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




Part III

Statement of Program Service Accomplishments

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

1	Briefly describe the organization’s mission				
WE WORK WITH ENTERPRISING PEOPLE IN THE DEVELOPING WORLD TO BUILD COMPETITIVE FARMS, BUSINESSES AND INDUSTRIES					
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If “Yes,” describe these new services on Schedule O					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If “Yes,” describe these changes on Schedule O					
4	Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported				
4a	(Code) (Expenses \$ 48,460,970 including grants of \$ 2,774,969) (Revenue \$ 533)	SUB-SAHARAN AFRICA GHANA MEMBERS OF A FARMER BUSINESS GROUP IN TAMALE, GHANA, ARE TRIPLING THEIR MAIZE YIELDS WITH ASSISTANCE FROM THE MASARA N'ARZIKI ("MAIZE FOR PROSPERITY") PROGRAM A COLLABORATION AMONG TECHNOSERVE, YARA, THE MASARA N'ARZIKI ASSOCIATION AND LOCAL AGRICULTURAL FIRM WIENCO, THE PROGRAM IS HELPING 24,000 SMALLHOLDER MAIZE FARMERS ACROSS NORTHERN GHANA BOOST THEIR INCOMES PARTICIPANTS RECEIVE TECHNICAL TRAINING IN IMPROVED AGRICULTURAL PRACTICES SUCH AS FERTILIZATION AND POST-HARVEST MANAGEMENT TECHNOSERVE ALSO PROVIDES TARGETED BUSINESS TRAINING IN RECORD KEEPING, GROUP DYNAMICS, ENTREPRENEURSHIP, BOOKKEEPING, NEGOTIATION AND MARKETING THESE SKILLS HELP ENSURE THAT THE FARMER BUSINESS GROUPS WILL BE SELF-SUSTAINING SOUTH AFRICA IN 2013, TECHNOSERVE LAUNCHED A PROGRAM TO IMPROVE THE SCALABILITY AND SUSTAINABILITY OF OUR EXISTING AGRICULTURAL VALUE CHAIN PROGRAMS IN SOUTH AFRICA THIS PROGRAM ADDRESSES KEY SHORTCOMINGS IN THE SUPPORT SYSTEMS AND STRUCTURES IN WHICH FARMERS AND AGRIBUSINESSES OPERATE BY FACILITATING CONTINUED ACCESS TO FINANCE AND MARKETS, AND PROMOTING INTERVENTIONS TO ENHANCE THE GOVERNMENT'S ENABLING ENVIRONMENT (EXTENSION SERVICES AS WELL AS POLICIES), TECHNOSERVE IS HELPING THE FARMING BUSINESSES IN OUR PROGRAMS CONTINUE TO CREATE ECONOMIC OPPORTUNITIES IN THEIR COMMUNITIES LONG AFTER THE INTERVENTIONS END SWAZILANDTHROUGH A GRANT FROM THE U N FOOD AND AGRICULTURE ORGANIZATIONS SWAZILAND AGRICULTURAL DEVELOPMENT PROGRAM (SADP), TECHNOSERVE IS CONTINUING THE EXPANSION OF THE HONEY (BEEKEEPING) PROGRAM THROUGH THE DEVELOPMENT OF A LEAD BEEKEEPER INITIATIVE TRAINING HAS BEEN PROVIDED TO LEAD AND EMERGING BEEKEEPERS TO CONTINUE THE DEVELOPMENT OF THIS HIGHLY VALUABLE SECTOR TECHNOSERVE IS PROVIDING CONTINUED SUPPORT TO THE HONEY COUNCIL IN ORDER TO STIMULATE AND SUPPORT THE INDUSTRYS GROWTH ZIMBABWE TECHNOSERVE SERVES AS THE MANAGER OF THE TECHNICAL ASSISTANCE FACILITY (TAF), WHICH SUPPORTS THE AFRICAN AGRICULTURE FUND, A PRIVATE EQUITY FUND, TO ADDRESS FOOD SECURITY CHALLENGES ACROSS AFRICA TAF PROVIDES TECHNICAL ASSISTANCE TO SMALL AND GROWING BUSINESSES (SGBS) INVESTED IN BY THE AFRICAN AGRICULTURE FUND, AND IMPROVES LINKAGES BETWEEN ENTERPRISES AND SMALLHOLDER OUTGROWERS ETHIOPIA AS PART OF THE COFFEE INITIATIVE, FUNDED BY THE BILL & MELINDA GATES FOUNDATION, ETHIOPIAN FARMERS ARE LEARNING FARMING AND BUSINESS SKILLS THAT WILL HELP THEM INCREASE PRODUCTION OF BOTH FOOD AND CASH CROPS TECHNOSERVE BELIEVES THAT A SUCCESSFUL FARM SHOULD BE AN INTEGRATED AND DIVERSIFIED SYSTEM, WHERE MULTIPLE CROPS HELP TO ENSURE FOOD SECURITY, MAXIMIZE INCOME AND MANAGE RISK MANY SMALLHOLDER FARMERS GROW STAPLE CROPS SUCH AS MAIZE, RICE AND BEANS FOR SUBSISTENCE BUT WITH HIGHER PRODUCTIVITY, A BUSINESS MINDSET AND AN ACCESSIBLE MARKET, THESE CROPS CAN OFFER AN OPPORTUNITY TO INCREASE INCOMES AS WELL RWANDA THE EAST AFRICA DAIRY DEVELOPMENT (EADD) PROGRAM IS DESIGNED TO BOOST THE MILK YIELDS AND INCOMES OF SMALL-SCALE FARMERS SO THEY CAN LIFT THEIR FAMILIES AND COMMUNITIES OUT OF POVERTY FUNDED BY THE BILL & MELINDA GATES FOUNDATION AND IMPLEMENTED IN PARTNERSHIP WITH HEIFER INTERNATIONAL, THE SECOND PHASE OF EADD AIMS TO HELP 136,000 