

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">TECHNOSERVE INC.</div> <div style="border: 1px solid black; padding: 2px;">Doing Business As</div> <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="display: flex; justify-content: space-between;"> 1 MECHANIC STREET </div> </div> <div style="border: 1px solid black; padding: 2px;">City, town, or post office, state, and ZIP code <div style="display: flex; justify-content: space-between;"> NORWALK, CT 06850 </div> </div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">13-2626135</div>
	F Name and address of principal officer: BRUCE MCNAMER <div style="border: 1px solid black; padding: 2px;">1120 19TH ST, NW, 8TH FL, WASHINGTON, DC 20</div>	E Telephone number <div style="border: 1px solid black; padding: 2px;">203-852-0377</div>
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 69,710,786.
	J Website: ▶ WWW.TECHNOSERVE.ORG	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1969 M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>TECHNOSERVE HELPS ENTERPRISING MEN AND WOMEN IN POOR AREAS OF THE DEVELOPING WORLD.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	154
6	Total number of volunteers (estimate if necessary)	6	91
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	55,744,636.
9	Program service revenue (Part VIII, line 2g)	9	8,767.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	102,553.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	112,298.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	55,968,254.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	2,550,353.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	29,173,585.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	108,250.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,576,844.	b	967,119.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	28,865,641.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	60,697,829.
19	Revenue less expenses. Subtract line 18 from line 12	19	-4,729,575.
20	Total assets (Part X, line 16)	20	47,744,610.
21	Total liabilities (Part X, line 26)	21	42,396,091.
22	Net assets or fund balances. Subtract line 21 from line 20	22	5,348,519.

Part II Signature Block

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

Sign Here	Signature of officer <div style="border: 1px solid black; padding: 2px;">BRUCE MCNAMER, CHIEF EXECUTIVE OFFICER</div>	Date	
Paid Preparer Use Only	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">YONG ZHANG, CPA</div>	Preparer's signature	Date
	Firm's name ▶ MCGLADREY LLP	Firm's EIN ▶ 42-0714325	PTIN P01249785
	Firm's address ▶ 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205	Phone no. 703-336-6400	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****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? ☐ Yes ☒ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, 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 \$ **47,786,514.** including grants of \$ **2,201,830.**) (Revenue \$ **2,823.**)
SUB-SAHARAN AFRICA

AFRICA

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 INCOME OPPORTUNITY AS WELL. AS WE FOCUS ON IMPROVING PRACTICES AT THE FARM LEVEL, WE ARE ALSO PROMOTING IMPROVED BUSINESS MODELS ACROSS ENTIRE SECTORS OF THE FIELD TO THE END CONSUMER. FOR EXAMPLE:

IN MOZAMBIQUE, WITH SUPPORT FROM THE DUTCH GOVERNMENT, WE ARE WORKING

4b (Code:) (Expenses \$ **6,336,624.** including grants of \$ **188,608.**) (Revenue \$)
CENTRAL AMERICAN & CARIBBEAN

CENTRAL AMERICA**SMALLHOLDER FARMERS REACH NEW MARKETS**

TECHNOSERVE IS HELPING SMALLHOLDER CENTRAL AMERICAN FARMERS INCREASE THEIR INCOMES, WITH SUPPORT FROM THE U.S. DEPARTMENT OF AGRICULTURE. IN HONDURAS, WE ARE HELPING 9,000 FARMERS LEARN IMPROVED TECHNIQUES AND CONNECT TO BETTER MARKETS FOR BEANS AND SPECIALTY COFFEE. THE PROGRAM WILL PROMOTE SUSTAINABLE ACCESS TO QUALITY BEAN SEEDS BY HELPING FARMERS ESTABLISH COMMUNITY SEED BANKS. IN NICARAGUA, TECHNOSERVE IS ASSISTING 4,000 PRODUCERS OF LIVESTOCK - WHICH MORE THAN HALF OF RURAL NICARAGUANS DEPEND ON FOR THEIR LIVELIHOODS - TO IMPROVE MILK QUALITY,

4c (Code:) (Expenses \$ **3,714,654.** including grants of \$ **438,790.**) (Revenue \$)
SOUTH AMERICA

PERU

SUSTAINABLE SUPPORT FOR FARMS AND BUSINESSES WITH SUPPORT FROM THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, TECHNOSERVE IS HELPING COCOA AND COFFEE FARMERS IN SAN MARTIN TO INCREASE PRODUCTIVITY, IMPROVE THE QUALITY OF THEIR CROPS AND ADOPT PROCESSES TO ADD VALUE, SUCH AS ORGANIC CERTIFICATION. OUR ADVISORS ALSO ARE PROMOTING SMALL BUSINESS GROWTH IN THESE INDUSTRIES. CRITICALLY, WE ARE TRANSFERRING OUR PROVEN METHODOLOGIES FOR FARMER TRAINING AND ENTERPRISE DEVELOPMENT TO LOCAL INSTITUTIONS. THIS ENSURES THE INDUSTRIES WILL CONTINUE TO EVOLVE AND IMPROVE AFTER TECHNOSERVE EXITS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ **2,223,415.** including grants of \$ **29,695.**) (Revenue \$)

4e Total program service expenses **60,061,207.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) 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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☒

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 76		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 154		
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	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," 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	X	
b If "Yes," enter the name of the foreign country: SEE SCHEDULE O 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	27			
b Enter the number of voting members included in line 1a, above, who are independent		27		
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	X
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	X
b 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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain 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 - 202-785-4515**
1120 19TH STREET, NW, 8TH FL, WASHINGTON, DC 20036

