,396,091 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 4,758,451 27 Unrestricted net assets 3,054,966 5,163,845 28 2.293.553 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 9.922.296 33 5.348.519 34 Total liabilities and net assets/fund balances 43.608.703 47,744,610

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		55,9	968,25
2	Total expenses (must equal Part IX, column (A), line 25)	2			597,82
3	Revenue less expenses Subtract line 2 from line 1	3		-4,7	729,57
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,9	22,29
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	155,79
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		5,3	348,519
Pai	The contains a response to any question in this Part XII			F	1
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228030502

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

TECHNOSERVE INC

Name of the organization

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. ▶ See separate instructions.

Inspection **Employer identification number**

13-2626135

									113 2020						
	rt I			blic Charity Sta	<u> </u>			•		instruction	5				
he c	rganı		•	te foundation becaus	•			•	•						
1	Г	A churc	h, convent	ion of churches, or a	ssociation of	fchurches	section 170(b)(1)(A)(i)							
2	Г	A scho	ol described	d in section 170(b)(1	.)(A)(ii). (At	tach Sche	dule E)								
3	Γ	A hosp	tal or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın secti	on 170(b)(:	L)(A)(iii).						
4	Γ			h organization operat ity, and state	ted in conjun	iction with	a hospital des	scribed in s e	ection 170(b)	(1)(A)(iii).	Enter the				
5	Г	An orga	ınızatıon op	erated for the benefi	t of a college	or univer	sity owned or	operated by	a governmer	ntal unit des	cribed in				
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)										
6	\sqcap	A feder	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	Г			: described in sectior		A)(vi) (Co	omplete Part 1	(I)							
9	Ĺ.			at normally receives					ributions, mei	mbership fee	es, and are	oss			
	•	_		rities related to its ex					· ·	•	-				
				oss investment inco											
				ganızatıon after June						,					
LO	Г														
11	Ė	An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h a													
e f g	ı	other the section If the o check the Since A	nan foundat 509(a)(2) rganization his box ugust 17, 2	ox, I certify that the ion managers and other received a written do 2006, has the organi	her than one etermination	or more po	ublicly suppor	ted organiz ı Type I, Ty	ations describ	bed in section	on 509(a)((1) or			
			g persons?	rectly or indirectly c	ontrols eith	er alone or	together with	nersons de	escribed in (ii	١	Yes	No			
				governing body of th			_	i persons at	escribed in (ii		g(i)	140			
			•	er of a person descri		_	Zacion				g(ii)	+			
			-	lled entity of a perso			ahove?				y(iii)	 			
h				ng information about						115	<u> </u>				
••		TTOVIGO	the following	ng mormation about	the support	ca organiza	1011(3)								
5	(i) Name suppor ganiza	of ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	Old you not organizate col (1) o	otify the tion in f your	(vi Is th organiza col (i) or in the l	he tıon ın ganızed	A mo	vii) ount of port?			
				instructions))	Yes	No	Yes	No	Yes	No					
ot a															

Support Schedule for Organizations Described in IRC 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.)

S	ection A. Public Support		1 1		, ,		•	
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	33,203,14	6 41,598,994	46,823,419	52,080,913	55,	744,636	229,451,108
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	33,203,14	6 41,598,994	46,823,419	52,080,913	55,	744,636	229,451,108
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							53,863,177
	(f)							
6	Public Support. Subtract line 5 from line 4							175,587,931
S	ection B. Total Support				l.		Į.	
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	beginning in) A mounts from line 4	33,203,146	41,598,994	46,823,419	52,080,913	55,	744,636	229,451,108
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	91,987	49,144	268,135	255,376		102,748	767,390
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets			153,464	184,477		201,840	539,781
11	Total support (Add lines 7 through 10)							230,758,279
12	Gross receipts from related activity	ties, etc (See ins	tructions)			12		1,020,474
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organı	zation,
	ection C. Computation of Pu							
14	Public Support Percentage for 201			11 column (†))		14		76 090 %
15	Public Support Percentage for 201					15		81 410 %
16a	33 1/3% support test—2011. If th and stop here. The organization qu				line 14 is 33 1/3%	o or more	, cneck	tnis box ► ✓
b	33 1/3% support test—2010. If th	e organization did	d not check the box	k on line 13 or 16	a, and line 15 is	33 1/3%	or more,	check this_
17a	box and stop here. The organization 10%-facts-and-circumstances test				ne 13.16a.or16	b and line	14	P -
	ıs 10% or more, and ıf the organız	ation meets the "	facts and circumst	ances" test, che	ck this box and s t	top here.	Explain	
	in Part IV how the organization me organization	eets the "facts an	d cırcumstances"	test The organiz	ation qualifies as	a publicly	/ suppor	rted ▶□
b	10%-facts-and-circumstances test							- 1
	15 is 10% or more, and if the organiz							.,
18	Explain in Part IV how the organiz supported organization Private Foundation If the organization				-			▶ □
	instructions		,	•				▶ ┌