SMALLHOLDER FARMING FAMILIES IN UGANDA, KENYA AND TANZANIA SUSTAINABLY IMPROVE THEIR LIVELIHOODS BY 2018, WHILE STIMULATING INCOME GROWTH FOR AN ADDITIONAL 400,000 SECONDARY BENEFICIARIES TANZANIA THE STORAGE AND PROPER POST-HARVEST IMPROVEMENTS FOR RESOURCE EFFICIENCY (SAPPHIRE) PROGRAM IS WORKING TO INCREASE INCOMES FOR 20,000 SMALLHOLDER MAIZE AND RICE FARMERS IN THE MBEYA REGION BETTER POST-HARVEST HANDLING WILL INCREASE THE VALUE OF GRAIN CROPS, AND IMPROVED ACCESS TO STORAGE WILL REDUCE LOSSES IN ADDITION, THE SAPPHIRE PROGRAM IS IMPROVING WAREHOUSE RECEIPT SYSTEMS, ENABLING MORE EFFICIENT MARKETING, INCREASING ACCESS TO CREDIT FOR INPUTS AND DEVELOPING LINKAGES BETWEEN FARMERS AND THE NATIONAL FOOD MARKET UGANDATECHNOSERVE IS WORKING WITH THE AMILOBO GROWERS COOPERATIVE SOCIETY, A GROUP OF 110 FARMERS THAT MARKET THEIR COTTON COLLECTIVELY OUR BUSINESS ADVISORS SHOWED ITS MEMBERS IMPROVED FARMING TECHNIQUES, SUCH AS PLANTING SEEDS IN ROWS AND CONTROLLING PESTS BY SPRAYING THEIR CROPS WE STRENGTHENED THE COOPERATIVE'S GOVERNANCE, IMPROVED ITS FINANCIAL MANAGEMENT AND CONNECTED IT TO NEW MARKETS TODAY, INCOME FROM COTTON IS HELPING COMMUNITY MEMBERS TO PAY SCHOOL FEES AND MAKE IMPROVEMENTS TO THEIR HOMES AND THE STAPLE CROPS PROVIDE BOTH FOOD SECURITY AND A SOURCE OF INCOME KENYATHE CONNECTED FARMER ALLIANCE IS A PUBLIC-PRIVATE PARTNERSHIP THAT SEEKS TO PROMOTE COMMERCIALY SUSTAINABLE MOBILE AGRICULTURE SOLUTIONS AND INCREASE PRODUCTIVITY AND REVENUES FOR 500,000 SMALLHOLDER FARMERS ACROSS KENYA, TANZANIA AND MOZAMBIQUE THE PROGRAM ALSO AIMS TO INCREASE REVENUES FOR AGRIBUSINESSES AND AGRICULTURAL VALUE CHAIN SERVICE PROVIDERS THE THREE-YEAR PROGRAM, WHICH LAUNCHED IN 2012, WILL EXPLORE THE DESIGN AND IMPLEMENTATION OF MOBILE PHONE- AND INTERNET-BASED BUSINESS SUPPORT APPLICATIONS WEST AND SOUTHERN AFRICAMOZAMBIQUEWITH SUPPORT FROM THE U S DEPARTMENT OF AGRICULTURE'S FOOD FOR PROGRESS PROGRAM, TECHNOSERVE IS WORKING TO HARNESS THE CASHEW INDUSTRY TO LIFT MOZAMBICAN FARMING FAMILIES OUT OF POVERTY WE'RE SUPPORTING SEVEN PROCESSING COMPANIES TO MEET THE SAFETY AND QUALITY STANDARDS OF THE WORLD'S MOST DEMANDING BUYERS ALREADY, WHOLE FOODS MARKET AND COSTCO WHOLESAL HAVE COMMITTED TO HELP DEVELOP THE CASHEW INDUSTRY THE PROGRAM AIMS TO MAKE 30,000 SMALLHOLDER CASHEW FARMERS MORE PRODUCTIVE AND COMPETITIVE COTE D'IVOIRECOTE D'IVOIRE'S GROWING YOUTH POPULATION FACES LIMITED ECONOMIC OPPORTUNITIES SUPPORTED BY THE WORLD BANK AND OTHER DONORS, TECHNOSERVE IS USING BUSINESS PLAN COMPETITIONS AND TRAINING TO HELP YOUNG ENTREPRENEURS CREATE SUSTAINABLE JOBS IN BOTH URBAN AND RURAL COMMUNITIES THESE ENTREPRENEURS HAVE LAUNCHED NEARLY 160 BUSINESSES AND CREATED MORE THAN 1,300 JOBS			
4b	(Code) (Expenses \$ 7,455,105 including grants of \$ 133,586) (Revenue \$)	CENTRAL AMERICA AND THE CARIBBEANHONDURAS TECHNOSERVE WORKED WITH VARIOUS COCOA AND COFFEE INDUSTRY STAKEHOLDERS - LOCAL GOVERNMENT AGENCIES, PRODUCER ASSOCIATIONS, RESEARCH FOUNDATIONS AND FINANCIAL INSTITUTIONS - TO HELP HONDURAN FARMERS AND PROCESSORS CATER TO THE GROWING WORLDWIDE DEMAND FOR SPECIALTY COFFEE AND FINE COCOA TECHNOSERVE-LED TECHNICAL AND BUSINESS TRAINING HELPED FARMER COOPERATIVES IMPROVE THEIR CROP QUALITY AND MARKET ACCESS, GENERATING HIGHER INCOMES AND CREATING MANY NEW JOBS GUATEMALATECHNOSERVE IS WORKING WITH MORE THAN 500 SMALL-SCALE FARMERS TO HELP THEM PRODUCE PROFITABLE CROPS SUCH AS PEAS, FRENCH BEANS, AVOCADO AND BANANA TECHNOSERVE ADVISORS ARE HELPING THE FARMERS TO IMPROVE THE QUALITY OF THEIR PRODUCTS, SECURE FINANCING NEEDED TO MODERNIZE AND INCREASE PRODUCTION, AND TAP INTO LUCRATIVE EXPORT MARKETS NICARAGUAIN SOUTHERN NICARAGUA, TECHNOSERVE IS EXECUTING A COCOA PROJECT IN PARTNERSHIP WITH THE PIMCO FOUNDATION TO SUPPORT A GROUP OF 100 FARMERS, THE MAJORITY OF WHOM ARE WOMEN THE PROJECT AIMS TO GENERATE INCOMES FOR POOR FAMILIES BY GIVING THEM THE