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL E. TIERNEY CHAIRMAN	10.00	X		X				0.	0.	0.
(2) JOHN B. CARON VICE CHAIRMAN	3.00	X		X				0.	0.	0.
(3) PETER A. FLAHERTY VICE CHAIRMAN	2.50	X		X				0.	0.	0.
(4) JENNIFER BULLARD BROGGINI SECRETARY	3.00	X		X				0.	0.	0.
(5) SUSANNE NORA JOHNSON TREASURER	3.00	X		X				0.	0.	0.
(6) GERALD BALDWIN DIRECTOR	1.50	X						0.	0.	0.
(7) THOMAS C. BARRY DIRECTOR	1.00	X						0.	0.	0.
(8) TITUS BRENNINKMEIJER DIRECTOR	1.00	X						0.	0.	0.
(9) BETH A. BROOKE DIRECTOR	1.00	X						0.	0.	0.
(10) MICHAEL J. BUSH DIRECTOR	2.50	X						0.	0.	0.
(11) ROBERT B CALHOUN DIRECTOR	1.00	X						0.	0.	0.
(12) ALAN COHEN DIRECTOR	1.00	X						0.	0.	0.
(13) LAURA CORB DIRECTOR	1.00	X						0.	0.	0.
(14) OKEY ENELAMAH DIRECTOR	1.00	X						0.	0.	0.
(15) HARVEY HELLER DIRECTOR	1.00	X						0.	0.	0.
(16) RACHEL HINES DIRECTOR	2.00	X						0.	0.	0.
(17) BRUCE HEEREMA DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AEDHMAR HYNES DIRECTOR	1.00	X						0.	0.	0.
(19) CHARLIE MOORE DIRECTOR	1.00	X						0.	0.	0.
(20) ALI A. MUFURUKI DIRECTOR	1.00	X						0.	0.	0.
(21) MEGHAN O'SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
(22) MICHELLE PELUSO DIRECTOR	2.00	X						0.	0.	0.
(23) KURT C. PETERSON DIRECTOR	2.00	X						0.	0.	0.
(24) JOHN PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(25) SCOTT PORTNOY DIRECTOR	1.00	X						0.	0.	0.
(26) BONNIE E. RAQUET DIRECTOR	1.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,681,941.	0.	444,831.
d Total (add lines 1b and 1c)								2,681,941.	0.	444,831.

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

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- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DOBBIN INTERNATIONAL INC. 11635 CHARTER OAK CT SIDE, RESTON, VA 20190	CONSULTING SERVICES	1,182,000.
MAL WARWICK ASSOCIATES, 2550 NINTH STREET, SUITE 103, BERKELEY, CA 94710	CONSULTING SERVICES	967,119.
NEGUS ASSOCIATES, 1725 I STREET, NW, STE 300-4, WASHINGTON, DC 20006	CONSULTING SERVICES	234,227.
MCGLADREY & PULLEN, LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	AUDITING SERVICES	124,970.
KITE, INC 102 WEST ROY ST, SEATTLE, WA 98119	CONSULTING SERVICES	116,085.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JERRY A. RIESSEN DIRECTOR	1.50	X						0.	0.	0.
(28) BRUCE MCNAMER PRESIDENT & CEO	40.00			X				380,975.	0.	39,419.
(29) GEORGE SCHUTTER CFO	40.00			X				211,804.	0.	51,743.
(30) TIMOTHY MCLELLAN COO	40.00				X			214,381.	0.	50,527.
(31) DAVID BROWNING SENIOR VP COFFEE INITIATIV	40.00				X			213,363.	0.	28,632.
(32) SIMON WINTER SENIOR VP DEVELOPMENT	40.00				X			222,696.	0.	53,840.
(33) STACEY DAVES-OHLIN GENERAL COUNSEL	40.00				X			152,108.	0.	45,088.
(34) BRENT HABIG REGIONAL DIRECTOR	40.00					X		335,813.	0.	39,471.
(35) JOHN WALTER COUNTRY DIRECTOR	40.00					X		264,624.	0.	33,094.
(36) KINDRA HALVORSON REGIONAL DIRECTOR	40.00					X		242,060.	0.	38,685.
(37) NICHOLAS RAILSTON-BROWN COUNTRY DIRECTOR	40.00					X		234,449.	0.	29,315.
(38) HILLARY MILLER REGIONAL DIRECTOR	40.00					X		209,668.	0.	35,017.
Total to Part VII, Section A, line 1c								2,681,941.		444,831.

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	21,995,453.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	46,642,850.		
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f		68,638,303.		
Program Service Revenue	2 a	PROJECT FEES	Business Code 900099	2,823.	2,823.	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		2,823.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		87,963.		87,963.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real (ii) Personal			
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 751,613.			
	b	Less: cost or other basis and sales expenses	665,725.			
	c	Gain or (loss)	85,888.			
	d	Net gain or (loss)		85,888.		85,888.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from gaming activities				
10 a	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			
11 a	OTHER INCOME	900099	230,084.			230,084.
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		230,084.			
12	Total revenue. See instructions.		69,045,061.	2,823.	0.	403,935.

