### EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

and ending

OMB No. 1545-0047

Department of the Treasury

A For the 2023 calendar year, or tax year beginning

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

Check if applicable: C Name of organization D Employer identification number Address change TECHNOVATION Name change 20-8386654 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 700 EL CAMINO REAL, PMB 1120 120 (650) 257-0083 4,193,848. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 94025 MENLO PARK, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: TARA CHKLOVSKI for subordinates? ..... Yes X No SAME AS C ABOVE \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.TECHNOVATION.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2006 M State of legal domicile: CA ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: EMPOWER GIRLS AND FAMILIES TO **Activities & Governance** IDENTIFY COMMUNITY PROBLEMS AND CREATE TECH & ENGINEERING SOLUTIONS. 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 38 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5598 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,864,883. 3,977,173. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) -779.210. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 274,944. 216,455. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11  $\overline{3,140,037}$ 4,192,849 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 322,175. 604,639. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,506,513. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,018,964. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 553,565. 945,998. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  $4,569,\overline{601}$ 3,382,253. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -242,216. -376,752. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,890,044. 2,557,044. Total assets (Part X, line 16) 319,998. 344,955. 21 Total liabilities (Part X, line 26) 三年 570,046. 212,089 Net assets or fund balances. Subtract line 21 from line 20 ..... 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. Signature of officer Date Sign TARA CHKLOVSKI, CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 09/30/24 self-employed P00449497 GEORGETTE M. GREEN GEORGETTE M. GREEN Paid HUTCHINSON AND BLOODGOOD, LLP Firm's name Firm's EIN 95-0858589 Preparer Firm's address 550 N. BRAND BLVD., 14TH FLOOR Use Only GLENDALE, CA 91203 Phone no. (818) 637-5000 X Yes May the IRS discuss this return with the preparer shown above? See instructions

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Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	EMPOWER GIRLS AND FAMILIES TO IDENTIFY COMMUNITY PROBLEMS AND CF	
	TECH AND ENGINEERING SOLUTIONS THAT DEVELOP THEIR LEADERSHIP AND	)
	CREATIVE PROBLEM-SOLVING SKILLS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex-	xnenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	erises, ariu
4a		)
	OUR MISSION IS TO EMPOWER GIRLS TO BECOME LEADERS, TECHNOLOGY	OTDI C
	INNOVATORS AND REAL-WORLD PROBLEM SOLVERS. IN 2023, NEARLY 7,500	
	ON 2,000 TEAMS FROM 61 COUNTRIES SUBMITTED COMPLETED PROJECTS TO	THE
	TECHNOVATION GIRLS PROGRAM.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
TD	(Code:) (Expenses \$	,
4c	(Code:) (Expenses \$	1
	/ (Lexicises #) (Lexicises #	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 3,610,046.	,
	- 1 1	Form <b>990</b> (2023)

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# Form 990 (2023) TECHNOVATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		<del></del>
'		7		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b> </b> ₩
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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			<del></del>
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	21	<del>                                     </del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	ــــّــــ		<del></del>
13		19		x
20-	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<del>  ^</del>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

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Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			$\sqcup$
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	X	(2022)

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 20-8386654

				Yes	No			
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 38						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	X				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).						
5а	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	tion?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e 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 contribution	ons or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X			
b			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required						
	to file Form 8282?	l I	7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	•	_					
•			8					
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a					
a b			9b					
10	Section 501(c)(7) organizations. Enter:		30					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	100						
а	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					
	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
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						
	Enter the amount of reserves on hand	13c						
			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.				177			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities the section 501(c)(21) organizations.							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1	4								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	4								
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?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
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		Х						
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:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b		Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion 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						
	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										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on 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?									
а	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 on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	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								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed CA, NY									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c)	3)s only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records ${\tt ELIZABETH}$ ${\tt VODAK}$ - ${\tt 650-257-0083}$									
	700 EL CAMINO REAL, PMB 1120, STE 120, MENLO PARK, CA 94025									