OPPORTUNITY TO PRODUCE FINE COCOA TO SELL TO NATIONAL AND INTERNATIONAL BUYERS FARMERS ARE ALSO GENERATING ADDITIONAL INCOME BY PRODUCING AND SELLING COCONUTS FOR LOCAL MARKETS HAITIIN 2011, TECHNOSERVE PARTNERED WITH A LOCAL FINANCIAL INSTITUTION TO LAUNCH A CREDIT PROGRAM THAT WOULD HELP HAITIAN MANGO FARMERS ACCESS CASH BEFORE THE HARVEST PART OF THE HAITI HOPE PROJECT - A FIVE-YEAR PUBLIC-PRIVATE PARTNERSHIP THAT AIMS TO DOUBLE THE INCOMES OF 25,000 MANGO FARMERS - THE CREDIT PROGRAM HAS UNLOCKED SHORT-TERM LOANS FOR MORE THAN 6,000 FARMERS WE WORK WITH LOCAL BANKS AND OTHER FINANCIAL INSTITUTIONS TO MEET THE UNIQUE NEEDS OF THE SMALLHOLDERS AND SMALL BUSINESSES WE ASSIST WE HELP ENTERPRISING MEN AND WOMEN DEVELOP FINANCIAL LITERACY AND BUSINESS SKILLS TO PREPARE THEM TO TAKE ADVANTAGE OF FINANCING, AND WE PROVIDE SUPPORT THROUGHOUT THE TRANSACTION PROCESS IN 2012 ALONE, TECHNOSERVE HELPED CONNECT FARMERS AND BUSINESSES WITH \$43 MILLION IN FINANCING			
4c	(Code) (Expenses \$ 5,127,198 including grants of \$ 1,004,676) (Revenue \$)	SOUTH AMERICACHILETECHNOSERVE CHILE LEADS POTENCIA PATAGONIA, A BUSINESS ACCELERATOR THAT HELPS ENTREPRENEURS OF THE LOS LAGOS, AYSEN AND MAGALLANES REGIONS TO GROW THEIR BUSINESSES THROUGH A PROGRAM THAT INCLUDES TRAINING, ADVISORY AND SEED CAPITAL PROVIDED BY THE CHILEAN ECONOMIC DEVELOPMENT AGENCY (CORFO) AND REGIONAL GOVERNMENTS THE PROGRAM INTENDS TO ACCELERATE 360 SMALL AND GROWING BUSINESSES WITHIN 6 YEARS PERUTHE ECONOMIC DEVELOPMENT ALLIANCE FOR SAN MARTN AIMS TO ACCELERATE THE TRANSITION OF THE SAN MARTN REGION OF PERU INTO A SUSTAINABLE, LEGAL AND PROSPEROUS ECONOMY, INCREASING EMPLOYMENT AND INCOMES WHILE PROMOTING GOOD STEWARDSHIP OF NATURAL RESOURCES IN PARTNERSHIP WITH THE U S AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) AND OTHER PUBLIC AND PRIVATE PARTNERS, THE PROGRAM PROMOTES GOOD AGRICULTURAL PRACTICES AMONG COCOA AND COFFEE GROWERS IN THE REGION TECHNOSERVE WILL HELP DEVELOP THESE INDUSTRIES AND LINK FARMERS TO BETTER-PAYING MARKETS THE PROGRAM ALSO INCLUDES A BUSINESS PLAN COMPETITION THAT WILL IDENTIFY HIGH-POTENTIAL ENTREPRE			
	(Code) (Expenses \$ 1,764,095 including grants of \$ 73,728) (Revenue \$)	SOUTH ASIAINDIABARMER DISTRICT LIES IN RAJASTHAN'S THAR DESERT, A REMOTE AND SEMI-ARID REGION WITH FEW LIVELIHOOD OPPORTUNITIES TECHNOSERVE IS IMPLEMENTING AN INTEGRATED SOCIAL AND ECONOMIC DEVELOPMENT PROGRAM THAT WILL RAISE INCOMES FOR 10,000 HOUSEHOLDS ACROSS BARMER OVER FIVE YEARS, THE PROGRAM WILL BUILD RURAL ENTERPRISES AND HUMAN RESOURCES, IMPROVE NATURAL RESOURCE MANAGEMENT, AND INCREASE AGRICULTURAL INCOMES BY INTRODUCING NEW CROPS AND BUILDING SUSTAINABLE MARKET LINKAGES			
	(Code) (Expenses \$ 1,784,815 including grants of \$ 62,685) (Revenue \$)	NORTH AMERICAIN 2013, 91 SKILLED PRO BONO CONSULTANTS JOINED TECHNOSERVE TEAMS ON THE GROUND THESE VOLUNTEERS, WHO HAD PREVIOUS EXPERIENCE IN MANAGEMENT CONSULTING AND INVESTMENT BANKING PRIMARILY, SUPPORTED A WIDE RANGE OF PROGRAMS IN 23 COUNTRIES ACROSS AFRICA, LATIN AMERICA AND INDIA THEY COLLECTIVELY CONTRIBUTED 46,400 8 HOURS -- VALUED AT \$2,239,303 USING THE U S BUREAU OF LABOR STATISTICS HOURLY RATE FOR A MANAGEMENT ANALYST -- TO TECHNOSERVE IN 2013 TECHNOSERVE FORMED THE DEPARTMENT OF PROGRAM SERVICES (DPS), CHARGED WITH SUPPORTING OUR PORTFOLIO OF PROJECTS TO BECOME MORE COST EFFECTIVE THROUGH IMPROVED MEASUREMENT, INCREASED KNOWLEDGE EXCHANGE AND CAPACITY BUILDING OF OUR STAFF IN KEY PROGRAMMATIC AREAS THE DEPARTMENT SPEARHEADED THE COLLECTION OF CONSISTENT, COMPARABLE IMPACT DATA FROM ACROSS OUR PORTFOLIO OF PROJECTS USING A COMMON FRAMEWORK, THIS DATA WAS UTILIZED AS A BASELINE FOR THE TARGETS IN OUR 2013-2017 STRATEGIC PLAN			
4d	Other program services (Describe in Schedule O)				
	(Expenses \$ 3,548,910 including grants of \$ 136,413) (Revenue \$)				
4e	Total program service expenses ▶ 64,592,183				