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 to any question in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	2,858,923.	2,858,923.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,340,649.	1,411,153.	927,263.	2,233.
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	20,246,651.	16,955,205.	3,012,673.	278,773.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,052,344.	1,668,818.	357,993.	25,533.
9 Other employee benefits	8,083,074.	6,883,865.	1,115,940.	83,269.
10 Payroll taxes	1,431,298.	1,163,828.	249,663.	17,807.
11 Fees for services (non-employees):				
a Management				
b Legal	195,530.	142,585.	52,945.	
c Accounting	247,461.	103,363.	144,098.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	967,119.			967,119.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	11,531,301.	10,716,001.	745,789.	69,511.
12 Advertising and promotion	176,470.	170,390.	1,080.	5,000.
13 Office expenses	2,712,395.	2,218,341.	466,532.	27,522.
14 Information technology	1,052,404.	833,467.	218,937.	
15 Royalties				
16 Occupancy	1,927,414.	1,207,615.	719,799.	
17 Travel	6,595,173.	6,042,261.	498,544.	54,368.
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	1,046,925.	1,036,559.	10,366.	
23 Insurance				
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 EXPENSES	3,776,616.	3,323,775.	407,830.	45,011.
b AUTO EXPENSES	3,333,992.	3,325,058.	8,236.	698.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	70,575,739.	60,061,207.	8,937,688.	1,576,844.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	23,650.	1	21,264.
	2 Savings and temporary cash investments	35,910,934.	2	44,902,280.
	3 Pledges and grants receivable, net	6,566,510.	3	7,640,200.
	4 Accounts receivable, net	386,570.	4	763,880.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	435,171.	8	417,771.
	9 Prepaid expenses and deferred charges	1,352,050.	9	1,146,176.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,901,706.		
	b Less: accumulated depreciation	10b 6,811,414.	10c 2,811,008.	2,090,292.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	258,717.	12	274,280.
	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)	47,744,610.	16	57,256,143.	
Liabilities	17 Accounts payable and accrued expenses	1,364,443.	17	2,639,829.
	18 Grants payable		18	
	19 Deferred revenue	37,789,645.	19	47,122,156.
	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	3,242,003.	25	3,742,625.
	26 Total liabilities. Add lines 17 through 25	42,396,091.	26	53,504,610.
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	3,054,966.	27	1,976,471.
	28 Temporarily restricted net assets	2,293,553.	28	1,775,062.
	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	5,348,519.	33	3,751,533.	
34 Total liabilities and net assets/fund balances	47,744,610.	34	57,256,143.	

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,045,061.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,575,739.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,530,678.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,348,519.
5	Net unrealized gains (losses) on investments	5	17,162.
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	-83,470.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,751,533.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

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

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2012

**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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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									

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,598,994.	46,823,419.	52,080,913.	55,744,636.	68,638,303.	264,886,265.
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	41,598,994.	46,823,419.	52,080,913.	55,744,636.	68,638,303.	264,886,265.
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)						66,745,539.
6 Public support. Subtract line 5 from line 4.						198,140,726.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	41,598,994.	46,823,419.	52,080,913.	55,744,636.	68,638,303.	264,886,265.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,144.	268,135.	255,376.	102,748.	87,963.	763,366.
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.	769,865.
11 Total support. Add lines 7 through 10						266,419,496.
12 Gross receipts from related activities, etc. (see instructions)					12	802,620.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	74.37 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	76.09 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012

Part III Support 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 ☐

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012**Name of the organization**

TECHNOSERVE INC.

Employer identification number

13-2626135

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>12,266,245.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>11,367,052.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>5,741,314.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>2,928,466.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ <u>2,776,022.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ <u>2,129,039.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,888,133.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 1,636,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

13-2626135

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," 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.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	(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
 (ii) related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. 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.	151,219.	405,120.
c Leasehold improvements				
d Equipment		6,678,024.	5,766,313.	911,711.
e Other		1,667,343.	893,882.	773,461.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,090,292.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED EMPLOYEE BENEFITS	3,742,625.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,742,625.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

1	Total revenue, gains, and other support per audited financial statements	1	74,364,135.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	17,162.
b	Donated services and use of facilities	2b	5,268,220.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	33,692.
e	Add lines 2a through 2d	2e	5,319,074.
3	Subtract line 2e from line 1	3	69,045,061.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	69,045,061.

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

1	Total expenses and losses per audited financial statements	1	75,843,959.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,268,220.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,268,220.
3	Subtract line 2e from line 1	3	70,575,739.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	70,575,739.

Part XIII Supplemental Information

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

PART X, LINE 2: TECHNOSERVE IS EXEMPT FROM 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, 2012.

Part XIII Supplemental Information (continued)

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 2009.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN (OR LOSS) ON EXCHANGE	33,692.
----------------------------	---------

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.

OMB No. 1545-0047

2012**Open to Public
Inspection**

Name of the organization

Employer identification number

TECHNOSERVE INC.

13-2626135

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
CENTRAL AMERICA AND THE CARIBBEAN	5	72	PROGRAM SERVICE	AG ASSISTANCE	6,148,016.
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		188,608.
NORTH AMERICA	3	76	PROGRAM SERVICE	AG ASSISTANCE	1,021,548.
SOUTH AMERICA	4	36	PROGRAM SERVICE	AG ASSISTANCE	3,275,864.
SOUTH AMERICA			GRANTMAKING		438,790.
SOUTH ASIA	1	57	PROGRAM SERVICE	AG ASSISTANCE	1,172,172.
SOUTH ASIA			GRANTMAKING		29,695.
SUB-SAHARAN AFRICA	13	892	PROGRAM SERVICE	AG ASSISTANCE	45,584,683.
3 a Sub-total	26	1133			57,859,376.
b Total from continuation sheets to Part I	0	0			2,201,830.
c Totals (add lines 3a and 3b)	26	1133			60,061,206.