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

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

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

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

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per	box	not c , unle:	Posi heck i	ition		one i an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) TARA CHKLOVSKI FOUNDER/CEO	40.00			Х				151,809.	0.	21,197.
(2) BERENICE THOMASSINY VILLAURRUTI	40.00							131,003.	0.	21,1710
CHIEF BRAND OFFICER	40.00					x		125,500.	0.	713.
(3) DEBORAH BOYER COO	40.00			х				102,891.	0.	12,309.
(4) KATE PARKER	1.00								• •	
BOARD CHAIR		Х		х				0.	0.	0.
(5) SONYA PARK	1.00									
VICE BOARD CHAIR		Х		Х				0.	0.	0.
(6) HEATHER KNIGHT	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) ANN WEEBY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MUKUL AGGARWAL	1.00									
DIRECTOR		Х						0.	0.	0.
(9) SANA KHAREGHANI	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JESSICA KUNG	1.00									
DIRECTOR		Х						0.	0.	0.
(11) BIRTE HOEHNE MAHYERA	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(12) ADELIA CURITS DUARTE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ROSSANA WANG	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(14) GABRIELA BURIAN	1.00	ļ								
DIRECTOR	1 00	Х	_			_		0.	0.	0.
(15) ALICIA HAMMOND	1.00	.,						_	_	_
DIRECTOR	1 00	Х						0.	0.	0.
(16) SEPEHR MOGHADAM	1.00	٠,						_	_	_
DIRECTOR		Х				-		0.	0.	0.
		1								
	L	1	I	l	I	L		l		Form <b>990</b> (2022)

Form 990 (2023) TECHNOVATION

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

(R) (C) (D) (E) 20-8386654 Page **8** 

	Name and title	Average hours per	not c	ss per	more rson i	than o s both or/trus	n an	Reportable compensation	Reportable compensation	ensation			ted t of	
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer P		Highest compensated 5		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	d other compensa SC/ from the		ation he ation ated	
	Subtotal								380,200.	(	0.	3	4.2	219.
	Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c) 380, 200.										0.	3	4,2	219.	
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable				3
3	Did the ergenization list any former officer	director truct	20 k	.0	mnl	0.40	0 01	hia	host componented omp	lovos on	ſ		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		х
4	For any individual listed on line 1a, is the su	-								-			v	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										}	4	X	
	rendered to the organization? If "Yes," com											5		Х
	tion B. Independent Contractors									100,000 (				
1	Complete this table for your five highest co the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·	ensat	ion tre	om	
	(A)								(B)		_	(0	<b>C)</b>	
	Name and business	address	NC	ONE	<u> </u>			_	Description of s	ervices		ompe	nsatio	on
								$\dashv$						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	· ·	ot lin	nited	to t	thos (		ted	above) who received mo	ore than				
	, ,												000	(2023)

332008 12-21-23

11280930 311449 0131988T

(F)

Page **9** 20-8386654

Form 990 (2023) TECHNOV Part VIII Statement of Revenue

			Check if Schedule O	onta	ins a re	esponse	or note to any lin	ne in this Part VIII			
			Official in Confodulo C	Joine	ino a re	зороноо	or moto to arry m	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
S G	1	_	Federated campaigns			1a					
ant	•					1b		-			
9			Membership dues Fundraising events			1c		1			
fts,						1d		-			
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri	butio		1e	29,962.	-			
Sin			All other contributions, gifts,		· / -	16	23,302.	-			
e ti		•	similar amounts not included			<sub>1f</sub> 3,	947,211.				
흡황		~				1g \$	J = 1 , Z = 1 ·	-			
o d		g	Noncash contributions included in	ines ia	a-IT L	Igγ		3,977,173.			
O e		- 11	Total. Add lines 1a-1f				Business Code	5,511,1131			
_	^						Business Code				
jce	2	a									
er ne		b									
m S		C									
gra Re		d									
Program Service Revenue		e	All other pregram contine								
_			All other program service								
	3		Total. Add lines 2a-2f Investment income (include				et and				
	0							220.			220.
	4		Income from investment of				uroceeds				
	5		Royalties		-	-					
	٠		noyanics	П		Real	(ii) Personal				
	6	а	Gross rents	6a	(-)		(-)	-			
	Ŭ		Less: rental expenses	6b							
		c	Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of		(i) Se	curities	(ii) Other				
	·	_	assets other than inventory	7a	.,		,				
		h	Less: cost or other basis								
<u>o</u>		-	and sales expenses	7b			999.				
her Revenue		С	Gain or (loss)	7c			-999.				
Şe.			Net gain or (loss)				•	-999.	-999.		
e	8		Gross income from fundraising								
₽	_										
			contributions reported on								
			Part IV, line 18								
		b				- 1					
		С	Net income or (loss) from	fundr	aising	events					
	9		Gross income from gamin								
			Part IV, line 19			9a					
		b				۱					
		С	Net income or (loss) from	gamiı	ng acti	vities					
	10	а	Gross sales of inventory, l	ess re	eturns						
			and allowances			10a	a				
		b	Less: cost of goods sold								
		С	Net income or (loss) from	sales	of inve	entory					
ွ							Business Code				
e e	11		EMPLOYEE RETE	NTI	ION	CRE	900099	197,182.	4		197,182.
ane		b	OTHER INCOME				900099	19,273.	19,273.		
cell eve		С									
Miscellaneous Revenue			All other revenue					015 :==			
			Total. Add lines 11a-11d					216,455.	10.054		105 100
	12		Total revenue. See instruction	ns .				4,192,849.	18,274.	0.	197,402.