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 and XII 	12a	No
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 and XII is optional 	12b Yes	
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, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	83	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	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	2a	165
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	
4a 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, securities account, or other financial 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 RW , SF , TZ , UG , ZA , IV , NI , ET , ZI , MX See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
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	
8 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	
9 Sponsoring organizations maintaining donor advised funds.			
a 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	
10 Section 501(c)(7) organizations. Enter			
a 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		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b	
c Enter the amount of reserves on hand		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	24	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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	No
10b	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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

17	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, 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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, 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

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

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

Form **990** (2013)

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

[illegible]

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
DOBBIN INTERNATIONAL INC 11635 CHARTER OAK CT SIDE RESTON VA 20190	CONSULTING SERVICES	967,000
NEGUS ASSOCIATES 1725 I STREET NW STE 300-4 WASHINGTON DC 20006	CONSULTING SERVICES	224,250
MAL WARWICK ASSOCIATES 2550 NINTH STREET SUITE 103 BERKELEY CA 94710	CONSULTING SERVICES	179,511
MCGLADREY LLP 5155 PAYSHERE CIRCLE CHICAGO IL 60674	AUDITING SERVICES	153,750
INTERNATIONAL ACCOUNTING 2010 CORPORATE RIDGE DRIVE SUITE 70 MCLEAN VA 22102	AUDITING SERVICES	149,100
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 ▶5		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	456,775			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	24,728,798			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	54,649,247			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	79,834,820			
Program Service Revenue	2a	PROJECT FEES	Business Code 900099	533	533	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	533			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	89,405			89,405
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses	3,998,405			
	c	Gain or (loss)	3,928,642			
	d	Net gain or (loss)	69,763			69,763
	8a	Gross income from fundraising events (not including \$ 456,775 of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses b	80,500			
	c	Net income or (loss) from fundraising events	108,758			
	9a	Gross income from gaming activities 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	a			
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue	Business Code			
	11a	OTHER INCOME	900099	215,713		215,713
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	215,713			
			80,181,976	533	0	346,623