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

Schedule F (Form 990) 2012

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			GRANTMAKING		2,201,830.
Totals					2,201,830.

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)
		CENTRAL AMERICA AND THE CARIBBEAN	BPC AWARDS/PRIZES	55,000.	CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BPC AFTER CARE	20,000.	CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	OTHER DISBURSEMENTS	50,645.	CHECKS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	LOCAL NGO'S	57,967.	CHECKS	0.		
		SOUTH AMERICA	BPC AWARDS/PRIZES	92,726.	WIRE TRANSFER / CHECKS	0.		
		SOUTH AMERICA	BPC AWARDS/PRIZES	29,842.	CHECKS	0.		
		SOUTH AMERICA	LOCAL INSTITUTIONS	316,222.	CHECKS	0.		
		SOUTH ASIA	SEED CAPITAL	9,695.	CHECKS	0.		

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

28

3 Enter total number of other organizations or entities

0

Schedule F (Form 990) 2012

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	INTERNATIONAL NGO'S	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL NGO'S	17,390.	CHECKS	0.		
		SUB-SAHARAN AFRICA	BPC AWARDS/PRIZES	5,185.	CHECK	0.		
		SUB-SAHARAN AFRICA	OTHER DISBURSEMENTS	20,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	LOCAL INSTITUTIONS	98,757.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	OTHER DISBURSEMENTS	25,000.	CHECKS	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL NGO'S	537,486.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LOCAL NGO'S	7,496.	CHECKS	0.		
		SUB-SAHARAN AFRICA	SEED CAPITAL	8,856.	WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OTHER DISBURSEMENTS	17,406.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LOCAL INSTITUTIONS	29,976.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEED CAPITAL	147,864.	CHECKS	0.		
		SUB-SAHARAN AFRICA	LOCAL NGO'S	85,294.	WIRE TRANSFER / CHECKS	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL NGO'S	10,000.	CHECKS	0.		
		SUB-SAHARAN AFRICA	OTHER DISBURSEMENTS	63,643.	CHECKS	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL NGO'S	100,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL NGO'S	642,623.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEED CAPITAL	168,103.	CHECKS	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LOCAL NGO'S	121,665.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LOCAL INSTITUTIONS	91,764.	CHECKS	0.		

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

Part III can be duplicated if additional space is needed.

[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

Schedule F (Form 990) 2012

Part V **Supplemental Information**

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: TECHNOSERVE MAINTAINS AN OFFICE IN
TWENTY-FOUR COUNTRIES WHERE PROGRAMS/PROJECTS ARE CONDUCTED. EACH OFFICE
MAINTAINS ACCOUNTING RECORDS TO RECORD THE USE OF ALL FUNDS PROVIDED. A
SYSTEM OF INTERNAL CONTROLS EXIST TO ENSURE THAT ALL TRANSACTIONS ARE
RECORDED PROPERLY. ADDITIONALLY, TECHNOSERVE CONDUCTS INTERNAL AUDITS
AND REVIEWS TO ENSURE THAT CONTROLS ARE FOLLOWED AND TRANSACTIONS ARE
PROPERLY RECORDED.

Department of the Treasury
Internal Revenue Service

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.

Open To Public Inspection

Employer identification number
13-2626135

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.

- 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.

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

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))
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column d, and line 7				

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: _____

- 11** 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to 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).

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

(I) NAME OF FUNDRAISER: MAL WARWICK

(I) ADDRESS OF FUNDRAISER:

2550 NINTH STREET, SUITE 103, BERKELEY, CA 94710

SCHEDULE G, PART I, LINE 2**COLUMN (V): PAYMENT TO FUNDRAISER**

MAL WARWICK WAS RETAINED AS FUNDRAISING COUNSEL FOR TECHNOSERVE'S

Part IV **Supplemental Information** *(continued)*

DIRECT MAIL & PRINTING PROGRAM. ALL CONTRIBUTIONS ARE DELIVERED

DIRECTLY TO TECHNOSERVE. TECHNOSERVE 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.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

Part I Questions Regarding Compensation

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

☐ First-class or charter travel

☒ Housing allowance or residence for personal use

☒ Travel for companions

☐ Payments for business use of personal residence

☒ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

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

1b ☒ Yes ☐ No

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

2 ☒ Yes ☐ No

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

☒ Compensation committee

☐ Written employment contract

☒ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 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:

a Receive a severance payment or change-of-control payment?

4a ☐ Yes ☒ No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b ☐ Yes ☒ No

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c ☐ Yes ☒ No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 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:

a The organization?

5a ☐ Yes ☒ No

b Any related organization?

5b ☐ Yes ☒ No

If "Yes" to line 5a or 5b, describe in Part III.

6 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:

a The organization?

6a ☐ Yes ☒ No

b Any related organization?

6b ☐ Yes ☒ No

If "Yes" to line 6a or 6b, describe in Part III.