332009 12-21-23

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 80,000. 80,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... 524,639. 524,639. Benefits paid to or for members ..... Compensation of current officers, directors, 288,206. 217,115. 30,101. 40,990. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,182,025. 1,643,800. 227,891. 310,334. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 306,768. 235,842. 34,037. 36,889. Other employee benefits 9 241,965. 182,150. 25,636. 34,179. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 34,212. 14,212. 16,500. 3,500. column (A), amount, list line 11g expenses on Sch O.) 124,848. 124,848. Advertising and promotion 12 11,975. 7,345. 2,776. 1,854. Office expenses 13 Information technology 14 15 Royalties 10,340. 9,816. 524. 16 Occupancy 7,984. 393,017. 358,511. 26,522. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 5,030. 5,030. 20 Payments to affiliates 21 3,802. 3,802. Depreciation, depletion, and amortization 22 27,036. 1,053. 25,983. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 125,407. 125,328. 20. 59. PROGRAM EXPENSE & MATER EQUIPMENT EXPENSES 71,161. 18,008. 3,479. 49,674. 66,776. 24,159. 57,107. 9,559. CONTRACT SERVICES 110. 105. 24,054. d EVENTS 28,094. 48,235. 10.167. 9,974. e All other expenses 4,569,601. 3,610,046. 420,892. 538,663. Total functional expenses. Add lines 1 through 24e 25 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)

20-8386654 Page 11 TECHNOVATION

Form 990 (2023)
Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this	s Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,689,040.	1	1,534,138
	2	Savings and temporary cash investments		1,013,470.	2	813,690
	3	Pledges and grants receivable, net		63,930.	3	41,934
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, dire				
		trustee, key employee, creator or founder, substantial contributor,	or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as de	efined			
		under section 4958(f)(1)), and persons described in section 4958(c)	e)(3)(B)		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ď	9	Prepaid expenses and deferred charges		81,928.	9	95,174
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 1,0	23,557.			
	b		15,207.	10,336.	10c	8,350 37,272
	11	Investments - publicly traded securities		18,477.	11	37,272
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		10.050	14	26.126
	15	Other assets. See Part IV, line 11		12,863.	15	26,486
	16	Total assets. Add lines 1 through 15 (must equal line 33)		2,890,044.	16	2,557,044
	17	Accounts payable and accrued expenses		95,906.	17	100,991
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	<b>I</b>		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule			21	
es	22	Loans and other payables to any current or former officer, director,				
┋		trustee, key employee, creator or founder, substantial contributor,				
Liabilities					22	
_	23				23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related the	<b>I</b>			
		parties, and other liabilities not included on lines 17-24). Complete	Part X	224,092.	25	243,964
	26	of Schedule D		319,998.	26	344,955
	20	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here		313,330.	20	344,555
Š		and complete lines 27, 28, 32, and 33.	' I			
ĕ	27	Net assets without donor restrictions		2,570,046.	27	1,712,089
<u> </u>	28	Net assets with donor restrictions		2/3/0/0101	28	500,000
ᅙ		Organizations that do not follow FASB ASC 958, check here	····			
Ī		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Ass	31	Retained earnings, endowment, accumulated income, or other fun-			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		2,570,046.	32	2,212,089
Z	33	Total liabilities and net assets/fund balances		2,890,044.	33	2,557,044

Form 990 (2023) TECHNOVATION 20-8386654 Page 12

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,19	2,8	<u>49.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,56					
3	Revenue less expenses. Subtract line 2 from line 1	3	-37					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,57	0,0	46.			
5	Net unrealized gains (losses) on investments	5	1	8,7	95.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,21	2,0	89.			
Pa	rt XII Financial Statements and Reporting	•	-					
	Check if Schedule O contains a response or note to any line in this Part XII							
	•			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	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?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х			
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
-			Form	990	(2023)			

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

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

Inspection **Employer identification number** 

OMB No. 1545-0047

TECHNOVATION 20-8386654 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 TECHNOVATION 20-8386