Part IX

Statement of Functional Expenses

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

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

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	4,049,644	4,049,644		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,263,096	1,425,418	1,690,664	147,014
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	21,043,084	18,765,600	2,077,309	200,175
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,746,664	1,450,945	270,770	24,949
9	Other employee benefits.	8,637,541	7,372,142	1,155,939	109,460
10	Payroll taxes.	1,468,076	1,219,523	227,583	20,970
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	233,363	110,631	122,732	
c	Accounting.	392,827	130,602	262,225	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	277,655			277,655
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,163,314	11,230,404	803,149	129,761
12	Advertising and promotion.	79,089	76,263	2,826	
13	Office expenses.	2,709,047	2,124,184	225,075	359,788
14	Information technology.	1,638,414	1,458,965	176,236	3,213
15	Royalties.				
16	Occupancy.	1,871,582	1,260,485	611,097	
17	Travel.	6,799,636	6,418,090	353,380	28,166
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	757,199	743,707	13,492	
23	Insurance.	278,428	51,683	226,745	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	OTHER PASSTHROUGH EXPENS	4,523,709	3,883,100	485,806	154,803
b	AUTO EXPENSES	2,825,083	2,820,797	3,880	406
c	FUNDRAISING EXP ON LINE	-108,758			-108,758
d					
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	74,648,693	64,592,183	8,708,908	1,347,602
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		21,264	1	12,294
	2	Savings and temporary cash investments		44,902,280	2	46,507,583
	3	Pledges and grants receivable, net		7,640,200	3	7,645,438
	4	Accounts receivable, net		763,880	4	1,175,435
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		417,771	8	18,163
	9	Prepaid expenses and deferred charges		1,146,176	9	1,338,791
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a9,718,448			
	b	Less accumulated depreciation	10b7,434,469	2,090,292	10c	2,283,979
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		274,280	12	276,817
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		57,256,143	16	59,258,500
Liabilities	17	Accounts payable and accrued expenses		2,639,829	17	2,636,265
	18	Grants payable			18	
	19	Deferred revenue		47,122,156	19	44,352,078
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,742,625	25	3,106,784
	26	Total liabilities. Add lines 17 through 25		53,504,610	26	50,095,127
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,976,471	27	5,985,461
	28	Temporarily restricted net assets		1,775,062	28	3,177,912
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,751,533	33	9,163,373
	34	Total liabilities and net assets/fund balances		57,256,143	34	59,258,500

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	80,181,976
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,648,693
3	Revenue less expenses Subtract line 2 from line 1	3	5,533,283
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,751,533
5	Net unrealized gains (losses) on investments	5	4,384
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-125,827
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,163,373

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-2626135

Name: TECHNOSERVE INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL E TIERNEY CHAIRMAN	10 00	X		X				0	0	0
JOHN B CARON VICE CHARMAIN	3 00	X		X				0	0	0
PETER A FLAHERTY VICE CHARMAIN	2 50	X		X				0	0	0
JENNIFER BULLARD BROGGINI SECRETARY	3 00	X		X				0	0	0
SUSANNE NORA JOHNSON TREASURER	3 00	X		X				0	0	0
GERALD BALDWIN DIRECTOR	1 50	X						0	0	0
THOMAS C BARRY DIRECTOR	1 00	X						0	0	0
TITUS BRENNINKMEIJER DIRECTOR	1 00	X						0	0	0
BETH A BROOKE DIRECTOR	1 00	X						0	0	0
MICHAEL J BUSH DIRECTOR	2 50	X						0	0	0
ROBERT B CALHOUN DIRECTOR	1 00	X						0	0	0
ALAN COHEN DIRECTOR	1 00	X						0	0	0
LAURA CORB DIRECTOR	1 00	X						0	0	0
OKEY ENELAMAH DIRECTOR	1 00	X						0	0	0
HARVEY HELLER DIRECTOR	1 00	X						0	0	0
RACHEL HINES DIRECTOR	2 00	X						0	0	0
BRUCE HEEREMA DIRECTOR	2 00	X						0	0	0
AEDHMAR HYNES DIRECTOR	1 00	X						0	0	0
CHARLIE MOORE DIRECTOR	1 00	X						0	0	0
MEGHAN O'SULLIVAN DIRECTOR	1 00	X						0	0	0
MICHELLE PELUSO DIRECTOR	2 00	X						0	0	0
KURT C PETERSON DIRECTOR	2 00	X						0	0	0
SCOTT PORTNOY DIRECTOR	1 00	X						0	0	0
JERRY A RIESSEN DIRECTOR	1 50	X						0	0	0
SCOTT PORTNOY DIRECTOR	1 00	X						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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BONNIE E RAQUET DIRECTOR	1 50	X						0	0	0
JERRY A RIESSEN DIRECTOR	1 50	X						0	0	0
BRUCE MCNAMER 11152013 PRESIDENT & CEO	40 00			X				363,445	0	39,433
TIMOTHY MCLELLAN INTERIM CEO & COO	40 00			X				223,136	0	52,050
GEORGE SCHUTTER CFO	40 00			X				220,532	0	53,318
DAVID BROWNING SR VP, STRATEGIC INITIATIVES	40 00				X			219,618	0	29,123
STACEY DAVES-OHLIN GENERAL COUNSEL	40 00				X			155,606	0	45,656
SIMON WINTER SENIOR VP DEVELOPMENT	40 00				X			225,926	0	56,461
AGNIESZKA ZIEMINSKA YANK VP, HR	40 00				X			178,762	0	55,658
BRENT HABIG REGIONAL DIRECTOR	40 00					X		348,163	0	42,172
JOHN WALTER COUNTRY DIRECTOR	40 00					X		278,485	0	35,994
KINDRA HALVORSON REGIONAL DIRECTOR	40 00					X		269,796	0	42,566
TODD KIRKBRIDE DIR OF PUBLIC & PRIVATE PARTNERSHIP	40 00					X		236,655	0	35,104
ERASTUS KIBUGU COUNTRY DIRECTOR	40 00					X		218,798	0	31,215