7 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

7 ☐ Yes ☒ No

8 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

8 ☐ Yes ☒ No

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

9 ☐ Yes ☐ No

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

Schedule J (Form 990) 2012

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				
(1) BRUCE MCNAMER PRESIDENT & CEO	(i)	324,260.	56,025.	690.	30,000.	9,419.	420,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GEORGE SCHUTTER CFO	(i)	211,504.	0.	300.	26,019.	25,724.	263,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIMOTHY MCLELLAN COO	(i)	213,931.	0.	450.	26,149.	24,378.	264,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID BROWNING SENIOR VP COFFEE INITIATIV	(i)	212,913.	0.	450.	25,632.	3,000.	241,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SIMON WINTER SENIOR VP DEVELOPMENT	(i)	222,006.	0.	690.	27,369.	26,471.	276,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STACEY DAVES-OHLIN GENERAL COUNSEL	(i)	151,658.	0.	450.	18,918.	26,170.	197,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRENT HABIG REGIONAL DIRECTOR	(i)	160,073.	0.	175,740.	19,800.	19,671.	375,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN WALTER COUNTRY DIRECTOR	(i)	163,721.	0.	100,903.	20,041.	13,053.	297,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KINDRA HALVORSON REGIONAL DIRECTOR	(i)	160,605.	0.	81,455.	19,024.	19,661.	280,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NICHOLAS RAILSTON-BROWN COUNTRY DIRECTOR	(i)	127,692.	0.	106,757.	11,884.	17,431.	263,764.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HILLARY MILLER REGIONAL DIRECTOR	(i)	125,863.	0.	83,805.	15,603.	19,414.	244,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: TECHNOSERVE WILL PROVIDE APPROPRIATE AND REASONABLE HOUSING FOR 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	\$46,163
JOHN WALTER	\$18,000
HILLARY MILLER	\$37,750
KINDRA HALVORSON	\$38,500
NICK RAILSTON-BROWN	\$51,000

Part III Supplemental Information

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

ANNUAL TRAVEL ALLOWANCE:

TECHNOSERVE WILL ASSIST THE 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

TECHNOSERVE INC.

Employer identification number
13-2626135

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

TO TRANSFORM THE SEED SYSTEM BY EMPOWERING LOCAL ENTREPRENEURS AND
SMALL-SCALE COMMERCIAL FARMERS. THIS EFFORT WILL HELP 3 MILLION
SMALLHOLDER FARMERS TO DETERMINE THE RIGHT PRODUCTION STRATEGY FOR
THEIR CIRCUMSTANCES.

WITH SUPPORT FROM THE ALLIANCE FOR A GREEN REVOLUTION IN AFRICA (AGRA),
TECHNOSERVE IS HELPING TO BUILD A SUSTAINABLE WAREHOUSE SYSTEM THAT
GIVES FARMERS A CHOICE TO SELL OR STORE THEIR CROPS. OUR EFFORTS WILL
ASSIST 20,000 SMALLHOLDER MAIZE AND RICE FARMERS IN TANZANIA TO REDUCE
THEIR POST-HARVEST LOSSES AND OPERATE THEIR FARMS AS A BUSINESS.

TECHNOSERVE IS WORKING WITH PARTNERS IN FOOD SOLUTIONS - A NONPROFIT
THAT DRAWS ON THE EXPERTISE OF VOLUNTEERS FROM GENERAL MILLS, CARGILL,
DSM AND BUHLER - AND THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
ACROSS SEVERAL AFRICAN COUNTRIES TO STRENGTHEN THE FOOD PROCESSING
INDUSTRY, A CRITICAL MARKET FOR SMALLHOLDER-GROWN STAPLE CROPS.

EAST AFRICA

STRIDING TOWARD ECONOMIC OPPORTUNITIES FOR YOUTH
IN EAST AFRICA, WHERE THE AVERAGE AGE IS 18 AND YOUTH UNEMPLOYMENT IS A
MAJOR ISSUE, YOUNG PEOPLE OFTEN LACK THE SKILLS AND KNOWLEDGE TO UNLOCK
ECONOMIC OPPORTUNITIES. TECHNOSERVE HAS PARTNERED WITH THE MASTERCARD
FOUNDATION TO HELP 15,000 RURAL YOUNG MEN AND WOMEN TRANSITION TO
ECONOMIC INDEPENDENCE IN KENYA, RWANDA AND UGANDA. THE STRENGTHENING
RURAL YOUTH DEVELOPMENT THROUGH ENTERPRISE (STRYDE) PROGRAM DELIVERS A

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

COMPREHENSIVE PACKAGE OF SERVICES INCLUDING SKILLS TRAINING, BUSINESS DEVELOPMENT AND MENTORING. THE CONFIDENCE AND KNOWLEDGE PARTICIPANTS GAIN FROM STRYDE HELPS THEM IDENTIFY AND CAPITALIZE ON OPPORTUNITIES.

GHANA

HIGHER YIELDS, HIGHER INCOMES FROM MAIZE

TECHNOSERVE IS COLLABORATING WITH AGRICULTURAL FIRM WIENCO AND THE MASARA N'ARZIKI ASSOCIATION TO HELP 24,000 SMALLHOLDER MAIZE FARMERS IN NORTHERN GHANA TRIPLE THEIR YIELDS AND INCREASE THEIR INCOMES. ORGANIZED INTO FARMER BUSINESS GROUPS, THE PARTICIPANTS RECEIVE TARGETED TRAINING IN FARMING AND BUSINESS SKILLS. THE PROGRAM AIMS TO DEVELOP THE MAIZE MARKET SYSTEM BY IMPROVING ACCESS TO CRITICAL SUPPLIES, FACILITATING ACCESS TO CREDIT, INCREASING PRODUCTIVITY AND CONNECTING FARMERS TO NEW MARKETS.