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

fails to qualify under the tests listed below, please complete Part III.)	(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	zation
	fails to qualify under the tests listed below, please complete Part III.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4336120.	2253695.	3681024.	2864883.	3977173.	17112895.
2	Tax revenues levied for the organ-						
	ization'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	4336120.	2253695.	3681024.	2864883.	3977173.	17112895.
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)						5186100.
6	Public support. Subtract line 5 from line 4.						11926795.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4336120.	2253695.	3681024.	2864883.		17112895.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			460.	210.	200.	870.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	5,026.	2,777.	2,288.	274,944.	216,455.	501,490.
11	Total support. Add lines 7 through 10		-	-	-	-	17615255.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th					D1(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	67.71 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	64.02 <u>%</u>
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies						T
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	: 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-		• • •			
	more, and if the organization meets the						
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organization		-		• • •		s
							(Form 990) 2023

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2010	<b>(b)</b> 2020	(a) 2021	(4) 2022	(2) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	лт ини пот спеск а	DUX UITIIIIE 14, 19	a, OF TYD, CHECK TO	iis dux aiiu see ins	แนบแบที่	

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TECHNOVATION 20-8386654 Page 4

### Schedule A (Form 990) 2023 TECH | Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Pai	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		N
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2023

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	g
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain in</i> <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orgar	nization (see
	instructions)			

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions		•	ĺ	Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	<b>)</b>		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

<u>TECHNOVATION</u> 20-8386654

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2023

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
MCGOVERN FOUNDATION	1,300,000.	947,695.
ELBAZ FAMILY FOUNDATION	525,000.	172,695.
SERVICE NOW	833,000.	480,695.
SHOPIFY, INC	1,097,517.	745,212.
TE CONNECTIVITY	610,000.	257,695.
ADOBE FOUNDATION	1,025,000.	672,695.
SALES FORCE	513,430.	161,125.
GOOGLE INC	802,062.	449,757.
HSBC	1,492,311.	1,140,006.
GENERAL MOTORS	500,000.	147,695.
NVIDIA	363,135.	10,830.
Total Excess Contributions to Schedule A, Part II, Line 5		5,186,100.

### Schedule B

(Form 990)

# **Schedule of Contributors**

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

OMB No. 1545-0047

	TE	20-8386654				
Organizat	tion type (check or	ne):				
Filers of:		Section:				
Form 990	or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990-	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
-	-	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
General F	kule					
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special R	ules					
s	sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F line 1. Complete Parts I and II.	that received from any one			
c li	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
y is F	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "N	lo" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, a requirements of Schedule B (Form 990).	• •			

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHOPIFY, INC  151 O'CONNOR STREET, GROUND LEVEL  OTTAWA, ONTARIO, CANADA K2P2L8	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ELBAZ FAMILY FOUNDATION  10122 ROSSBURY PLACE  LOS ANGELES, CA 90064	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MCGOVERN FOUNDATION 420 BOYLSTON ST BOSTON, MA 02116	\$500,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4  METLIFE  200 PARK AVE  NEW YORK, NY 10166	\$ 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SPECTRIS  MELBOURE HOUSE, 44-46 ALDWYCH  LONDON, UNITED KINGDOM WC2B4LL	\$119,973.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TE CONNECTIVITY FOUNDATION  1050 WESTLAKES DR  BERWYN, PA 19312	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

TECHNOVATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FACTSET RESEARCH SYSTEMS INC.  601 MERRITT 7, FL 13  NORWALK, CT 06851	\$\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SERVICENOW  165 TOWNSHIP LINE RD., # 1200  JENKINTOWN, PA 19046	\$250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SYNOPSYS  690 E. MIDDLEFIELD RD  MOUNTAIN VIEW, CA 94043	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4  EBAY, INC  P.O. BOX 981488  EL PASO, TX 79998	* 110,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	AT&T  208 S. AKARD ST  DALLAS, TX 75202	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	BEST BUY FOUNDATION  P.O. BOX 4355  SOUTHFIELD, MI 48037	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	CISCO  P.O. BOX 696024  SAN ANTONIO, TX 78269	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	GOOGLE TECH P.O. BOX 2050 MOUNTAIN VIEW, CA 94042	\$ <u>245,130.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	HARMAN INTERNATIONAL  400 ATLANTIC STREET  STAMFORD, CT 06901	\$ <u>120,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 16_	Name, address, and ZIP + 4  TEKSYSTEMS  221 MAIN STREET, STE 200  SAN FRANCISCO, CA 94105	Total contributions  \$ 175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3** 

Name of organization

Employer identification number

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(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			
		\$				