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

4d. Other program services

Software ID: Software Version:

EIN: 13-2626135

Name: TECHNOSERVE INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	501,770	ıncludıng grants of \$) (Revenue \$)
SOUTH ASIAINDIA	SIXTY YEARS AFTER INDE	PENDENCE, II	NDIA'S PROSPEROUS L	JRBAN ECONOMY - BASED ON HIGH-TECI	Η,
MANUFACTURING,	TEXTILES AND SERVICES	- HAS CREATI	ED NEW OPPORTUNITI	ES FOR MILLIONS BUT MORE THAN 300	
MILLION INDIANS	CONTINUE TO LIVE IN AB	JECT POVERT	Y, 75 PERCENT OF THE	EM RESIDING IN RURAL AREAS TWO-THI	RDS

MILLION INDIANS CONTINUE TO LIVE IN ABJECT POVERTY, 75 PERCENT OF THEM RESIDING IN RURAL AREAS TWO-THIRDS OF INDIA'S 1 1 BILLION PEOPLE DEPEND ON AGRICULTURE FOR THEIR INCOMES, PRIMARILY AT A SMALL-SCALE OR SUBSISTENCE LEVEL TECHNOSERVE IS WORKING TO RAISE THE INCOMES OF ABOUT FIVE MILLION RURAL HOUSEHOLDS IN THE EIGHT POOREST STATES BY HELPING SET UP SUSTAINABLE CATTLE DEVELOPMENT CENTERS WE ARE ALSO DEVELOPING A SOCIAL ENTERPRISE INCUBATION PROGRAM TO IDENTIFY AND PROMOTE SMALL AND MEDIUM ENTERPRISES IN THE