MOZAMBIQUE

INTEGRATED RURAL DEVELOPMENT CREATES BROAD CHANGE

AN INDUSTRY CAN DRIVE CHANGE ON A LARGE SCALE. TECHNOSERVE IS SUPPORTING THE DEVELOPMENT OF A COMPETITIVE AND ENVIRONMENTALLY SUSTAINABLE PLANTATION FORESTRY SECTOR THAT WILL BRING A RANGE OF BENEFITS TO RURAL AREAS. WITH SUPPORT FROM THE U.S. DEPARTMENT OF AGRICULTURE, WE ARE WORKING WITH SEVEN FORESTRY COMPANIES THAT PLAN TO PLANT 2.5 MILLION ACRES OF TREES AND EMPLOY MORE THAN 100,000 WORKERS IN MOZAMBIQUE. THROUGH AN INTEGRATED APPROACH TO RURAL DEVELOPMENT, WE ALSO AIM TO TRANSFORM 10,000 SUBSISTENCE FARMERS INTO COMMERCIAL FARMERS, PROMOTE INVESTMENT IN THE GRAIN AND POULTRY INDUSTRIES, AND DEVELOP THE CAPACITY OF LOCAL GOVERNMENTS TO CATALYZE ECONOMIC DEVELOPMENT.

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UGANDA

LEARNING LESSONS WITH ENTERPRISING WOMEN

THE WOMEN MEAN BUSINESS PROGRAM AIMS TO EMPOWER WOMEN IN UGANDA'S CENTRAL REGION WITH THE KNOWLEDGE AND SKILLS THEY NEED TO GROW THRIVING BUSINESSES. NOW, IN THE PROGRAM'S SECOND PHASE, TECHNOSERVE IS WORKING TO UNDERSTAND HOW BEST TO SUPPORT ENTERPRISING WOMEN. IN PARTNERSHIP WITH INNOVATIONS FOR POVERTY ACTION, WE ARE MEASURING THE IMPACT OF AN IN-DEPTH APPROACH THAT COMBINES CLASSROOM INSTRUCTION WITH INTENSIVE COACHING AND MENTORING. THE STUDY WILL HELP TECHNOSERVE AND OTHERS UNDERSTAND HOW TO ACHIEVE THE GREATEST IMPACT AND COST EFFECTIVENESS.

ZIMBABWE

INNOVATIONS REPRESENT AGRICULTURE'S FUTURE

ZIMBABWE'S SMALLHOLDER FARMERS FACE CHALLENGES IN ACCESSING FINANCE AND MARKETS. A TECHNOSERVE BUSINESS PLAN COMPETITION, AGRO INITIATIVE ZIMBABWE, AIMS TO BOOST THE COUNTRY'S AGRICULTURAL SECTOR BY SUPPORTING MEDIUM-SIZE BUSINESSES WITH INNOVATIVE IDEAS FOR INCLUDING SMALLHOLDER FARMERS IN THEIR SUPPLY CHAINS. WE HAVE AWARDED CAPITAL PRIZES TO 12 PROMISING BUSINESSES, AND OUR BUSINESS ADVISORS ARE HELPING THESE FIRMS TO IMPLEMENT MODELS SUCH AS CONTRACT FARMING OR OUTGROWER SYSTEMS THAT CREATE OPPORTUNITIES FOR SMALL-SCALE FARMERS. THESE BUSINESSES ARE A CATALYST FOR TRANSFORMING AGRICULTURE IN ZIMBABWE.

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

COW REPRODUCTIVE RATES AND RECORDKEEPING. WE ARE HELPING MORE THAN 19,000 CATTLE PRODUCERS TO IMPLEMENT TRACEABILITY SYSTEMS THAT WILL ALLOW THEM TO REACH NEW MARKETS.

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CENTRAL AMERICA/WEST AFRICA

A BOOST FOR PROMISING BUSINESSES TECHNOSERVE IS SUPPORTING SMALL AND GROWING BUSINESSES IN GUATEMALA, HONDURAS, NICARAGUA AND BURKINA FASO THROUGH A NEW BUSINESS ACCELERATOR PROGRAM, IMPULSA TU EMPRESA.

SUPPORTED BY THE ARGIDIUS FOUNDATION, THE PROGRAM WILL HELP MORE THAN 800 HIGH-POTENTIAL ENTERPRISES BOOST THEIR BUSINESS THROUGH BUSINESS PLAN COMPETITIONS, TRAINING, MENTORING, AND IMPROVED ACCESS TO CAPITAL AND MARKETS. THE PROGRAM AIMS TO INCREASE SALES BY \$13 MILLION AND GENERATE 750 NEW JOBS ACROSS THE FOUR COUNTRIES.

HAITI

CREDIT BRINGS HOPE TO MANGO FARMERS

MANGO FARMERS OFTEN FEEL PRESSURE TO SELL THEIR FRUIT BEFORE IT IS RIPE, SACRIFICING MUCH OF ITS VALUE. THE HAITI HOPE PROJECT - A PARTNERSHIP TO HELP 25,000 FARMERS DOUBLE THEIR FRUIT INCOME - IS HELPING TO FIND A SOLUTION. HAITI HOPE BRINGS TOGETHER PUBLIC AND PRIVATE PARTNERS, INCLUDING THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT; THE COCA-COLA COMPANY; THE MULTILATERAL INVESTMENT FUND, A MEMBER OF THE INTER-AMERICAN DEVELOPMENT BANK GROUP; AND TECHNOSERVE. THE PROJECT IS PARTNERING WITH LOCAL FINANCIAL INSTITUTION SOGESOL TO IMPLEMENT A LOAN PROGRAM FOR FARMERS, WHO ARE LARGELY EXCLUDED FROM THE HAITIAN FINANCIAL SYSTEM. SOME 1,400 FARMERS HAVE RECEIVED LOANS, AND THE PROGRAM AIMS TO ENROLL 7,500 BORROWERS BY 2015.

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

ANDEAN

232212
01-04-13

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THE FOUR-YEAR ANDEAN BUSINESS PLAN COMPETITION SUCCESSFULLY CLOSED OUT IN DECEMBER 2012. IN TOTAL, 538 BUSINESSES IN BOLIVIA, CHILE, COLOMBIA, ECUADOR, PERU AND VENEZUELA RECEIVED CONSULTING SERVICES FROM TECHNOSERVE. PARTICIPATING BUSINESSES GENERATED \$16.2 MILLION IN SALES DURING THE PROJECT, REPRESENTING A 342 PERCENT INCREASE IN SALES SINCE THEY STARTED TO RECEIVE SUPPORT FROM THE PROJECT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SOUTH ASIA

INDIA

NEW OPPORTUNITIES FOR TIBETANS IN EXILE

TIBETANS LIVING IN EXILE IN INDIA AND NEPAL FACE MAJOR ECONOMIC CHALLENGES, INCLUDING A LACK OF EMPLOYMENT OPPORTUNITIES AND A GROWING NUMBER OF PEOPLE MOVING AWAY FROM SETTLEMENTS. THE ECONOMIC DEVELOPMENT OF TIBETAN SETTLEMENTS (EDOTS) PROGRAM IS CREATING SUSTAINABLE LIVELIHOOD OPPORTUNITIES BY PROMOTING COMPETITIVE FARMS AND BUSINESSES. WITH SUPPORT FROM THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, TECHNOSERVE IS TRAINING FARMERS IN ORGANIC PRODUCTION AND HELPING TO IMPROVE SUPPLY CHAINS FOR ORGANIC CROPS. THE PROGRAM ALSO PROVIDES TRAINING AND SUPPORT TO 60 ENTREPRENEURS, ALONG WITH SKILLS TRAINING AND JOB-SEEKING SERVICES TO HELP 570 YOUNG TIBETANS FIND WORK.

EXPENSES \$ 1,201,867. INCLUDING GRANTS OF \$ 29,695. REVENUE \$ 0.

NORTH AMERICA

KNOWLEDGE MANAGEMENT

TECHNOSERVE'S GOAL FOR ITS KNOWLEDGE INITIATIVE IS TO IMPROVE THE IMPACT AND EFFECTIVENESS OF THE ORGANIZATION AND OF INDIVIDUAL STAFF

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MEMBERS THROUGH THE CAPTURE AND SHARING OF EXPERIENCE AND LEARNING ACROSS THE ORGANIZATION. AT THE SAME TIME, TECHNOSERVE SEEKS TO INFLUENCE THE BEHAVIOR OF OTHER ORGANIZATIONS AND DONORS TOWARDS GREATER IMPACT AND EFFECTIVENESS. IN 2012, TECHNOSERVE'S KNOWLEDGE INITIATIVE FOCUSED ON TWO PRIMARY ACTIVITIES - 1) IMPROVING OUR GLOBAL KNOWLEDGE PLATFORM TO ENABLE STAFF WORLDWIDE TO FIND AND ACCESS NEEDED TOOLS AND RESOURCES; AND 2) PROMOTING PRACTICE GROUPS TO CREATE CONNECTIONS, SHARE KNOWLEDGE AND ENCOURAGE INNOVATION AROUND PRIORITY TOPICS.

SPECIFICALLY, TECHNOSERVE'S KNOWLEDGE PLATFORM, WAS REDESIGNED AND ROLLED OUT TO STAFF WORLDWIDE. A NEW SHARED LIBRARIES SYSTEM WAS STRUCTURED AND KEY CONTENT WAS ADDED, INCLUDING SUCH ITEMS AS INDUSTRY STRATEGIC PLANS (ISPS), EVALUATIONS AND CASE STUDIES. KEY CONTENT MANAGERS ACROSS THE ORGANIZATION WERE IDENTIFIED AND TRAINING AND SUPPORT TO THEM BEGAN ON HOW TO STRUCTURE AND ADD RESOURCES TO THE PLATFORM.

FOUR PRACTICE GROUPS BECAME OPERATIONAL IN 2012, FOCUSING ON GENDER, ACCESS TO FINANCE (A2F), ENTREPRENEURSHIP AND INFORMATION TECHNOLOGY FOR DEVELOPMENT (ICT4D). ALL FOUR PRACTICE GROUPS HELD REGULAR KNOWLEDGE SHARING WEBINARS WITH GLOBAL STAFF AND HAVE CREATED ROBUST SHARED LIBRARIES WITH TOOLS AND RESOURCES. TWO ADDITIONAL PRACTICE GROUPS ARE UNDER DEVELOPMENT, FOCUSING ON YOUTH AND ENVIRONMENT.

TECHNOSERVE'S PRACTICE GROUP LEADERS AND OTHER STAFF ACTIVELY PARTICIPATE IN EXTERNAL CONFERENCES AND WORKSHOPS ON THESE TOPICS AND OTHERS TO SHARE OUR LEARNINGS AND CONTRIBUTE TO IMPROVING BEST PRACTICE

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IN THE BROADER INDUSTRY.

ENTREPRENEURSHIP

AS PART OF THE TECHNOSERVE FIVE YEAR STRATEGIC PLANNING PROCESS WE REFRESHED OUR ENTREPRENEURSHIP STRATEGY. WE REALIZED THAT TO SCALE OUR ENTREPRENEURSHIP WORK, WE NEED TO NOT ONLY FOCUS ON SMALL AND GROWING BUSINESSES (SGBS) BUT WE NEED TO ALSO HELP ENTREPRENEURS AT THE BOTTOM OF THE PYRAMID AND TO HELP BUILD LARGE BUSINESSES WHICH ARE AT THE TOP OF THE PYRAMID AND IN TURN CREATE A LARGE NUMBER OF GOOD JOBS FOR THOSE AT THE BOTTOM ON THE PYRAMID. OVER THE NEXT 5 YEARS WE BELIEVE WE CAN SIGNIFICANTLY SCALE OUR ENTREPRENEURSHIP IMPACT BY IMPLEMENTING GROUND BREAKING INTERVENTIONS IN BOTH ENTERPRISE DEVELOPMENT AND ENTERPRISE CREATION FOR ENTREPRENEURS AND BUSINESS REGARDLESS OF THEIR POSITION IN THE PYRAMID.

WE ALSO SEE THE POTENTIAL FOR SIGNIFICANTLY MORE IMPACT BY PARTNERING WHERE POSSIBLE WITH LOCAL ORGANIZATIONS WHO CAN FIND AND TRAIN ENTREPRENEURS MORE COST EFFECTIVELY OR EFFICIENTLY THAN WE CAN WHICH WILL ALLOW US TO FOCUS OUR INTERVENTIONS ON LARGER, PRE-QUALIFIED BUSINESSES.

AS FOR 2012 WE SAW NEW SIGNIFICANT GROWTH PARTICULARLY IN THE AREAS OF WOMEN AND YOUTH. FOR EXAMPLE A CURRENT ASSESSMENT OF THE TOTAL NUMBER OF ENTERPRISING WOMEN AND GIRLS ACROSS ALL OF OUR ENTREPRENEURSHIP PROJECTS DURING THE NEXT THREE YEARS NOW EXCEEDS 60,000.

TECHNOSERVE'S ENTREPRENEURSHIP PRACTICE RAISES THE MAJORITY OF ITS FUNDING FROM CORPORATIONS AND FOUNDATIONS. IN 2012 WE SAW INCREASED

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INTEREST AND FUNDING FROM LOCAL GOVERNMENTS DUE TO THEIR DESIRE TO
IMPROVE THEIR ECONOMIC CLIMATE AND CREATE JOBS - ESPECIALLY AMONG
VULNERABLE YOUNG PEOPLE.

EXPENSES \$ 1,021,548. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

CHILE, COLOMBIA, EL SALVADOR, UNITED KINGDOM,

GHANA, GUATEMALA, HONDURAS, KENYA,

MOZAMBIQUE, NICARAGUA, NICARAGUA, SWAZILAND,

PERU, RWANDA, SOUTH AFRICA, TANZANIA,

UGANDA, ZAMBIA, COTE D IVOIRE, NIGERIA,

ETHIOPIA, ZIMBABWE, MEXICO

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 WILL BE DISTRIBUTED AND REVIEWED BY THE BOARD OF DIRECTORS.

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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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT
NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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, OTHER FEES:

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	10,716,001.
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MANAGEMENT AND GENERAL EXPENSES	745,789.
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FUNDRAISING EXPENSES	69,511.
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TOTAL EXPENSES	11,531,301.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	11,531,301.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CURRENCY TRANSLATION ADJUSTMENT -117,162.

GAIN ON EXCHANGE 33,692.

TOTAL TO FORM 990, PART XI, LINE 9 -83,470.

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

TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR 2012

TECHNOSERVE WORLDWIDE NUMBER OF EMPLOYEES DURING THE 2012 IS 1,133,
PART I LINE 5 SHOWS 154, FOR WHICH THE ORGANIZATION HAS ISSUED
CORRESPONDED W-2S.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012
Open to Public
Inspection

Name of the organization

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to 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
TECHNO NICARAGUA	DEVELOPMENT	NICARAGUA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.	X	
OFIPLAZA EL RETIRO, SUITE 537, ROTONDA EL PE							
MANAGUA, NICARAGUA							
TECHNOSERVE SWAZILAND	DEVELOPMENT	SWAZILAND	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.	X	
4TH FLOOR, LILUNGA HOUSE, SOMHOLO RD							
MBABANE, SWAZILAND							
COMMUNITY ENTERPRISE DEVELOPMENT AND	TRUST	SWAZILAND	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.	X	
INVESTMENT TRUST, 4TH FLOOR, LILUNGA HOUSE,							
SOMHOLO RD, MBABANE, SWAZILAND							
TECHNOSERVE SOUTH AFRICA	DEVELOPMENT	SOUTH AFRICA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC.	X	
13TH FLOOR METAL BOX BUILDING, 25 OWL ST.							
AUKLAND PARK, SOUTH AFRICA							

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

Schedule R (Form 990) 2012

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

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

[illegible]

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

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

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

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

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

[illegible]