Schedule B (Form 990) (2023) Page **4** 

Name of organization **Employer identification number** TECHNOVATION 20-8386654 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

**Employer identification number** 

Name of the organization

	TECHNOVATION		20-83	886654
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Comple	ete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·	
		(a) Donor advised funds	(b) Funds and other	accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ad funds	_
•	are the organization's property, subject to the organization's			res No
6	Did the organization inform all grantees, donors, and donor a			140
·	for charitable purposes and not for the benefit of the donor or			
				res No
Par		ganization answered "Yes" on Form 990 F		<u>cs</u>
1	Purpose(s) of conservation easements held by the organization		are iv, into 7.	
•	Preservation of land for public use (for example, recreat		a historically important lar	nd area
	Protection of natural habitat		a certified historic structu	
	Preservation of open space	Freservation of	a certified filstoric structur	6
2	<del></del> · · ·	ied concentation contribution in the form	of a concentration accomen	t on the last
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form		nd of the Tax Year
_				Ta or the rax rour
	Total number of conservation easements		_	
	•			
C	Number of conservation easements on a certified historic stru		2c	
a	Number of conservation easements included on line 2c acqui			
•	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax	X
	year	annual in Innahad		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		┌,	
•	violations, and enforcement of the conservation easements it		······ —	′es No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	ervation easements during	the year
_	A second of second in seco	Para at delations and automican and automican	Commence of the state of the st	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	on easements during the	year
	Decrees a second	and the constitution of and the 170/b	(4\/D\/;\	
8	Does each conservation easement reported on line 2d above		····	D.
•				es No
9	In Part XIII, describe how the organization reports conservation	·		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	nts that describes the	
Par	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or Ot	ner Similar Assets	
	Complete if the organization answered "Yes" on Form		ioi oiiimai 7.000toi	
		· · · · · · · · · · · · · · · · · · ·		
та	If the organization elected, as permitted under FASB ASC 95	· ·		
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			
р	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,	
	provide the following amounts relating to these items.		•	
	(i) Revenue included on Form 990, Part VIII, line 1		_	
_				
2	If the organization received or held works of art, historical trea		gain, provide	
	the following amounts required to be reported under FASB A			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D	(Form 990) 2023

332051 09-28-23

	t III Organizations Maintaining Col	lections of Art	t, Hist	orical Tre	asures, o	r Other	Simil	ar Asset	S (continu	ued)
3	Using the organization's acquisition, accession								<u> </u>	
	collection items (check all that apply).	,	,				gea			
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	e			nango progn					
c	Preservation for future generations	J								
4	Provide a description of the organization's colle	ections and explain	how th	ev further th	ne organizatio	nn's exem	nnt nurr	ose in Par	ł XIII	
5	During the year, did the organization solicit or re							ooc iiii ai	. 7011.	
Ŭ	to be sold to raise funds rather than to be main								Yes	☐ No
Pai	t IV Escrow and Custodial Arrange									110
	reported an amount on Form 990, Part		ic ii tiic	organization	ranswered	103 0111	01111 00	o, raitiv,	iii ic 5, 6i	
	Is the organization an agent, trustee, custodian		liary for	contribution	s or other as	sets not	include	٠		
	on Form 990, Part X?							_	Yes	No
h	If "Yes," explain the arrangement in Part XIII an									
	ii ree, explain the arrangement iiir are xiii an	a complete the lon	ownig t	abio.					Amount	
c	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Forr								Yes	No
	If "Yes," explain the arrangement in Part XIII. Cl		•				•	∟		
Par										
1 311		(a) Current year		rior year	(c) Two yea			e years back	(e) Four	years back
10	Beginning of year balance	(a) carrerry car	(~).	,	(5) )	Just	(-,	, ou o	(0):00:	youro puon
b	Contributions									
C	Net investment earnings, gains, and losses					+				
d	Grants or scholarships					+				
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		/I: 4		<u> </u>					
2	Provide the estimated percentage of the curren	it year end balance	•	g, column (a)	)) neid as:					
а	Board designated or quasi-endowment	0.4	_%							
b	Permanent endowment	%								
С	Term endowment%									
_	The percentages on lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the possess	ion of the organiza	tion tha	t are held ar	nd administei	red for the	е		Г	Vaa Na
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
	If "Yes" on line 3a(ii), are the related organization								. 3b	
4 Do:	Describe in Part XIII the intended uses of the or		wment f	unds.						
Pai	t VI Land, Buildings, and Equipmen		D4.1	/ II: 44 - 0		N Dest V	U 40			
	Complete if the organization answered "			i						
	Description of property	(a) Cost or of			or other		ccumula	II	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	oreciatio	on		
	Land									
	Buildings									
	Leasehold improvements						4.6			
	Equipment				7,672.		49,		8	350.
<u>e</u>	Other			96	5,885.		965,	385.		0.
Total	. Add lines 1a through 1e. (Column (d) must eau	al Form 990. Part	X. line 1	0c. column	(B))				8	350.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 TECHNOVATION	N .	20-	-8386654 Page <b>3</b>
Part VII Investments - Other Securities  Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
7.3	(b) Book value	(b) Wethod of Valdation. Cost of cha	or year marker value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities	<u>(B))</u>		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
. (a) Description of liability	5111 01111 000, 1 dit 1V, III10	170 or 1711. Oce 1 or 111 oce, 1 are x, into 20.	(b) Book value
(1) Federal income taxes			(b) Book value
(2) LOAN PAYABLE			143,700.
(3) PAYROLL LIABILITIES			100,264.
(4)			100,204
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		243,964.
2. Liability for uncertain tax positions. In Part XIII, provide			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 TECHNOVATION			20-8	8386654 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,221,604.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	18,795.		
b	Donated services and use of facilities	2b	9,960.		
С					
d					
е	Add lines 2a through 2d			2e	28,755.
3	Subtract line 2e from line 1			3	4,192,849.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	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	4,192,849.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements			1	4,579,561.
1 2					
-	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:		9,960.		
2	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a			
2 a	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments	2a 2b			
2 a b	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses	2a 2b 2c			4,579,561.
2 a b c	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	2a 2b 2c 2d	9,960.		4,579,561. 9,960.
2 a b c	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	2a 2b 2c 2c 2d	9,960.	1	4,579,561.
2 a b c d	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	2a 2b 2c 2c 2d	9,960.	1 2e	4,579,561. 9,960.
2 a b c d e 3	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	9,960.	1 2e	4,579,561. 9,960.
2 a b c d e 3	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	9,960.	1 2e	4,579,561. 9,960.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	9,960.	1 2e	9,960. 4,569,601.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	2a 2b 2c 2d 4a 4b	9,960.	2e 3	9,960. 4,569,601.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	9,960.	2e 3	9,960. 4,569,601.