NORTHERN KARNATAKA REGION WITH SUPPORT FROM THE DESHPANDE FOUNDATION

(Code) (Expenses \$ 1,242,016 including grants of \$) (Revenue \$

NORTH AMERICATECHNOSERVE PROMOTES BUSINESS SOLUTIONS TO POVERTY BY HELPING BUILD COMPETITIVE FARMS. BUSINESSES AND INDUSTRIES IN THE DEVELOPING WORLD. WE ARE AN INTERNATIONAL NONPROFIT THAT ENCOURAGES ECONOMIC GROWTH BY LINKING PEOPLE TO INFORMATION. NETWORKS AND MARKETS OUR WORK IS ROOTED IN THE IDEA THAT WITH THE RIGHT SKILLS, KNOWLEDGE AND ACCESS, ENTERPRISING PEOPLE CAN CREATE ECONOMIC GROWTH THAT BENEFITS POOR FAMILIES AND COMMUNITIES WITH MORE THAN FOUR DECADES OF MEASURABLE RESULTS, WE BELIEVE IN THE POWER OF PRIVATE ENTERPRISE TO TRANSFORM LIVES TECHNOSERVE USES ITS BROAD SWATH OF ON-THE-GROUND EXPERIENCES TO INFORM OUR APPROACH AND METHODOLOGY WE THEN TAKE THOSE REFINED APPROACHES AND METHODOLOGIES AND RE-APPLY THEM TO OUR PROJECT WORK ON THE GROUND THIS PROVEN, EFFECTIVE APPROACH TO SEEDING ECONOMIC GROWTH IN DEVELOPING ECONOMIES IS INFORMED AND SUPPORTED BY OUR US-BASED KNOWLEDGE MANAGEMENT INITIATIVE THROUGH THIS WORK, TECHNOSERVE MAINTAINS A GROWING LIBRARY OF CASES STUDIES, IMPLEMENTATION TOOLS AND PROJECT PLANS, WHICH MAXIMIZES THE SPEED AT WHICH BEST PRACTICES ARE SHARED, ADAPTED AND IMPLEMENTED THE KNOWLEDGE MANAGEMENT INITIATIVE FEEDS INTO OUR CAPACITY BUILDING WORK OUR CAPACITY DEVELOPMENT TEAM WORKS IN EACH OF OUR REGIONS TO DISSEMINATE PROVEN METHODOLOGIES AND THE REFINEMENTS ON THESE METHODOLOGIES ARISING FROM OUR APPROACH TECHNOSERVE'S WORK IN ENTREPRENEURSHIP IS LED BY A PRACTICE GROUP BASED IN THE UNITED STATES IN THE PAST YEAR, OUR ENTREPRENEURSHIP WORK HAS FOCUSES ON BUILDING TOOL KITS FOR HELPING WOMEN OWNED BUSINESSES ACHIEVE STABILITY, RESILIENCY AND GROWTH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
PAUL E TIERNEY	20.00					-			0	0	
CHAIRMAN	20 00	Х		Х				0	0		
JOHN B CARON VICE CHARMAIN	2 00	Х		Х				0	0	0	
PETER A FLAHERTY VICE CHARMAIN	2 00	x		х				0	0	0	
JENNIFER BULLARD BROGGINI SECRETARY	2 00	Х		Х				0	0	0	
SUSANNE NORA JOHNSON TREASURER	2 00	Х		х				0	0	0	
GERALD BALDWIN DIRECTOR	2 00	Х						0	0	0	
THOMAS C BARRY DIRECTOR	2 00	Х						0	0	0	
BETH A BROOKE DIRECTOR	2 00	Х						0	0	0	
MICHAEL J BUSH DIRECTOR	2 00	Х						0	0	0	
ROBERT B CALHOUN DIRECTOR	2 00	Х						0	0	0	
OKEY ENELAMAH DIRECTOR	2 00	Х						0	0	0	
HARVEY HELLER DIRECTOR	2 00	Х						0	0	0	
BRUCE HEEREMA DIRECTOR	2 00	Х						0	0	0	
AEDHMAR HYNES DIRECTOR	2 00	Х						0	0	0	
ALI A MUFURUKI DIRECTOR	2 00	Х						0	0	0	
JAMES C ORR DIRECTOR	2 00	Х						0	0	0	
ALAN PATRICOF DIRECTOR	2 00	Х						0	0	0	
MEGHAN O'SULLIVAN DIRECTOR	2 00	Х						0	0	0	
MICHELLE PELUSO DIRECTOR	2 00	Х						0	0	0	
KURT C PETERSON DIRECTOR	2 00	Х						0	0	0	
JOHN PHILLIPS DIRECTOR	2 00	Х						0	0	0	
SCOTT PORTNOY DIRECTOR	2 00	Х						0	0	0	
BONNIE E RAQUET DIRECTOR	2 00	Х						0	0	0	
JERRY A RIESSEN DIRECTOR	2 00	Х						0	0	0	
BRIAN SCHOFIELD DIRECTOR	2 00	Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		(tion that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
PAUL SOROS DIRECTOR	2 00	Х						0	0	0
BRUCE MCNAMER PRESIDENT & CEO	40 00			х				374,668	0	40,005
GEORGE SCHUTTER CFO (STARTING 05/23/11)	40 00			х				124,125	0	17,923
JAMES NEHMER CFO (ENDING 03/04/11)	40 00			х				124,135	0	7,775
TIMOTHY MCLELLAN COO	40 00				х			207,290	0	51,524
DAVID BROWNING SENIOR VP COFFEE INITIATIVE	40 00				х			204,830	0	27,649
SIMON WINTER SENIOR VP DEVELOPMENT	40 00				х			212,541	0	54,247
KEVIN HORAN VP OF HUMAN RESOURCES	40 00				х			168,474	0	30,440
BRENT HABIG REGIONAL DIRECTOR	40 00					Х		279,593	0	37,193
JAKE WALTER COUNTRY DIRECTOR	40 00					Х		200,443	0	31,535
HILLARY MILLER COUNTRY DIRECTOR	40 00					Х		181,817	0	20,859
KINDRA HALVORSON REGIONAL DIRECTOR	40 00					Х		192,624	0	35,428
NICHOLAS RAILSTON-BROWN COUNTRY DIRECTOR	40 00					Х		214,477	0	32,464

DLN: 93493228030502

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Name of the organization

Employer identification number

ECH	HNOSERVE INC			· · · · · · · · · · · · · · · · · · ·	
				-2626135	
'a	Organizations Maintaining Donor Ad		unds	or Accounts. Complete	ıf th
_	organization answered "Yes" to Form 99	(a) Donor advised funds	T	(b) Funds and other account	
	Total number at end of year	(a) Donor advised funds		(b) I alias alia otilei account	
	Aggregate contributions to (during year)		+		
	Aggregate contributions to (during year) Aggregate grants from (during year)				
	Aggregate value at end of year		+		
	,				
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	organization's exclusive legal control?		☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			er purpose	┌ No
ľ	t III Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Forr	m 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of a Preservation of a	certifie	ed historic structure	
	easement on the last day of the tax year			T	
				Held at the End of the Y	'ear
	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements		2b		
	Number of conservation easements on a certified his	, ,	2c		
	Number of conservation easements included in (c) a	cquired after 8/17/06	2d		
	Number of conservation easements modified, transfer the taxable year ▶	rred, released, extinguished, or terminat	ed by t	he organization during:	
	Number of states where property subject to conserva	ation easement is located 🛌			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling o	of violations, and	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments d	during the year 🕨	
	Amount of expenses incurred in monitoring, inspecti				
	► \$	ng, and emoreing conservation casemen	co aariii	ig the year	
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction	┌ Yes	┌ N
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financia			
1	Organizations Maintaining Collection Complete if the organization answered		or Ot	ther Similar Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statem for public exhibition, education or resea	rch ın fu		
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research		•	
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$	
	(ii) Assets included in Form 990, Part X			<u></u> \$	
	If the organization received or held works of art, histo	orical treasures, or other similar assets	for finar	· -	
	following amounts required to be reported under SFA		. z. mnul		
	Revenues included in Form 990, Part VIII, line 1			► \$	

b Assets included in Form 990, Part X

Part	Titl Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal Tr</u>	easu	ires, or C	the	<u>r Similar Ass</u>	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	y of th	he fol	lowing t	that ar	e a significa	ant u	se of its collect	ion	
а	Public exhibition		d	\vdash	Loan	orexc	hange prog	rams			
ь	Scholarly research		e	\vdash	Other	-					
С	Preservation for future generations										
4	Provide a description of the organization's co	allections and eval	ain hoi	w tha	v furtha	rthe c	organization	1'c av	emnt nurnose u	n	
-	Part XIV						_			1	
5	During the year, did the organization solicition assets to be sold to raise funds rather than t									_ Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organı	ızatıoı			<u> </u>		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	ets i		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follov	ving t	able		_				
									Am	ount	
C	Beginning balance						-	1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	,					Г	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1									
Pai	rt V Endowment Funds. Complete										
		(a)Current Year	(b) Prior	Year	(c) Tw	o Years Back	(d)	Three Years Back	(e) Four Y	Years Back
1a	Beginning of year balance							+			
b	Contributions							_			
C	Investment earnings or losses							<u> </u>			
d	Grants or scholarships							_			
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
С	Term endowment ▶										
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that	are held	d and a	dministere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations							•	3a(i		<u> </u>
	(ii) related organizations							•	3a(i		<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•						•	3b		<u> </u>
4	Describe in Part XIV the intended uses of th										
Pali	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa				T			$\overline{}$	
	Description of property) Cost or is (invest		(b)Cost or o		(c) Accumulated depreciation	(d) B	ook value
1a	Land										
b 1	Buildings						556	5,339	139,47	6	416,863
c l	Leasehold improvements										
d I	Equipment						6,231	L,974	4,495,81	9	1,736,155
e	Other						1,596	5,914	938,92	4	657,990
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B), line	10(c).)						2,811,008
									Schedule D	(Form	990) 2011

Pari VIII Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
o ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13	
Part VIII Investments—Frogram Related. See	Torri 330, Fart X, line .	(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
		Cost of end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	e 15. tion 5.)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	E 15. tion 5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	E 15. tion 5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	E 15. tion 5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	55,968,254
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	60,697,829
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,729,575
4	Net unrealized gains (losses) on investments	4	61,976
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	93,822
9	Total adjustments (net) Add lines 4 - 8	9	155,798
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,573,777
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	59,572,659
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	3,604,405
3	Subtract line 2e from line 1	3	55,968,254
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	55,968,254
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	64,146,436
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	3,448,607
3	Subtract line 2e from line 1	3	60,697,829
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	60,697,829

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		TECHNOSERVE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IN ADDITION, TECHNOSERVE HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION INCOME, WHICH IS NOT RELATED TO ITS EXEMPT PURPOSE, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES TECHNOSERVE HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2011 MANAGEMENT HAS EVALUATED TECHNOSERVE'S TAX POSITIONS AND HAS CONCLUDED THAT TECHNOSERVE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE TECHNOSERVE FILES TAX RETURNS IN THE US FEDERAL AND WASHINGTON, DC JURISDICTIONS GENERALLY, TECHNOSERVE IS NO LONGER SUBJECT TO US FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		CURRENCY TRANSLATION ADJUSTMENT 93,822
PART XII, LINE 2D - OTHER ADJUSTMENTS		GAIN (OR LOSS) ON EXCHANGE 93,822 FUNDRAISING EXPENSE REPORTED ON PART VIII LINE 8B 136,817
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE REPORTED ON PART VIII LINE 8B 136,817

DLN: 93493228030502

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization TECHNOSERVE INC

Employer identification number

13-2626135

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

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

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3	Activites per Region (Use Part	V if additional s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for region/investments in region
	CENTRAL AMERICA AND THE CARIBBEAN	5	86	PROGRAM SERVICE	AG ASSISTANCE	4,861,922
	CENTRAL AMERICA AND THE CARIBBEAN -			GRANTMAKING		178,437
	NORTH AMERICA	3	63	PROGRAM SERVICE	AG ASSISTANCE	1,242,016
	SOUTH AMERICA	4	23	PROGRAM SERVICE	AG ASSISTANCE	3,726,826
	SOUTH AMERICA - ARGENTINA, BOLIVIA,			GRANTMAKING		38,834
	SOUTH ASIA	1	7	PROGRAM SERVICE	AG ASSISTANCE	501,770
	SUB-SAHARAN AFRICA	13	766	PROGRAM SERVICE	AG ASSISTANCE	37,905,442
	SUB-SAHARAN AFRICA - ANGOLA,			GRANTMAKING	E038380 - 05/22/12 10 16AM WORKSHEET SCHEDULE F	2,333,082
	Sub-total Total from continuation sheets to Part I	26				<u>50,788,329</u> 0
с	Totals (add lines 3a and 3b)	26	945			50,788,329
For Pi	ivacy Act and Paperwork Reduction	Act Notice, see	the Instructions	for Form 990. Cat	No 50082W Schedu	ıle F (Form 990) 2011

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
	Use Part V 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								
	-								

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

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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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 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	r	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
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 file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

<u>information.</u>		
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 TECHNOSERVE MAINTAINS AN OFFICE IN SEVENTEEN COUNTRIES WHERE PROGRAMS/PROJECTS ARE CONDUCTED EACH OFFICE MAINTAINS ACCOUNTING RECORDS TO RECORD THE USE OF ALL FUNDS PROVIDED A SYSTEM OF INTERNAL CONTROLS EXIST 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
-		
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		Schodulo E (Form 990) 2011

Software ID: Software Version:

EIN: 13-2626135

Name: TECHNOSERVE INC

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	аррпсавіе)	CENTRAL AMERICA AND THE CARIBBEAN	OTHER PASS THROUGH AWARDS	80,556	СНЕСК			appraisar, other)
		CENTRAL AMERICA AND THE CARIBBEAN	INTL NGO - SUB GRANTEE	28,546	CHECK			
		CENTRAL AMERICA AND THE CARIBBEAN	LOCAL NGO AND SUBGRANTS/AWARDS	69,335	СНЕСК			
		SOUTH AMERICA	BUSINESS PLAN COMPETITION AWARDS/PRIZES	1,308	WIRE TRANSFER			
		SOUTH AMERICA	BUSINESS PLAN COMPETITION AWARDS/PRIZES	9,064	WIRE TRANSFER			
		SOUTH AMERICA	BUSINESS PLAN COMPETITION AFTERCARE	2,403	WIRE TRANSFER			
		SOUTH AMERICA	AWARD PRIZES FOR BUSINESS PLAN COMPETITION	26,060	СНЕСК			
		SUB-SAHARAN AFRICA	BUSINESS PLAN COMPETITION AWARDS/PRIZES	358,378	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	BUSINESS PLAN COMPETITION AWARDS/PRIZES	15,737	СНЕСК			
		SUB-SAHARAN AFRICA	AWARD PRIZES FOR BUSINESS PLAN COMPETITION	18,973	СНЕСК			
		SUB-SAHARAN AFRICA	SEED CAPITAL - LOANS AND GRANTS TO FARMERS	1,282	СНЕСК			
		SUB-SAHARAN AFRICA	LOCAL NGO - SUBGRANT	19,556	СНЕСК			
		SUB-SAHARAN AFRICA	LOCAL INSTITUTION SUBGRANT	15,237	CHECK			
		SUB-SAHARAN AFRICA	LOCAL NGO AND SUBGRANTS/AWARDS	24,929	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	INTERNTIONAL NGO AND SUBGRANTS/AWARDS	482,295	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	BUSINESS PLAN COMPETITION AFTERCARE & SEED CAPITAL	20,390	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	LOCAL NGO SUBGRANT	51,718	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	SUBGRANTEE AND ADVANCE TO FARMERS	450,742	СНЕСК			
		SUB-SAHARAN AFRICA	LOCAL NGO SUB GRANTEE	8,730	СНЕСК			
		SUB-SAHARAN AFRICA	INTERNTIONAL NGO AND SUBGRANTS/AWARDS	174,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	INTERNTIONAL NGO AND SUBGRANTS/AWARDS	110,578	CHECK			
		SUB-SAHARAN AFRICA	LOCAL INSTITUTION SUBGRANTEE	20,000	CHECK			
		SUB-SAHARAN AFRICA	LOCAL INSTITUTION SUBGRANTEE	238,540	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	LOCAL NGO DAPP- ZW SUBGRANT	321,996	WIRE TRANSFER			

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DLN: 93493228030502

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE G

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public **Inspection**

Name of the organization TECHNOSERVE INC

(Form 990 or 990-EZ)

Employer identification number

13-2626135

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

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?

- ✓ Mail solicitations
 - ✓ Internet and e-mail solicitations
- Phone solicitations
- ✓ In-person solicitations

- e Solicitation of non-government grants
- ▼ Solicitation of government grants
- ✓ Special fundraising events
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in

organization col (i) control of contributions? Yes GALA EVENT CAMY CALVE 152 W 57TH STREET 52TH 60,000 662,983 Νo 722,983 FLOOR NEW YORK, NY 10019 DIRECT MAIL MAL WARWICK CAMPAIGN 2550 NINTH STREET SUITE 678,971 23,750 655,221 Νo BERKELEY, CA 94710 MAIL SOLICITATIONS AB DATA LTD 600 ABDATA DRIVE 313,254 24,500 288,754 Νo MILWAUKEE, WI 53217 1,715,208 108.250 1.606.958

List all states in which the organization is registered or licensed to solicit funds 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

Pai	t II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through
			DINNER/GALA (event type)	(event type)	(total number)	col (c))
Ме	1	Gross receipts	722,983	,		722,983
Revenue	2	Less Charitable contributions	675,708			675,708
	3	Gross income (line 1 minus line 2)	47,275			47,275
	4	Cash prizes				
s S	5	Non-cash prizes	650			650
ense	6	Rent/facility costs				
Expenses	7	Food and beverages	59,555	i		59,555
Direct	8	Entertainment	4,803	3		4,803
Ž	9	Other direct expenses .	71,809	,		71,809
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(136,817)
	11	Net income summary Combine li	nes 3 and 10 in column (d)		-89,542
Par	t III	Gaming. Complete if the of \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	ert IV, line 19, or rep	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 (Gross revenue				
မှ	2 (Cash prizes				
Expenses	3 1	Non-cash prizes				
	4 F	Rent/facility costs				
년 교 교	5 (Other direct expenses				
	6 \	Volunteer labor	Г Yes Г No	Г Yes Г No	┌ Yes	
	7 [Direct expense summary Add line	s 2 through 5 ın column (d)		()
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)		
9 a b	Is th	er the state(s) in which the organiza ne organization licensed to operate lo," Explain	gaming activities in eac	h of these states?		
-						
l0a b	Were	e any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	

Sche	edule G (Form 990 or 990-EZ) 2	011		Page 3						
11	Does the organization operate	gaming activities with nonmembers?		Tyes TNo						
12	Is the organization a grantor, b	eneficiary or trustee of a trust or a m	ember of a partnership or other entity							
	formed to administer charitable	e gamıng?		Yes No						
13	Indicate the percentage of gan									
а			13a							
b										
14	Provide the name and address records	of the person who prepares the organ	nization's gaming/special events books and							
	Name 🟲									
	Address -									
15a	-	ontract with a third party from whom								
				Yes No						
b		aming revenue received by the organ iined by the third party > \$	ızatıon 🟲 \$ and the							
С	If "Yes," enter name and address									
	Name 🟲									
	Address ▶									
16	Gaming manager information									
	Name ▶									
		n ▶ \$								
	Caming manager compensation	······································								
	Description of services provide	ed 🟲								
	Director/officer	F Employee	Independent contractor							
17	Mandatory distributions	, Lilipioyee	, independent contractor							
а		der state law to make charitable dist	ributions from the gaming proceeds to							
		e?		Γ _{Yes} Γ _{No}						
ь	• •		ed to other exempt organizations or spent	I TES I NO						
		pt activities during the tax year 🟲 💲	· -							
Par	Complete this part to instructions.)	provide additional information	for responses to quuestion on Schedule G	(see						
	Identifier	ReturnReference	Explanation							
	LUMN (V) PAYMENT TO IDRAISER	SCHEDULE G, PART I, LINE 2	AB DATA WAS RETAINED AS FUNDRAISIN TECHNOSERVE'S DIRECT MAIL PROGRAM CONTRIBUTIONS ARE DELIVERED DIREC TECHNOSERVE TECHNOSERVE PAYS AB FOR ITS ADVISORY SERVICES	TLY TO						

DLN: 93493228030502

OMB No 1545-0047

Schedule J (Form 990)

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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TECHNOSERVE INC

Department of the Treasury

Internal Revenue Service

Employer identification number

13-2626135

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t					
	Compensation committee	Г	Written employment contract			
	▼ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		No
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) BRUCE MCNAMER	(I) (II)	310,401	. 58,500 0	5,767 0	30,166	9,839 0	414,673	
(2) TIMOTHY MCLELLAN	(I) (II)	207,290	0	0	25,263	26,261 0	258,814	,
(3) DAVID BROWNING	(I) (II)	204,830	0	0	23,575	4,074 0	232,479	,
(4) SIMON WINTER	(ı) (ıı)	212,541	0	0	26,197	28,050 0	266,788	
(5) KEVIN HORAN	(I) (II)	168,474 0	0	0	20,354	10,086 0	198,914	
(6) BRENT HABIG	(I) (II)	155,530 0	0	124,063	18,584	18,609 0	316,786	
(7) JAKE WALTER	(ı) (ıı)	156,389 0	0	44,054	18,999	12,536 0	231,978	
(8) HILLARY MILLER	(ı) (ıı)	115,181	0	66,636	13,957	6,902 0	202,676	
(9) KINDRA HALVORSON	(ı) (ıı)	136,199 0	0	56,425	16,880	18,548 0	228,052	
(10) NICHOLAS RAILSTON-BROWN	(I) (II)	126,863	0	87,614 0 0	15,615	16,849 0	246,941	
			'				'	
	'	<u> </u>	<u> </u>			<u> </u>	<u> </u>	
		<u> </u>	 '			 	<u> </u>	<u> </u>

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	1A	TECHNOSERVE WILL PROVIDE APPROPRIATE AND REASONABLE HOUSING FOR STAFF TECHNOSERVE WILL NOT COVER THE COSTS OF UTILITIES OR HOUSEHOLD HELP TECHNOSERVE WILL DIRECTLY EMPLOY SECURITY STAFF AS APPROPRIATE THE DIRECTOR OF HUMAN RESOURCES WILL DETERMINE A "REASONABLE" REIMBURSABLE AMOUNT FOR MONTHLY RENT BUT IT MAY NOT EXCEED 30% OF ANNUAL BASE SALARY OR, IF APPLICABLE, THE MAXIMUM USAID ALLOWANCE AT THAT LOCATION ANY OTHER SPECIAL HOUSING COSTS WHICH MAY ARISE MUST BE APPROVED BY THE DIRECTOR OF HUMAN RESOURCES US EXPATRIATES SHOULD NOTE THAT HOUSING ALLOWANCES ARE CONSIDERED EARNED INCOME AND ARE, THEREFORE, SUBJECT TO US SOCIAL SECURITY AND INCOME TAXES BELOW ARE EMPLOYEES LISTED ON PART VII WHO RECEIVED HOUSING ALLOWANCE DURING THE YEAR BRENT HABIG \$42,498 JOHN WALTER \$18,000 HILLARY MILLER \$36,000 KINDRA HALVORSON \$35,500 NICK RAILSTON-BROWN \$42,000
	•	JAMES NEHMER, CFO, RECEIVED SEVERANCE PAYMENT AT THE AMOUNT OF \$83,173, WHICH REPRESENTS 5 MONTHS OF SEVERANCE AGREED BETWEEN EMPLOYER AND EMPLOYEE UPON SEPARATION ON MARCH 4, 2011

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493228030502

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization TECHNOSERVE INC

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

13-2626135

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS A TOTAL OF 96 MEMBERS THERE ARE NO STOCKHOLDERS
	FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S 96 MEMBER BASE HAS FULL VOTING RIGHTS AND MAY VOTE AND ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY
	FORM 990, PART VI, SECTION A, LINE 7B	ALL ITEMS OF GOVERNANCE ASSOCIATED WITH TECHNOSERVE ARE VOTED ON AND APPROVED BY ITS MEMBERSHIP THE MEMBERS ARE A PART OF THE GOVERNING BODY AS WELL
	FORM 990, PART VI, SECTION B, LINE 11	DRAFT 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW AND INPUT ONCE APPROVED BY THE AUDIT COMMITTEE THE 990 WILL BE DISTRIBUTED AND REVIEWED BY THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS ALL MEMBERS OF THE BOARD OF DIRECTORS AND SENIOR MANAGEMENT ARE REQUIRED TO MAKE DISCLOSURE OF ANY POSSIBLE CONFLICTS OF INTEREST THEY ARE ALSO REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY DISCLOSURE STATEMENT ANNUAL THE ORGANIZATION ALSO HAS A PROCESS FOR EMPLOYEES AND OUTSIDERS TO ALERT MANAGEMENT TO POSSIBLE CONFLICTS OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	THE DIRECTOR OF HUMAN RESOURCES CONDUCTS REVIEWS OF COMPENSATION INCLUDING BENCHMARKING AGAINST OTHER NON-PROFIT ORGANIZATIONS SENIOR MANAGEMENT SALARIES AND INCREASES ARE PRESENTED TO AND SUBJECT TO APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 61,976 CURRENCY TRANSLATION ADJUSTMENT 93,822 TOTAL TO FORM 990, PART XI, LINE 5 155,798
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS
TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR 2011	FORM 990, PART I, LINE 5	TECHNOSERVE WORLDWIDE NUMBER OF EMPLOYEES DURING THE 2011 IS 949, PART I LINE 5 SHOWS 147, FOR WHICH THE ORGANIZATION HAS ISSUED CORRESPONDED W-2S

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493228030502 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service						Ope Ir	n to Pu Ispectio	blic n
Name of the organizat TECHNOSERVE INC	tion					ntification number		
Part I Identif	fication of Disregarded Entities (C	omplete if the organization	on answered "Yes"	' on Form 990, Pa	13-2626135 rt IV, line 33.)			
Name, a	(a) Iddress, 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		
Part II Identif	fication of Related Tax-Exempt Or e related tax-exempt organizations du	ganizations (Complete ring the tax year.)	ıf the organization	answered "Yes"	on Form 990, Par	t IV, line 34 becau		
Name, add	(a) lress, 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	Section ! con orga	trolled
See Additional Data Table								
							Inspection (f) Direct controlling entity V, line 34 because it had (g) Direct controlling Section 51 Controlling	
Ear Drive or Ask and Dr	anerwork Reduction Act Notice see the Ins	trustians for Forms 000	Cat No 50)1.2EV		Cahadula D	/Form 000) 2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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)	, ·	(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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No	
												i

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) Рптагу 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

Part		s" on Form 990, Par	T IV, line 34, 35, 3	35A, Or 36.)	Yes	No	
	ote. Complete line 1 if any entity is listed in Parts II, III or IV		TT TV2		res	NO	
	ring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity						
	Gift, grant, or capital contribution to related organization(s)			1b 1c		No No	
	iff, grant, or capital contribution from related organization(s)			1d		No	
	oans or loan guarantees to or for related organization(s)			1u 1e	_	No	
e L	oans or loan guarantees by related organization(s)			16	+	110	
f S	ale of assets to related organization(s)			1f		No	
	urchase of assets from related organization(s)			1g		No	
	xchange of assets with related organization(s)			1h		No	
	ease of facilities, equipment, or other assets to related organization(s)			1i		No	
j L	ease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>		No	
-	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No	
	erformance of services or membership or fundraising solicitations by related organization(s)			11		No	
m S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	,	No	
n S	haring of paid employees with related organization(s)			1n		No	
o F	eimbursement paid to related organization(s) for expenses			10		No	
p F	eimbursement paid by related organization(s) for expenses			1 p		No	
q	ther transfer of cash or property to related organization(s)			1 q		No	
r C	ther transfer of cash or property from related organization(s)			1r		No	
2 I	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, ii	ncluding covered relati	onships and transact	cion thresholds			
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt	
1) 2)							
2)							
3)							
4)							
5)							
6)		1		I			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Disproprtionate allocations ²		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 13-2626135 **Name:** TECHNOSERVE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part I	I - Identification	of Related	Tax-Exempt Oi	ganization	S	1
(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 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
TECHNO NICARAUGUA						
OFIPLAZA EL RETIRO SUITE 537 ROTO MANAGUA NU	DEVELOPMENT	NU	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes
TECHNOSERVE SWAZILAND						
4TH FLOOR LILUNGA HOUSE SOMHOLO R MBABNE WZ	DEVELOPMENT	WZ	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes
COMMUNITY ENTERPRISE DEVELOPMENT AND INVESTMENT TRUST					TECHNOSERVE	
4TH FLOOR LILUNGA HOUSE SOMHOLO R MBABNE WZ	TRUST	WZ	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes
TECHNOSERVE SOUTH AFRICA						
13TH FLOOR METAL BOX BUILDING 25 O AUKLAND PARK SF	DEVELOPMENT	SF	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes
FOUNDACION TECHNOSERVE						
CALLE 94 NO 16-09 NO 206 BOGATA CO	DEVELOPMENT	со	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes
МАРАТО						
MRIKAU STREET PLOT 887 DAR ES SALAAM TZ	LOAN GUARANTEES	TZ	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes
FUNDACION TECHNOSERVE CHILE						
AV APOQUINDO 3721 PISO 13 SANTIAGO CI	DEVELOPMENT	CI	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes
TECHNOSERVE - COTE D'IVOIRE						
ABIDJAN PLATEAU 6 RUE PARIS VILLA ABJIJAN IV	DEVELOPMENT	IV	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes
TECHNOSERVE SOLUTIONS TO POVERTY LTDGTE						
PLOT 1708A OLUGBOSI CLOSE OFF BISH NI	DEVELOPMENT	NI	FOREIGN NGO	FOREIGN NGO	TECHNO SERVE INC	Yes
TECHNOSERVE ZAMBIA LIMITED						
BASE OFFICE PARK PLOT 35184 ALICK ZA	DEVELOPMENT	ZA	FOREIGN NGO	FOREIGN NGO	TECHNO SERVE INC	Yes
TSERV SOLUCIONES PARA LA POBREZA AC						
PORFIRIO DIAZ NUM 102 COL DEL VALLE 03100 MX	DEVELOPMENT	мх	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes
]	1	1		l	l	l l