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	46,823,419	52,080,913	55,744,636	68,638,303	79,915,320	303,202,591
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	46,823,419	52,080,913	55,744,636	68,638,303	79,915,320	303,202,591
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						66,637,383
6 Public support. Subtract line 5 from line 4						236,565,208

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	46,823,419	52,080,913	55,744,636	68,638,303	79,915,320	303,202,591
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	268,135	255,376	102,748	87,963	89,405	803,627
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	153,464	184,477	201,840	230,084	215,713	985,578
11 Total support (Add lines 7 through 10)						304,991,796
12 Gross receipts from related activities, etc. (see instructions)					12	157,047
13 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		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	77.560 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	74.370 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	

Part IIISupport Schedule for Organizations Described in Section 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 in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

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

☐

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

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

- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 556,339 | 162,961 | 393,378 |
| c Leasehold improvements | | | | |
| d Equipment | | 7,346,331 | 6,233,623 | 1,112,708 |
| e Other | | 1,815,778 | 1,037,885 | 777,893 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 2,283,979 |
- Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	82,465,235
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	2,174,501
a	Net unrealized gains on investments	2a	4,384
b	Donated services and use of facilities	2b	2,239,303
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-69,186
e	Add lines 2a through 2d	2e	2,174,501
3	Subtract line 2e from line 1	3	80,290,734
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	-108,758
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-108,758
c	Add lines 4a and 4b	4c	-108,758
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	80,181,976

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	76,996,754
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	2,239,303
a	Donated services and use of facilities	2a	2,239,303
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	2,239,303
3	Subtract line 2e from line 1	3	74,757,451
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	-108,758
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-108,758
c	Add lines 4a and 4b	4c	-108,758
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	74,648,693

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	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, 2013. MANAGEMENT HAS EVALUATED TECHNOSERVE'S TAX POSITIONS AND HAS CONCLUDED THAT TECHNOSERVE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE. TECHNOSERVE FILES TAX RETURNS IN THE U.S. FEDERAL AND WASHINGTON, D.C. JURISDICTIONS. GENERALLY, TECHNOSERVE IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2010.
PART XI, LINE 2D - OTHER ADJUSTMENTS	LOSS ON EXCHANGE -69,186
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE -108,758
PART XII, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE -108,758

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TECHNOSERVE INC

Employer identification number
13-2626135

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
See Add'l Data					
3a Sub-total	12	278			16,131,214
b Total from continuation sheets to Part I	17	967			48,460,970
c Totals (add lines 3a and 3b)	29	1,245			64,592,184

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. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

2

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

27

3

Enter total number of other organizations or entities ▶

0

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☒

Yes

☐

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No

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

Schedule F (Form 990) 2013

Additional Data

Software ID:
Software Version:
EIN: 13-2626135
Name: TECHNOSERVE INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	4	121	PROGRAM SERVICE	AG ASSISTANCE	7,321,519
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		133,586
NORTH AMERICA	3	67	PROGRAM SERVICE	AG ASSISTANCE	1,722,131

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NORTH AMERICA			GRANTMAKING		62,685
SOUTH AMERICA	4	23	PROGRAM SERVICE	AG ASSISTANCE	4,122,522
SOUTH AMERICA			GRANTMAKING		1,004,676

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH ASIA	1	67	PROGRAM SERVICE	AG ASSISTANCE	1,690,367
SOUTH ASIA			GRANTMAKING		73,728
SUB-SAHARAN AFRICA	17	967	PROGRAM SERVICE	AG ASSISTANCE	45,686,001

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			GRANTMAKING		2,774,969

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	51001 - BPC AWARDS/PRIZES	110,000	WIRE TRANSFER / CHECKS			
		CENTRAL AMERICA AND THE CARIBBEAN	52002 - INTERNATIONAL NGO'S	22,988	WIRE TRANSFER / CHECKS			
		NORTH AMERICA	52003 - LOCAL INSTITUTIONS	62,685	WIRE TRANSFER / CHECKS			
		SOUTH AMERICA	52002 - INTERNATIONAL NGO'S	52,467	WIRE TRANSFER / CHECKS			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	52003 - LOCAL INSTITUTIONS	952,209	WIRE TRANSFER / CHECKS			
		SOUTH ASIA	52002 - INTERNATIONAL NGO'S	29,860	WIRE TRANSFER / CHECKS			
		SOUTH ASIA	52003 - LOCAL INSTITUTIONS	43,868	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	51001 - BPC AWARDS/PRIZES	558,592	WIRE TRANSFER / CHECKS			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	52001 - LOCAL NGO'S	20,966	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	51004 - OTHER DISBURSEMENTS	76,715	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	51001 - BPC AWARDS/PRIZES	16,071	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	51003 - SEED CAPITAL	16,213	WIRE TRANSFER / CHECKS			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	52003 - LOCAL INSTITUTIONS	28,929	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	51004 - OTHER DISBURSEMENTS	194,118	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	52002 - INTERNATIONAL NGO'S	836,202	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	52003 - LOCAL INSTITUTIONS	44,509	WIRE TRANSFER / CHECKS			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	52001 - LOCAL NGO'S	8,355	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	51001 - BPC AWARDS/PRIZES	63,213	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	51003 - SEED CAPITAL	18,832	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	51004 - OTHER DISBURSEMENTS	15,554	WIRE TRANSFER / CHECKS			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	52003 - LOCAL INSTITUTIONS	316,230	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	52001 - LOCAL NGO'S	38,945	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	51001 - BPC AWARDS/PRIZES	7,327	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	52002 - INTERNATIONAL NGO'S	81,000	WIRE TRANSFER / CHECKS			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	52001 - LOCAL NGO'S	101,534	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	52003 - LOCAL INSTITUTIONS	11,292	WIRE TRANSFER / CHECKS			
		SUB-SAHARAN AFRICA	51003 - SEED CAPITAL	320,371	WIRE TRANSFER / CHECKS			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
TECHNOSERVE INC

Employer identification number
13-2626135

Part I Fundraising Activities.

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

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

a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations

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

b If "Yes," list the 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MAL WARWICK 2550 NINTH STREET SUITE 103 BERKELEY, CA 94710	DIRECT MAIL CAMPAIGN		No	1,030,624	179,511	851,113
CAMY CALVE 152 WEST 57TH STREET 52ND FLOOR NEWYORK, NY 10019	45TH GALA EVENT		No	537,274	65,000	472,274
COVENANT CALLS 1539 FALL RIVER AVE SUITE 3 SEEKONK, MA 02771	MAJOR DONOR AND PLANNED GIVING DONOR PROSPECT IDENTIFICATION		No	0	33,144	-33,144
Total ▶				1,567,898	277,655	1,290,243

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		45TH ANNIVERSARY GALA (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	537,275		537,275
	2	Less Contributions . .	456,775		456,775
	3	Gross income (line 1 minus line 2)	80,500		80,500
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . .	350		350
	6	Rent/facility costs . .			
	7	Food and beverages .	86,925		86,925
	8	Entertainment			
	9	Other direct expenses .	21,483		21,483
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

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

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

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

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

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

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

b

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

Part IV

Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	TNS OCCURRED \$332,053 PRINTING, MAILING, AND OTHER FUNDRAISING EXPENSES RELATED TO DIRECT MAIL CAMPAIGN
SCHEDULE G, PART I, LINE 2	MAL WARWICK WAS RETAINED AS FUNDRAISING COUNSEL FOR TECHNOERVE'S DIRECT MAIL & PRINTING PROGRAM ALL CONTRIBUTIONS ARE DELIVERED DIRECTLY TO TECHNOERVE TECHNOERVE PAYS MAL WARWICK DIRECTLY FOR ITS ADVISORY AND PRINTING SERVICES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TECHNOSERVE INC

Employer identification number
13-2626135

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

For each individual whose compensation must be reported 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 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 \$59,385 JOHN WALTER \$18,000 KINDRA HALVORSON \$69,450 TODD KIRKBRIDE \$63,608 ERASTUS KIBUGU \$33,900 ANNUAL TRAVEL ALLOWANCE TECHNOSERVE WILL ASSIST THE ASSIGNEE (EXPATRIATE OR THIRD COUNTRY NATIONAL EMPLOYEE WORKING OVERSEAS) AND THEIR FAMILY RESIDING AT POST (UP TO A MAXIMUM AGE OF 18) WITH AN ANNUAL ALLOWANCE (TO ASSIST WITH ONE TRIP ONLY), SHOULD THEY DECIDE TO TAKE TIME AWAY FROM THEIR POST THIS ALLOWANCE IS PAID BASED ON ACTUAL EXPENSES INCURRED, UP TO CERTAIN LIMITS THE MAXIMUM ANNUAL REIMBURSABLE AMOUNT IS \$1750 PER ELIGIBLE ASSIGNEE AND/OR DEPENDENT THESE ALLOWANCES APPLY TO EITHER ECONOMY CLASS AIRFARE OR THE REIMBURSEMENT OF MILEAGE FOR ASSIGNEES LIKE OTHER ALLOWANCES, THIS PAYMENT MAY BE SUBJECT TO TAXATION THE FOLLOWING EMPLOYEES RECEIVED TAX INDEMNIFICATION AND GROSS-UP PAYMENTS, WHICH ARE TAXABLE BRENT HABIG \$86,820 JOHN WALTER \$58,029 KINDRA HALVORSON \$20,702 TODD KIRKBRIDE \$47,769

Additional Data

Software ID:
Software Version:
EIN: 13-2626135
Name: TECHNOSERVE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BRUCE MCNAMER 11152013 PRESIDENT & CEO	(i)	311,668	51,173	604	30,600	8,833	402,878	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY MCLELLAN INTERIM CEO & COO	(i)	222,686	0	450	27,233	24,817	275,186	0
	(ii)	0	0	0	0	0	0	0
GEORGE SCHUTTER CFO	(i)	220,232	0	300	27,106	26,212	273,850	0
	(ii)	0	0	0	0	0	0	0
DAVID BROWNING SR VP, STRATEGIC INITIATIVES	(i)	219,168	0	450	26,323	2,800	248,741	0
	(ii)	0	0	0	0	0	0	0
STACEY DAVES- OHLIN GENERAL COUNSEL	(i)	154,916	0	690	19,294	26,362	201,262	0
	(ii)	0	0	0	0	0	0	0
SIMON WINTER SENIOR VP DEVELOPMENT	(i)	225,236	0	690	27,979	28,482	282,387	0
	(ii)	0	0	0	0	0	0	0
AGNIESZKA ZIEMINSKA YANK VP, HR	(i)	178,312	0	450	21,170	34,488	234,420	0
	(ii)	0	0	0	0	0	0	0
BRENT HABIG REGIONAL DIRECTOR	(i)	161,616	0	186,547	20,018	22,154	390,335	0
	(ii)	0	0	0	0	0	0	0
JOHN WALTER COUNTRY DIRECTOR	(i)	171,886	0	106,599	21,043	14,951	314,479	0
	(ii)	0	0	0	0	0	0	0
KINDRA HALVORSON REGIONAL DIRECTOR	(i)	164,899	0	104,897	20,412	22,154	312,362	0
	(ii)	0	0	0	0	0	0	0
TODD KIRKBRIDE DIR OF PUBLIC & PRIVATE PARTNERSHIP	(i)	113,438	0	123,217	14,220	20,884	271,759	0
	(ii)	0	0	0	0	0	0	0
ERASTUS KIBUGU COUNTRY DIRECTOR	(i)	105,396	0	113,402	12,342	18,873	250,013	0
	(ii)	0	0	0	0	0	0	0

2013

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization

TECHNOSERVE INC

Employer identification number

13-2626135

990 Schedule O, Supplemental Information

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 REVIEWED BY THE AUDIT COMMITTEE THE 990 HAS BEEN 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
FORM 990, PART IX, LINE 11G	PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 11,230,404 MANAGEMENT AND GENERAL EXPENSES 803,149 FUNDRAISING EXPENSES 129,761 TOTAL EXPENSES 12,163,314
FORM 990, PART XI, LINE 9	CURRENCY TRANSLATION ADJUSTMENT -56,641 LOSS ON EXCHANGE -69,186
FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS
FORM 990, PART I, LINE 5	TECHNOSERVE WORLDWIDE NUMBER OF EMPLOYEES DURING THE 2013 IS 1,222, PART I LINE 5 SHOWS 165, FOR WHICH THE ORGANIZATION HAS ISSUED CORRESPONDED W-2S

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TECHNOSERVE INC

Employer identification number
13-2626135

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 13-2626135

Name: TECHNOSERVE INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) TECHNO NICARAGUA OFIPLAZA EL RETIRO SUITE 537 ROTO MANAGUA NU	DEVELOPMENT	NU	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
(1) TECHNOSERVE SWAZILAND 4TH FLOOR LILUNGA HOUSE SOMHOLO R MBABANE WZ	DEVELOPMENT	WZ	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
(2) COMMUNITY ENTERPRISE DEVELOPMENT AND INVESTMENT TRUST 4TH FLOOR LILUNGA HOUSE SOMHOLO R MBABANE WZ	TRUST	WZ	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
(3) TECHNOSERVE SOUTH AFRICA 13TH FLOOR METAL BOX BUILDING 25 O AUKLAND PARK SF	DEVELOPMENT	SF	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
(4) FOUNDACION TECHNOSERVE CALLE 94 NO 16-09 NO 206 BOGATA CO	DEVELOPMENT	CO	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
(5) MAPATO MRIKAU STREET PLOT 887 DAR ES SALAAM TZ	LOAN GUARANTEES	TZ	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
(6) FUNDACION TECHNOSERVE CHILE AV APOQUINDO 3721 PISO 13 SANTIAGO CI	DEVELOPMENT	CI	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
(7) TECHNOSERVE - COTE D'IVOIRE ABIDJAN PLATEAU 6 RUE PARIS VILLA ABIDJAN IV	DEVELOPMENT	IV	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
(8) TECHNOSERVE SOLUTIONS TO POVERTY LTDGTE PLOT 1708A OLUGBOSI CLOSE OFF BISH NI	DEVELOPMENT	NI	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
(9) TECHNOSERVE ZAMBIA LIMITED BASE OFFICE PARK PLOT 35184 ALICK ZA	DEVELOPMENT	ZA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
(10) TSERV SOLUCIONES PARA LA POBREZA AC PORFIRIO DIAZ NUM 102 COL DEL VALLE 03100 MX	DEVELOPMENT	MX	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	