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

TECHNOVATION IS ORGANIZED AS A CALIFORNIA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170 (B)(1)(A)(VI) AND (VIII), AND HAS BEEN DETERMINED NOT TO BE PRIVATE FOUNDATION UNDER IRC SECTIONS 509(A). THE ENTITY IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ENTITY IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. TECHNOVATION HAS DETERMINED THAT IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS

Schedule D (Form 990) 2023

## SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

**Employer identification number** 

	CHNOVATION				20-838665	
Pa	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
	Form 990, Part I	V, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
	the grantees' eligibility f	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes X No
2	For grantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and other assistance outsi	de the
	United States.					
3	Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to	describe specific type of service(s) in the region	investments
			in the region	recipients located in the region)	or service(s) in the region	in the region
3 а	Subtotal	0	0			0.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3b)	0	0			0.

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

Schedule F (Form 990) 2023

TECHNOVATION

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

<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	SOUTH AMERICA	MINI GRANT	15,000.	WIRE	0.		воок
	NORTH AMERICA	MINI GRANT	58,500.	WIRE	0.		воок
	SOUTH AMERICA	METLIFE	63,750.	WIRE	0.		воок
			10,000.	WIRE	0.		воок
	EUROPE (INCLUDING						
		GRANT	33,050.	WIRE	0.		воок
		MINI GRANT	11,000.	WIRE	0.		воок
	RUSSIA AND		-				
	NEIGHBORING		40 284	WIDE			воок
	D 1111110	COMMICTIVITI	+0,204.	MINE	0.		Book
	and EIN (if applicable)	and EIN (if applicable)  SOUTH AMERICA  NORTH AMERICA  SOUTH AMERICA  SOUTH AMERICA  EUROPE (INCLUDING ICELAND & GREENLAND)  SUB-SAHARAN AFRICA  RUSSIA AND NEIGHBORING	and EIN (if applicable)  SOUTH AMERICA  NORTH AMERICA  MINI GRANT  NORTH AMERICA  MINI GRANT  SOUTH AMERICA  MINI GRANT FOR IMPACT HUB  EUROPE (INCLUDING ICELAND & GREENLAND)  SRANT  SUB-SAHARAN AFRICA  MINI GRANT  GRANT  RUSSIA AND NEIGHBORING  GRANT FROM TE	and EIN (if applicable)  SOUTH AMERICA  NORTH AMERICA  MINI GRANT  SOUTH AMERICA  MINI GRANT  SOUTH AMERICA  MINI GRANT  SOUTH AMERICA  MINI GRANT FOR IMPACT HUB  10,000.  EUROPE (INCLUDING ICELAND & GREENLAND)  SUB-SAHARAN AFRICA  MINI GRANT  33,050.  SUB-SAHARAN AFRICA  MINI GRANT  11,000.	and EIN (if applicable)  SOUTH AMERICA  MINI GRANT  SOUTH AMERICA  MINI GRANT  SOUTH AMERICA  MINI GRANT  SOUTH AMERICA  MINI GRANT FOR IMPACT  SOUTH AMERICA  MINI GRANT FOR IMPACT  SOUTH AMERICA  MINI GRANT FOR IMPACT  LUROPE (INCLUDING ICELAND & GREENLAND)  GRANT  SUB-SAHARAN  AFRICA  MINI GRANT  MINI G	and EIN (if applicable)  SOUTH AMERICA MINI GRANT 15,000. WIRE 0.  NORTH AMERICA MINI GRANT 58,500. WIRE 0.  SOUTH AMERICA METLIFE 63,750. WIRE 0.  MINI GRANT FOR IMPACT 10,000. WIRE 0.  EUROPE (INCLUDING ICELAND & GREENLAND) GRANT 33,050. WIRE 0.  SUB-SAHARAN AFRICA MINI GRANT 11,000. WIRE 0.  RUSSIA AND NEIGHBORING GRANT FROM TE	and EIN (If applicable)  (c) Region grant of cash grant cash disbursement assistance assistance assistance  SOUTH AMERICA MINI GRANT 15,000. WIRE 0.  NORTH AMERICA MINI GRANT 58,500. WIRE 0.  SOUTH AMERICA METLIFE 63,750. WIRE 0.  SOUTH AMERICA MINI GRANT FOR IMPACT 10,000. WIRE 0.  EUROPE (INCLUDING ICELIAND & GRENLAND) SRANT 33,050. WIRE 0.  SUB-SAHARAN AFRICA MINI GRANT 11,000. WIRE 0.  RUSSIA AND NEIGHBORING GRANT FROM TE

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

<sup>3</sup> Enter total number of other organizations or entities

**TECHNOVATION** Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (f) Amount of (g) Description of (c) Number of (d) Amount of (e) Manner of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash noncash assistance assistance METLIFE SOUTH AMERICA 63,750. WIRE 0. воок MOTOROLA SOUTH AMERICA 19,200. WIRE 0 воок RUSSIA AND NEIGHBORING MINI GRANT STATES 5,000.WIRE 0. воок RUSSIA AND NEIGHBORING STATES воок MINI GRANT 5,000.WIRE 0.

Schedule F (Form 990) 2023 TECHNOVATION 20-8386654 Page 4
Part IV Foreign Forms

· uit	iv   i dieigh i dinis		
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		
		Yes	X No
	Corporation (see the Instructions for Form 926)	163	_2 <u>1</u> 140
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes."		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
	Contain 1 dreigh Corporations (see the instructions for 1 drift 5471)		
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? // "Yes."		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2023

Name of the organization							Employer identification number		
TECHNOVAT	20-8386654								
Part I General Information on Grants a	nd Assistance								
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection								
criteria used to award the grants or assis	stance?						Yes X No		
2 Describe in Part IV the organization's pro						/    F 000 Dt	N/ Page Od. fav. and		
Part II Grants and Other Assistance to I recipient that received more than \$\frac{1}{2}\$	_				ganization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
ALABAMA KIDS CODE									
120 19TH ST N STE 222									
BIRMINGHAM, AL 35203	82-2873208	501(C)(3)	10,000.	0.	воок		BEST BUY GRANT		
			,						
OHIO AFTERSCHOOL NETWORK, INC									
1003 KINNEAR RD									
COLUMBUS, OH 43212	85-1355781	501(C)(3)	12,000.	0.	воок		BEST BUY GRANT		
CAMP FIRE SNOHOMISH COUNTY 4312 RUCKER AVE	01 0600531	501/(0)/(2)	12.000	0	Door		DEGE DAY GDAY		
EVERETT, WA 98203	91-0608531	501(C)(3)	12,000.	0.	BOOK		BEST BUY GRANT		
BOYS AND GIRLS CLUB OF MERCED COUNTY - 615 W. 15TH STREET - MERCED, CA 95340	77-0357487	501(C)(3)	12,000.	0.	воок		BEST BUY GRANT		
CAMP FIRE GULF WIND, INC 1814 CREIGHTON RD PENSACOLA , FL 32504	59-2250890	501(C)(3)	12,000.	0.	воок		BEST BUY GRANT MOONSHOT		
·			<u> </u>						
CAMP FIRE INLAND NORTHWEST									
1014 N PINES RD., SUITE 110							BEST BUY GRANT MOONSHOT		
SPOKANE VALLEY, WA 99206	91-0567727	501(C)(3)	12,000.	0.	воок		AMBASSADORS		
2 Enter total number of section 501(c)(3) are	nd government org	ganizations listed in th	e line 1 table				<u>-</u>		
3 Enter total number of other organizations	s listed in the line	1 table							

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

<u>Schedule I (Form 990) 2023</u> **TECHNOVATION** 20-8386654 Page 2

Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART IV- ADDITIONAL SUPPLEMENTAL IN	NFORMATIO	N			
ALL FUNDED CHAPTERS NEED TO FILL OU	UT A BUDG	ET AND FOR	M BEFORE W	E SEND	
THE FUNDS TO EXPLAIN HOW THEY ARE (	GOING TO	USE THEIR	MINI-GRANT	•	
THROUGH THE SEASON WE HAVE MULTIPLE	E CHECK I	NS WITH CH	APTERS TO	MAKE	
SURE THEY ARE ON TRACK. AT THE END	OF THE S	EASON, ALL	FUNDED AR	EAS ARE	
REQUIRED TO FILL OUT AN END OF YEAR	R GRANT R	EPORT. SOM	Œ		
REGIONS/COUNTRIES WILL NEED TO ANSW	WER QUEST	IONS SPECI	FIC TO THE	GRANT	
THEY RECEIVED.					

Part IV Supplemental Information
WE EXPLICITLY STATE THAT OUR SMALL MINI GRANTS ARE UNRESTRICTED, AS
LONG AS THEY ARE GOING TOWARD THE PROGRAM IN THAT REGION.
THE EXCEPTIONS ARE WHEN WE HAVE LARGER AMOUNTS GOING OUT AND HAVE
SPECIFIC MOUS PER GRANT WITH THE CHAPTER AMBASSADOR WHO IS THE
RECIPIENT; FOR LARGER GRANTS (ABOVE 20K THAT WON'T BE SPLIT LOCALLY) WE
HAVE ALSO STARTED SENDING THE MONEY IN TWO OR EVEN THREE CHUNKS SO THAT
WE CAN UNDERSTAND IF THE CHAPTER IS ON TRACK WITH THEIR MOU
DELIVERABLES.

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Name of the organization

TECHNOVATION

Part I Questions Regarding Compensation

Employer identification number
20-8386654

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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 (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	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 on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TARA CHKLOVSKI	(i)	151,809.	0.	0.	8,262.	12,935.	173,006.	0.
FOUNDER/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection Employer identification number

TECHNOVATION	20-8386654
FORM 990, PART VI, SECTION A, LINE 8B:	
NO COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOV	ERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:	
LINE 11B EXPLANATION - TAX RETURN IS PREPARED BY INDEPENDE	NT ACCOUNTANT AND
REVIEWED BY THE COO AND THE INTERNAL ACCOUNTANT AND MADE A	VAILABLE TO ANY
BOARD MEMBER UPON REQUEST PRIOR TO SIGNING AND FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
MEMBERS OF THE BOARD OF DIRECTORS ARE MAILED THE CONFLICT	OF INTEREST
POLICY DOCUMENT ANNUALLY AND ARE ASKED TO SIGN AN ANNUAL C	ONFLICT OF
INTEREST ACKNOWLEDGEMENT IN COMPLIANCE OF THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD REVIEWS COMPENSATION FOR THE CEO OF SIMILIAR SIG	NED ORGANIZATIONS
AND APPROVES THE CURRENT CEO'S SALARY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS CURRENT DCOUMENTS CONFLICT OF I	NTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.	

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	ASSETS	VARIOUS		.000	нч	16:	.,023,557.				1,023,557.1	,011,405.		3,802.	1,015,207.
	* 990 PAGE 10 TOTAL						002 557				1 000 557	011 405		2 000	015 207
	MANAGEMENT AND GENERAL * GRAND TOTAL 990 PAGE 10						.,023,557.				1,023,557.1	,011,405.		3,802.	L,015,207.
	DEPR						.,023,557.				1,023,557.1	,011,405.		3,802.	1,015,207.

328111 04-01-23

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone