

Form **990**

# Return of Organization Exempt From Income Tax

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

# 2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning and ending**

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>TECHNOSERVE INC.<br>Doing Business As     |                                      | <b>D Employer identification number</b><br>13-2626135   |
|   | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite                           | <b>E Telephone number</b><br>203-852-0377   |
|   | 148 EAST AVENUE<br>3H  |                                      | <b>G Gross receipts \$</b> 57,756,093.  |
|   | City or town, state or country, and ZIP + 4<br>NORWALK, CT 06851           |                                      | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>F Name and address of principal officer:</b> BRUCE MCNAMER<br>SAME AS C ABOVE  |  | <b>H(c) Group exemption number</b> ▶ |   |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |                                      |   |
| <b>J Website:</b> ▶ WWW.TECHNOSERVE.ORG   |  |                                      |   |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |                                      | <b>L Year of formation:</b> 1969  |
|   |  |                                      | <b>M State of legal domicile:</b> NY  |

| Part I Summary  |  | Prior Year   | Current Year               |             |
|---|--|--|----------------------------|-------------|
| Activities & Governance                                 | 1 Briefly describe the organization's mission or most significant activities: <u>TECHNOSERVE HELPS ENTREPRENEURIAL MEN AND WOMEN IN POOR RURAL AREAS OF THE DEVELOPING</u> |  |                            |             |
|   | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                  |  |                            |             |
|   | 3 Number of voting members of the governing body (Part VI, line 1a)  | 3  | 26                         |             |
|   | 4 Number of independent voting members of the governing body (Part VI, line 1b)  | 4  | 26                         |             |
|   | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)   | 5  | 143                        |             |
|   | 6 Total number of volunteers (estimate if necessary)   | 6  | 160                        |             |
|   | 7a Total unrelated business revenue from Part VIII, column (C), line 12  | 7a   | 0.                         |             |
|   | 7b Net unrelated business taxable income from Form 990-T, line 34  | 7b   | 0.                         |             |
| Revenue   | 8 Contributions and grants (Part VIII, line 1h)  | 46,823,419.  | 52,041,818.                |             |
|   | 9 Program service revenue (Part VIII, line 2g)   | 12,394.  | 4,755.                     |             |
|   | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 337,749.   | 286,111.                   |             |
|   | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 153,464.   | 53,467.                    |             |
|   | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 47,327,026.  | 52,386,151.                |             |
|   | Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 920,767.                   | 1,658,010.  |
|   |  | 14 Benefits paid to or for members (Part IX, column (A), line 4)                     | 0.                         | 0.          |
|   |  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 21,035,607.                | 25,771,404. |
|   |  | 16a Professional fundraising fees (Part IX, column (A), line 11e)                    | 0.                         | 172,850.    |
|   |  | 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,413,981.           |                            |             |
|   |  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                      | 24,429,908.                | 26,862,296. |
|   |  | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 46,386,282.                | 54,464,560. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 940,744.   | <2,078,409.>   |                            |             |
| Net Assets or Fund Balances                             | 20 Total assets (Part X, line 16)  | Beginning of Current Year<br>45,702,286.   | End of Year<br>43,608,703. |             |
|   | 21 Total liabilities (Part X, line 26)   | 32,921,954.  | 33,686,407.                |             |
|   | 22 Net assets or fund balances. Subtract line 21 from line 20  | 12,780,332.  | 9,922,296.                 |             |

**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.

|                               |   |   |                 |   |      |
|-------------------------------|---|---|-----------------|---|------|
| <b>Sign Here</b>              | Signature of officer                                | Date  |                 |   |      |
|                               | BRUCE MCNAMER, CHIEF EXECUTIVE OFFICER              | 9/30/11   |                 |   |      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>JAMES P. SWEENEY, CPA | Preparer's signature<br><i>James P. Sweeney, CPA</i>                        | Date<br>9/29/11 | Check if self-employed <input type="checkbox"/> | PTIN |
|                               | Firm's name<br>RSM MCGLADREY, INC.                  | Firm's address<br>8000 TOWERS CRESCENT DR. STE 500<br>VIENNA, VA 22182-6205 | Firm's EIN      | Phone no. 703-336-6400                          |      |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TECHNOSERVE HELPS ENTREPRENEURIAL MEN AND WOMEN IN POOR RURAL AREAS OF THE DEVELOPING WORLD TO WORK TO BUILD BUSINESSES THAT CREATE INCOME, OPPORTUNITY AND ECONOMIC GROWTH FOR THEIR FAMILIES, THEIR COMMUNITIES AND THEIR COUNTRIES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 36066686. including grants of \$ 1,338,057. ) (Revenue \$ 4,755. ) SUB-SAHARAN AFRICA:

CASH-STRAPPED MEMBERS OF THE MASANA POULTRY FARM WERE A HARD SELL WHEN TECHNOSERVE VOLUNTEER IN SOUTH AFRICA CONVINCED THEM TO INVEST SOME OF THEIR MEAGER RESOURCES TO INCREASE THEIR ABILITY TO MEET LOCAL DEMANDS. SOLID PLANNING AND EXCELLENT MARKET ASSESSMENT ENABLED THE FARMERS TO QUADRUPLE THEIR INCOMES AND EXPAND THEIR PRODUCT LINES, INCREASING FOOD SECURITY AND IMPROVING THE QUALITY OF LIFE FOR THEIR FAMILIES AND THE FAMILIES OF THE WORKERS THEY CAN NOW AFFORD TO EMPLOY.

SWAZILAND'S ST. PHILIP'S MISSION STARTED A FARM TO FEED AND FUND PROGRAMS THE MANY ORPHANS IN THE AIDS RAVAGED COUNTRY. THEIR CROPS GREW WELL BUT THEY STRUGGLED TO MAKE A PROFIT. TECHNOSERVE HELPED THE MISSION IDENTIFY A MORE PROFITABLE CROP - CHILI PEPPERS - AND LINKED

4b (Code: ) (Expenses \$ 6,635,668. including grants of \$ 294,366. ) (Revenue \$ ) CENTRAL AMERICA & THE CARIBBEAN:

IN EL SALVADOR, TECHNOSERVE WORKED WITH ANA ROSA GRAF TO DEVELOP HER HANDICRAFT BUSINESS IN THE WAKE OF 2007'S MUDSLIDES. ANA' HIGH QUALITY COLLAGES MADE OF DRIED FLOWERS ATTRACTED ATTENTION AT THE NEW YORK INTERNATIONAL GIFTS SHOW. SHE NOW EMPLOYS SEVERAL WOMEN AND THEIR WORK SELLS IN POTTERY BARN.

SMALL-SCALE FARMERS IN HONDURAS' FERTILE INTIBUC REGION WERE POOR, IN SPITE OF THE NATURAL PRODUCTIVITY OF THEIR LANDS. TECHNOSERVE WORKED WITH LOCAL FARMERS TO IMPROVE THEIR PRODUCTIVITY, FOCUS THEIR WORK ON THE HIGHEST VALUE CROPS AND TO CONNECT THEM TO MARKETS THAT ARE MORE LUCRATIVE. AS A RESULT, LOCAL FARMERS INCREASED THEIR YIELDS BY 50 PERCENT AND SOME TRIPLED THEIR INCOMES.

4c (Code: ) (Expenses \$ 2,010,603. including grants of \$ 9,587. ) (Revenue \$ )

TECHNOSERVE HAS WORKED WITH NESTLE'S NESPRESSO BUSINESS UNIT IN COLOMBIA TO HELP 3,000 SMALL-SCALE COLOMBIAN FARMERS IN THREE COOPERATIVES TO INCREASE THEIR PRODUCTION OF HIGH QUALITY, SUSTAINABLY PRODUCED, HIGH-VALUE SPECIALTY COFFEE TO MEET NESPRESSO'S INCREASING GLOBAL DEMAND.

TECHNOSERVE'S WORK IN PERU WITH A CARLOS VERGARA PREVENTED THE CLOSURE OF HIS DAIRY PRODUCTION FACILITY AND SAVED THE JOBS OF HIS EMPLOYEES. TECHNOSERVE HELPED VERGARA IDENTIFY SMALL-SCALE FARMERS TO SUPPLY THE FACILITY, IDENTIFIED MORE PROFITABLE PRODUCT LINES, AND IMPROVED THE QUALITY MANAGEMENT AT THE FACTORY. AS A RESULT, THE BUSINESS NOW EMPLOYS 24 PERMANENT STAFF, BUYS ITS SUPPLIES FROM LOCAL FARMERS, AND SERVES AS AN ECONOMIC DRIVER FOR THE COMMUNITY.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 556,282. including grants of \$ 16,000. ) (Revenue \$ )

4e Total program service expenses 45,269,239.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

X

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and other IRS filings.

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

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

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates?  |     | X  |
| <b>b</b>   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| <b>11a</b> | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| <b>b</b>   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | X   |    |
| <b>13</b>  | Does the organization have a written whistleblower policy?   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **NINA PENA - 202-785-4515**  
**1800 M STREET, NW, WASHINGTON, DC 20036**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

| (A)<br>Name and Title                  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| PAUL E. TIERNEY<br>CHAIRMAN            | 20.00  | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| JOHN B. CARON<br>VICE CHARMAN          | 2.00   | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| PETER A. FLAHERTY<br>VICE CHARMAN      | 2.00   | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| JENNIFER BULLARD BROGGINI<br>SECRETARY | 2.00   | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| SUSANNE NORA JOHNSON<br>TREASURER      | 2.00   | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| SEGUN AGANGA<br>DIRECTOR               | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| GERALD BALDWIN<br>DIRECTOR             | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| THOMAS C. BARRY<br>DIRECTOR            | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| BETH A. BROOKE<br>DIRECTOR             | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| MICHAEL J. BUSH<br>DIRECTOR            | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ROBERT B CALHOUN<br>DIRECTOR           | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| JOHN A. DANILOVICH<br>DIRECTOR         | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| HARVEY HELLER<br>DIRECTOR              | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| BRUCE HEEREMA<br>DIRECTOR              | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| AEDHMAR HYNES<br>DIRECTOR              | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| STACE D. LINDSAY<br>DIRECTOR           | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| DR. THILO MANNHARDT<br>DIRECTOR        | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| ALI A. MUFURUKI<br>DIRECTOR                                    | 2.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| JAMES C. ORR<br>DIRECTOR                                       | 2.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| ALAN PATRICOF<br>DIRECTOR                                      | 2.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| MICHELLE PELUSO<br>DIRECTOR                                    | 2.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| KURT C. PETERSON<br>DIRECTOR                                   | 2.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| BONNIE E. RAQUET<br>DIRECTOR                                   | 2.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| JERRY A. RIESSEN<br>DIRECTOR                                   | 2.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| BRIAN SCHOFIELD<br>DIRECTOR                                    | 2.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| PAUL SOROS<br>DIRECTOR   | 2.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              | 2,266,898. | 0.   | 308,837.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              | 2,266,898. | 0.   | 308,837.  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 24

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| MCGLADREY & PULLEN, LLP<br>5155 PAYSHERE CIRCLE, CHICAGO, IL 60674            | AUDITING SERVICES              | 137,800.            |
| BOYDEN GLOBAL EXEC SEARCH, 217 EAST REDWOOD STREET, SUITE 1500, BALTIMORE, MD | EXECUTIVE SEARCH               | 100,847.            |
|   |                                |                     |
|   |                                |                     |

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

|  |  |   | (A)<br>Total revenue    | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |           |
|--|--|---|-------------------------|---|---|--|-----------|
| Contributions, gifts, grants and other similar amounts               | <b>1 a</b> Federated campaigns   | <b>1a</b>   |                         |   |   |  |           |
|  | <b>b</b> Membership dues   | <b>1b</b>   |                         |   |   |  |           |
|  | <b>c</b> Fundraising events  | <b>1c</b>   | 810,920.                |   |   |  |           |
|  | <b>d</b> Related organizations   | <b>1d</b>   |                         |   |   |  |           |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b>   | 9200533.                |   |   |  |           |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above  | <b>1f</b>   | 42,030,365.             |   |   |  |           |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |   |                         |   |   |  |           |
|  | <b>h Total.</b> Add lines 1a-1f  |   | 52,041,818.             |   |   |  |           |
|  | Program Service Revenue  | <b>2 a</b> PROJECT FEES                               | Business Code<br>900099 | 4,755.  | 4,755.                                  |  |           |
| <b>b</b>   |  |   |                         |   |   |  |           |
| <b>c</b>   |  |   |                         |   |   |  |           |
| <b>d</b>   |  |   |                         |   |   |  |           |
| <b>e</b>   |  |   |                         |   |   |  |           |
| <b>f</b> All other program service revenue                           |  |   |                         |   |   |  |           |
| <b>g Total.</b> Add lines 2a-2f                                      |  |   | 4,755.                  |   |   |  |           |
| Other Revenue  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)  |   | 255,376.                |   |   | 255,376.   |           |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds  |   |                         |   |   |  |           |
|  | <b>5</b> Royalties   |   |                         |   |   |  |           |
|  | <b>6 a</b> Gross Rents   | (i) Real  | (ii) Personal           |   |   |  |           |
|  |  | <b>b</b> Less: rental expenses                        |                         |   |   |  |           |
|  |  | <b>c</b> Rental income or (loss)                      |                         |   |   |  |           |
|  |  | <b>d</b> Net rental income or (loss)                  |                         |   |   |  |           |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory  | (i) Securities  | (ii) Other              |   |   |  |           |
|  |  | 5,230,572.  |                         |   |   |  |           |
|  |  | <b>b</b> Less: cost or other basis and sales expenses |                         | 5,199,837.                                      |   |  |           |
|  |  | <b>c</b> Gain or (loss)                               |                         | 30,735.   |   |  |           |
|  | <b>d</b> Net gain or (loss)  |   | 30,735.                 |   |   | 30,735.  |           |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ 810,920. of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  | 39,095.                 |   |   |  |           |
|  |  | <b>b</b> Less: direct expenses                        |                         | 170105.   |   |  |           |
|  |  | <b>c</b> Net income or (loss) from fundraising events |                         | <131,010.>                                      |   |  | <131010.> |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 | <b>a</b>   |   |                         |   |   |  |           |
|  | <b>b</b> Less: direct expenses   |   |                         |   |   |  |           |
|  | <b>c</b> Net income or (loss) from gaming activities   |   |                         |   |   |  |           |
| <b>10 a</b> Gross sales of inventory, less returns and allowances    | <b>a</b>   |   |                         |   |   |  |           |
|  | <b>b</b> Less: cost of goods sold  |   |                         |   |   |  |           |
|  | <b>c</b> Net income or (loss) from sales of inventory  |   |                         |   |   |  |           |
| Miscellaneous Revenue  |  | Business Code   |                         |   |   |  |           |
| <b>11 a</b> OTHER INCOME   | 900099   | 184,477.  |                         |   | 184,477.                                |  |           |
| <b>b</b>   |  |   |                         |   |   |  |           |
| <b>c</b>   |  |   |                         |   |   |  |           |
| <b>d</b> All other revenue   |  |   |                         |   |   |  |           |
| <b>e Total.</b> Add lines 11a-11d                                    |  | 184,477.  |                         |   |   |  |           |
| <b>12 Total revenue.</b> See instructions.                           |  | 52,386,151.   | 4,755.                  | 0.  | 339,578.                                |  |           |

**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) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   | 1,658,010.            | 1,658,010.                      |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 2,853,411.            | 1,479,947.                      | 1,272,184.                             | 101,280.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| 7 Other salaries and wages   | 14,548,336.           | 12,685,453.                     | 1,548,175.                             | 314,708.                    |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 1,372,014.            | 1,372,014.                      |  |                             |
| 9 Other employee benefits  | 6,518,176.            | 5,154,321.                      | 1,183,429.                             | 180,426.                    |
| 10 Payroll taxes   | 479,467.              | 479,467.                        |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  | 155,619.              | 64,144.                         | 91,109.                                | 366.                        |
| c Accounting   | 203,867.              | 75,353.                         | 128,514.                               |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  | 172,850.              |                                 |  | 172,850.                    |
| f Investment management fees   |                       |                                 |  |                             |
| g Other  | 7,703,176.            | 6,211,803.                      | 1,027,950.                             | 463,423.                    |
| 12 Advertising and promotion   | 154,938.              | 130,658.                        | 1,511.                                 | 22,769.                     |
| 13 Office expenses   | 4,253,762.            | 3,007,142.                      | 1,184,180.                             | 62,440.                     |
| 14 Information technology  | 1,313,576.            | 1,089,017.                      | 223,796.                               | 763.                        |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   |                       |                                 |  |                             |
| 17 Travel  | 8,326,237.            | 7,604,718.                      | 666,179.                               | 55,340.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  | 314,721.              | 286,794.                        | 27,568.                                | 359.                        |
| 20 Interest  | 982.                  | 982.                            |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 1,207,142.            | 1,081,655.                      | 125,487.                               |                             |
| 23 Insurance   |                       |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  |                       |                                 |  |                             |
| a <b>AUTO EXPENSES</b>   | 2,187,760.            | 2,185,483.                      | 1,937.                                 | 340.                        |
| b <b>LOCAL PARTNERSHIP PROGR</b>   | 528,172.              | 525,930.                        | 2,242.                                 |                             |
| c <b>OTHER EXPENSES</b>  | 376,412.              | 40,416.                         | 297,079.                               | 38,917.                     |
| d <b>OTHER PASSTHROUGH EXPENS</b>  | 135,932.              | 135,932.                        |  |                             |
| e  |                       |                                 |  |                             |
| f All other expenses   |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f   | 54,464,560.           | 45,269,239.                     | 7,781,340.                             | 1,413,981.                  |
| 26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |  |                             |

**Part X Balance Sheet**

|                             |  | (A)<br>Beginning of year  |             | (B)<br>End of year |             |            |
|-----------------------------|--|---|-------------|--------------------|-------------|------------|
| Assets                      | 1  | Cash - non-interest-bearing .....   | 8,181.      | 1                  | 22,643.     |            |
|                             | 2  | Savings and temporary cash investments .....  | 34,333,198. | 2                  | 32,505,165. |            |
|                             | 3  | Pledges and grants receivable, net .....  | 6,376,044.  | 3                  | 5,440,964.  |            |
|                             | 4  | Accounts receivable, net .....  | 1,102,926.  | 4                  | 912,852.    |            |
|                             | 5  | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |             | 5                  |             |            |
|                             | 6  | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |             | 6                  |             |            |
|                             | 7  | Notes and loans receivable, net .....   |             | 7                  |             |            |
|                             | 8  | Inventories for sale or use .....   |             | 8                  | 161,488.    |            |
|                             | 9  | Prepaid expenses and deferred charges .....   | 1,308,373.  | 9                  | 1,690,410.  |            |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a         | 6,839,305.         |             |            |
|                             | b  | Less: accumulated depreciation .....  | 10b         | 4,136,427.         | 10c         | 2,702,878. |
|                             | 11   | Investments - publicly traded securities .....  | 2,090.      | 11                 | 2,090.      |            |
|                             | 12   | Investments - other securities. See Part IV, line 11 .....  | 139,530.    | 12                 | 170,213.    |            |
|                             | 13   | Investments - program-related. See Part IV, line 11 .....   |             | 13                 |             |            |
|                             | 14   | Intangible assets .....   |             | 14                 |             |            |
|                             | 15   | Other assets. See Part IV, line 11 .....  |             | 15                 |             |            |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....   | 45,702,286.   | 16          | 43,608,703.        |             |            |
| Liabilities                 | 17   | Accounts payable and accrued expenses .....   | 1,805,008.  | 17                 | 2,565,960.  |            |
|                             | 18   | Grants payable .....  |             | 18                 |             |            |
|                             | 19   | Deferred revenue .....  | 28,242,802. | 19                 | 28,126,782. |            |
|                             | 20   | Tax-exempt bond liabilities .....   |             | 20                 |             |            |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D .....   |             | 21                 |             |            |
|                             | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....  |             | 22                 |             |            |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties .....  |             | 23                 |             |            |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties .....  |             | 24                 |             |            |
|                             | 25   | Other liabilities. Complete Part X of Schedule D .....  | 2,874,144.  | 25                 | 2,993,665.  |            |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25 .....   | 32,921,954. | 26                 | 33,686,407. |            |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |             |                    |             |            |
|                             | 27   | Unrestricted net assets .....   | 5,821,173.  | 27                 | 4,758,451.  |            |
|                             | 28   | Temporarily restricted net assets .....   | 6,959,159.  | 28                 | 5,163,845.  |            |
|                             | 29   | Permanently restricted net assets .....   |             | 29                 |             |            |
|                             | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |             |                    |             |            |
|                             | 30   | Capital stock or trust principal, or current funds .....  |             | 30                 |             |            |
|                             | 31   | Paid-in or capital surplus, or land, building, or equipment fund .....  |             | 31                 |             |            |
|                             | 32   | Retained earnings, endowment, accumulated income, or other funds .....  |             | 32                 |             |            |
| 33                          | <b>Total net assets or fund balances</b> .....   | 12,780,332.   | 33          | 9,922,296.         |             |            |
| 34                          | <b>Total liabilities and net assets/fund balances</b> .....  | 45,702,286.   | 34          | 43,608,703.        |             |            |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |              |
|---|--|---|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 52,386,151.  |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 54,464,560.  |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | <2,078,409.> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 12,780,332.  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | <779,627.>   |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 9,922,296.   |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2010)



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006    | (b) 2007    | (c) 2008    | (d) 2009    | (e) 2010    | (f) Total    |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 31,335,943. | 33,203,146. | 41,598,994. | 46,823,419. | 52,080,913. | 205,042,415. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |             |             |             |             |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 31,335,943. | 33,203,146. | 41,598,994. | 46,823,419. | 52,080,913. | 205,042,415. |
| <b>5</b> 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) ..... |             |             |             |             |             | 37,242,399.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |             |             |             | 167,800,016. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006    | (b) 2007    | (c) 2008    | (d) 2009    | (e) 2010    | (f) Total                |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 31,335,943. | 33,203,146. | 41,598,994. | 46,823,419. | 52,080,913. | 205,042,415.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....   | 70,015.     | 91,987.     | 49,144.     | 268,135.    | 255,376.    | 734,657.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |             |             |             |             |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....   |             |             |             | 153,464.    | 184,477.    | 337,941.                 |
| <b>11 Total support.</b> Add lines 7 through 10   |             |             |             |             |             | 206,115,013.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |             |             |             |             | 12          | 1,076,735.               |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... |             |             |             |             |             | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |    |       |                                     |
|--|----|-------|-------------------------------------|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....   | 14 | 81.41 | %                                   |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....   | 15 | 88.43 | %                                   |
| <b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....  |    |       | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....   |    |       | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    |       | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    |       | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....   |    |       | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2010**

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

TECHNOSERVE INC.

13-2626135

**Part I** Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|--------------------------------|--|
| 1          |                                   | \$ 18,253,311.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          |                                   | \$ 2,827,244.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          |                                   | \$ 3,909,595.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          |                                   | \$ 3,939,698.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Name of organization

Employer identification number

TECHNOSERVE INC.

13-2626135

**Part II** Noncash Property (see instructions)

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

Name of organization

Employer identification number

**TECHNOSERVE INC.**

13-2626135

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

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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

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

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

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

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

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

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      | 556,339.                        | 128,349.                     | 427,990.       |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 5,481,554.                      | 3,307,138.                   | 2,174,416.     |
| e Other  |                                      | 801,412.                        | 700,940.                     | 100,472.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 2,702,878.     |

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

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

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

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

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Amount |
|--|------------|
| (1) Federal income taxes   |            |
| (2) ACCRUED EMPLOYEE BENEFITS  | 2,993,665. |
| (3)  |            |
| (4)  |            |
| (5)  |            |
| (6)  |            |
| (7)  |            |
| (8)  |            |
| (9)  |            |
| (10)   |            |
| (11)   |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) | 2,993,665. |

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

|    |  |    |              |
|----|--|----|--------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 52,386,151.  |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 54,464,560.  |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | <2,078,409.> |
| 4  | Net unrealized gains (losses) on investments   | 4  | <111.>       |
| 5  | Donated services and use of facilities   | 5  |              |
| 6  | Investment expenses  | 6  |              |
| 7  | Prior period adjustments   | 7  |              |
| 8  | Other (Describe in Part XIV.)  | 8  | <779,516.>   |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | <779,627.>   |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | <2,858,036.> |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |             |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 55,983,157. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments   | 2a | <111.>      |
| b | Donated services and use of facilities  | 2b | 3,681,440.  |
| c | Recoveries of prior year grants   | 2c |             |
| d | Other (Describe in Part XIV.)   | 2d | <84,323.>   |
| e | Add lines 2a through 2d   | 2e | 3,597,006.  |
| 3 | Subtract line 2e from line 1  | 3  | 52,386,151. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |             |
| b | Other (Describe in Part XIV.)   | 4b |             |
| c | Add lines 4a and 4b   | 4c | 0.          |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 52,386,151. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |             |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 58,316,105. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |             |
| a | Donated services and use of facilities   | 2a | 3,681,440.  |
| b | Prior year adjustments   | 2b |             |
| c | Other losses   | 2c |             |
| d | Other (Describe in Part XIV.)  | 2d | 170,105.    |
| e | Add lines 2a through 2d  | 2e | 3,851,545.  |
| 3 | Subtract line 2e from line 1   | 3  | 54,464,560. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |             |
| b | Other (Describe in Part XIV.)  | 4b |             |
| c | Add lines 4a and 4b  | 4c | 0.          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 54,464,560. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: TECHNOSERVE FOLLOWS THE THE ACCOUNTING STANDARD ON**

**ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, TECHNOSERVE MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL**

**Part XIV** Supplemental Information (continued)

STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT HAS EVALUATED TECHNOSERVE'S TAX POSITIONS AND HAS CONCLUDED THAT TECHNOSERVE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE. TECHNOSERVE FILES TAX RETURNS IN THE U.S. FEDERAL AND WASHINGTON, D.C. JURISDICTIONS. GENERALLY, TECHNOSERVE IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007.

## PART XI, LINE 8 - OTHER ADJUSTMENTS:

|                                      |           |
|--------------------------------------|-----------|
| TRANSLATION ADJUSTMENT               | -525,088. |
| GAIN (OR LOSS) ON EXCHANGE           | -254,428. |
| TOTAL TO SCHEDULE D, PART XI, LINE 8 | -779,516. |

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

|   |           |
|---|-----------|
| GAIN (OR LOSS) ON EXCHANGE                        | -254,428. |
| FUNDRAISING EXPENSE REPORTED ON PART VIII LINE 8B | 170,105.  |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D            | -84,323.  |

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

|   |          |
|---|----------|
| FUNDRAISING EXPENSE REPORTED ON PART VIII LINE 8B | 170,105. |
|---|----------|

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

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

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

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

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN                       | 5                                   | 95   | PROGRAM SERVICE   | AG ASSISTANCE  | 6,456,388.   |
| CENTRAL AMERICA AND THE CARIBBEAN                       |                                     |  | GRANTMAKING   |  | 294,366.   |
| SOUTH AMERICA   | 3                                   | 9  | PROGRAM SERVICE   | AG ASSISTANCE  | 2,168,867.   |
| SOUTH AMERICA   |                                     |  | GRANTMAKING   |  | 9,587.   |
| SOUTH ASIA  | 1                                   | 8  | PROGRAM SERVICE   | AG ASSISTANCE  | 694,888.   |
| SOUTH ASIA  |                                     |  | GRANTMAKING   |  | 16,000.  |
| SUB-SAHARAN AFRICA                                      | 12                                  | 820  | PROGRAM SERVICE   | AG ASSISTANCE  | 37972526.  |
| SUB-SAHARAN AFRICA                                      |                                     |  | GRANTMAKING   |  | 1,338,057.   |
| <b>3 a</b> Sub-total .....                              | 21                                  | 932  |   |  | 48,950,679.  |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |   |  | 0.   |
| <b>c</b> Totals (add lines 3a and 3b) .....             | 21                                  | 932  |   |  | 48,950,679.  |

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

Schedule F (Form 990) 2010

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                        | (d) Purpose of grant                                   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | LOCAL NGO - SUB GRANTEE                                | 144366                   | CHECK                           | 0.                                |  |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | LOCAL NGO - LOAN GUARANTEE TO FARMERS                  | 150000                   | WIRE TRANSFER                   | 0.                                |  |   |
|                               |  | SOUTH AMERICA                     | BPC - AWARD PRIZE FOR BUSINESS PLAN COMPETITION WINNER | 9,587                    | WIRE TRANSFER                   | 0.                                |  |   |
|                               |  | SOUTH ASIA                        | BPC - AWARD PRIZE FOR BUSINESS PLAN COMPETITION WINNER | 16,000                   | WIRE TRANSFER                   | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | SEED CAPITAL - LOANS AND GRANTS TO FARMERS             | 181710                   | CHECK                           | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | BPC - AWARD PRIZE FOR BUSINESS PLAN COMPETITION WINNER | 150294                   | CHECK                           | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | BPC - AWARD PRIZE FOR BUSINESS PLAN COMPETITION WINNER | 195378                   | WIRE TRANSFER                   | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | LOCAL INST. - ADVANCE TO PROGRAM PARTNER - DAPP        | 408112                   | WIRE TRANSFER                   | 0.                                |  |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 11

3 Enter total number of other organizations or entities 0





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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

**SCHEDULE G**  
(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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

Open To Public Inspection

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

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

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity      | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|--------------------|--|----|-----------------------------------|---|---|
|   |                    | Yes  | No |                                   |   |   |
| A.B. DATA LTD. - 600 A.B.DATA DRIVE, MILWAUKEE, WI 53217  | MAIL SOLICITATIONS |  | X  | 1,073,066.                        | 97,850.   | 975,216.  |
| CAMY CALVE - 152 W 57TH STREET, 52TH FLOOR, NEW YORK,     | GALA EVENT         |  | X  | 850,015.                          | 75,000.   | 775,015.  |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
|   |                    |  |    |                                   |   |   |
| <b>Total</b>  |                    |  |    | 1,923,081.                        | 172,850.  | 1,750,231.  |

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

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

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

|                 |    | (a) Event #1  | (b) Event #2 | (c) Other events       | (d) Total events                |
|-----------------|----|---|--------------|------------------------|---------------------------------|
|                 |    | DINNER/GALA<br>(event type)                                 | (event type) | NONE<br>(total number) | (add col. (a) through col. (c)) |
| Revenue         | 1  | Gross receipts  | 850,015.     |                        | 850,015.                        |
|                 | 2  | Less: Charitable contributions                              | 810,920.     |                        | 810,920.                        |
|                 | 3  | Gross income (line 1 minus line 2)                          | 39,095.      |                        | 39,095.                         |
| Direct Expenses | 4  | Cash prizes   |              |                        |                                 |
|                 | 5  | Noncash prizes  | 1,000.       |                        | 1,000.                          |
|                 | 6  | Rent/facility costs   |              |                        |                                 |
|                 | 7  | Food and beverages  | 61,915.      |                        | 61,915.                         |
|                 | 8  | Entertainment   |              |                        |                                 |
|                 | 9  | Other direct expenses                                       | 107,190.     |                        | 107,190.                        |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) |              |                        | ( 170,105 )                     |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 |              |                        | <131,010.>                      |

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: CAMY CALVE

(I) ADDRESS OF FUNDRAISER:

152 W 57TH STREET, 52TH FLOOR, NEW YORK, NY 10019

**SCHEDULE G, PART I, LINE 2**

**COLUMN (V): PAYMENT TO FUNDRAISER**

AB DATA WAS RETAINED AS FUNDRAISING COUNSEL FOR TECHNOSERVE'S DIRECT



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

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

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

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

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

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

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

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

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

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

|    | Yes | No |
|----|-----|----|
| 1a | X   |    |
| 1b | X   |    |
| 2  | X   |    |
| 3  |     |    |
| 4a |     | X  |
| 4b |     | X  |
| 4c |     | X  |
| 5a |     | X  |
| 5b |     | X  |
| 6a |     | X  |
| 6b |     | X  |
| 7  |     | X  |
| 8  |     | X  |
| 9  |     |    |

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

Schedule J (Form 990) 2010

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name           |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                    |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 BRUCE MCNAMER    | (i)  | 347,398.   | 0.                                  | 0.                                  | 29,400.  | 10,232.                 | 387,030.                        | 0.   |
|                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 2 JAMES NEHMER     | (i)  | 194,769.   | 0.                                  | 0.                                  | 23,605.  | 10,696.                 | 229,070.                        | 0.   |
|                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 3 TIM MCLELLAN     | (i)  | 203,977.   | 0.                                  | 0.                                  | 20,893.  | 27,255.                 | 252,125.                        | 0.   |
|                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 4 DAVID BROWNING   | (i)  | 195,097.   | 0.                                  | 0.                                  | 23,541.  | 3,073.                  | 221,711.                        | 0.   |
|                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 5 SIMON WINTER     | (i)  | 202,561.   | 0.                                  | 0.                                  | 24,719.  | 26,637.                 | 253,917.                        | 0.   |
|                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 6 BRENT HABIG      | (i)  | 212,528.   | 0.                                  | 0.                                  | 20,320.  | 16,861.                 | 249,709.                        | 0.   |
|                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 7 KINDRA HALVORSON | (i)  | 191,888.   | 0.                                  | 0.                                  | 16,015.  | 16,943.                 | 224,846.                        | 0.   |
|                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 8 JAKE WALTER      | (i)  | 188,950.   | 0.                                  | 0.                                  | 17,923.  | 11,707.                 | 218,580.                        | 0.   |
|                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 9 PARTH TEWARI     | (i)  | 188,903.   | 0.                                  | 0.                                  | 22,668.  | 0.                      | 211,571.                        | 0.   |
|                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 10 HILLARY MILLER  | (i)  | 177,446.   | 0.                                  | 0.                                  | 13,069.  | 6,462.                  | 196,977.                        | 0.   |
|                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 11 FIDEL LAKEW     | (i)  | 163,381.   | 0.                                  | 0.                                  | 0.   | 3,051.                  | 166,432.                        | 0.   |
|                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 12                 | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 13                 | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 14                 | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 15                 | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 16                 | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |

**Part III** Supplemental Information

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

PART I, LINE 1A: TECHNOSERVE WILL PROVIDE APPROPRIATE AND REASONABLE HOUSING FOR STAFF. TECHNOSERVE WILL NOT COVER THE COSTS OF UTILITIES OR HOUSEHOLD HELP. TECHNOSERVE WILL DIRECTLY EMPLOY THE HOUSE WATCHMAN. THE DIRECTOR OF HUMAN RESOURCES WILL DETERMINE A "REASONABLE" REIMBURSABLE AMOUNT FOR MONTHLY RENT BUT IT MAY NOT EXCEED 30% OF ANNUAL BASE SALARY OR, IF APPLICABLE, THE MAXIMUM USAID ALLOWANCE AT THAT LOCATION. ANY OTHER SPECIAL HOUSING COSTS WHICH MAY ARISE MUST BE APPROVED BY THE DIRECTOR OF HUMAN RESOURCES.

US EXPATRIATES SHOULD NOTE THAT HOUSING ALLOWANCES ARE CONSIDERED EARNED INCOME AND ARE, THEREFORE, SUBJECT TO US SOCIAL SECURITY AND INCOME TAXES.

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

|                  |          |
|------------------|----------|
| BRENT HABIG      | \$36,000 |
| KINDRA HALVORSON | \$33,000 |
| JAKE WALTER      | \$18,000 |
| HILLARY A MILLER | \$36,000 |
| FIDEL LAKEW      | \$24,600 |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WORLD TO BUILD BUSINESSES THAT CREATE INCOME, OPPORTUNITY AND ECONOMIC  
GROWTH FOR THEIR FAMILIES, THEIR COMMUNITIES AND THEIR COUNTRIES.

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

THEM TO AN AFRICAN HOT SAUCE PRODUCER. THE MISSION'S FARM NOW EMPLOYS  
FIVE FULL-TIME STAFF AND 50 PART-TIME WORKERS AND GENERATES A STEADY,  
SUSTAINING INCOME.

COCOA IS A MAINSTAY OF GHANA'S ECONOMY BUT MOST COCOA FARMERS DID NOT  
REALIZE THE BENEFITS OF THE CASH CROP. TECHNOSERVE WORKED WITH FARMERS  
TO ORGANIZE COOPERATIVES, IMPROVE COCOA TREE MANAGEMENT, IMPROVE CROP  
YIELDS AND QUALITY, AND IMPROVE THEIR ACCESS TO AND NEGOTIATING POWER  
IN THE MARKETPLACE. NOW FARMERS WORKING IN COOPERATIVES ARE ABLE TO  
AFFORD EDUCATION AND HEALTH CARE FOR THEIR CHILDREN.

NAVYN SALEM RETURNED TO TANZANIA IN HOPES OF BRINGING JOBS AND INCOME  
TO FIGHT THE POVERTY THAT TOOK THE LIVES OF MANY OF HER RELATIVES IN  
HER NATIVE COUNTRY. NAVYN WORKED WITH TECHNOSERVE TO DEVELOP A  
WORKABLE BUSINESS PLAN AND TO IDENTIFY THE RIGHT PARTNERS AND RESOURCES  
TO IGNITE THIS AMBITIOUS PROJECT. WORKING WITH TECHNOSERVE NAVYN'S  
COMPANY INDUSTRIAL REVELATION PARTNERED WITH A FRENCH COMPANY TO BEGIN  
PRODUCING LOCALLY A CURE FOR SEVERE MALNUTRITION. THE FACTORY EMPLOYS  
MORE THAN 30 PEOPLE AND GENERATES ENOUGH PRODUCTS TO TREAT 200,000  
SEVERELY MALNOURISHED CHILDREN EVERY YEAR..

IN KENYA, TECHNOSERVE WORKED WOMEN DAIRY FARMERS TO PROVIDE THEM WITH  
THE SAME TRAINING AND ACCESS TO MARKETS ENJOYED BY THEIR MALE  
COUNTERPARTS. AS A RESULT, WOMEN NOW SERVE AS THE DRIVING FORCE BEHIND

|  |  |
|--|--|
| Name of the organization<br>TECHNOSERVE INC. | Employer identification number<br>13-2626135 |
|--|--|

SOME OF KENYA'S MOST SUCCESSFUL COOPERATIVES.

TECHNOSERVE WORKED WITH 2,450 BANANA FARMERS IN UGANDA TO ORGANIZE INTO 34 PRODUCER GROUPS TO INCREASE THEIR INCOMES BY 70 PERCENT THROUGH IMPROVED MARKET ACCESS AND BETTER CULTIVATION AND HARVESTING TECHNIQUES.

IN MOZAMBIQUE, TECHNOSERVE WORKED WITH JOAO SEKARE TO REVITALIZE THE ONCE-THRIVING CASHEW INDUSTRY. TECHNOSERVE WORKED WITH JOAO TO IMPROVE QUALITY, PRODUCTIVITY AND TO ENGAGE WITH OTHER CASHEW PRODUCERS.

WITHIN DAYS OF COMPLETING THE TECHNOSERVE TRAINING, JOAO SOLD HIS CASHEWS FOR NEARLY 17 PERCENT MORE THAN HE NORMALLY RECEIVED. HIS INCOME, TOGETHER WITH THAT OF THE OTHER FARMERS, INCREASED BY 30 FOLD BECAUSE OF THE TECHNOSERVE TRAINING.

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

IN NICARAGUA, TECHNOSERVE WORKED WITH FILADELFO AND CESAR SOTELO TO IMPROVE THEIR LAND MANAGEMENT AND CROP CULTIVATION TECHNIQUES AND TO LINK THEM DIRECTLY TO SUPPLIERS, ELIMINATING COSTLY MIDDLEMEN. AS A RESULT, THE SOTELO'S FARMING REVENUES GREW BY 4,000 PERCENT, ALLOWING THEM TO SEND THEIR CHILDREN TO SCHOOL, BUILD A SAFER HOME AND CREATE A BETTER FUTURE FOR THEIR FAMILIES.

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

IN BRAZIL, TECHNOSERVE IS WORKING WITH FARMERS IN THE REMAINING FRAGMENTS OF THE ATLANTIC FOREST TO IMPROVE THEIR HARVESTS AND TO COME TOGETHER TO SELL THEIR CROPS TO A HIGH-PAYING PROCESSOR. FARMERS ARE ENJOYING BETTER INCOMES WHILE REPLENISHING THE FAMED BUT DECIMATED HOT SPOT OF BIOLOGICAL DIVERSITY.

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

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

BHAWANI SHANKAR WORKED WITH TECHNOSERVE IN INDIA TO INCREASE THE PRODUCTIVITY OF HIS SOY CROPS BY A THIRD, ENABLING HIM TO SEND HIS FOUR CHILDREN TO A GOOD SCHOOL FOR THE FIRST TIME. BETTER CROP MANAGEMENT AND A BUSINESS APPROACH TO MANAGING THE FARM HELPED BHAWANT GENERATE THE EXTRA INCOME HE NEEDED TO FIX HIS WELL. THE IMPROVED PRODUCTIVITY AND QUALITY OF HIS CROP CHANGED THE FUTURE FOR HIS FAMILY. EXPENSES \$ 556,282. INCLUDING GRANTS OF \$ 16,000. REVENUE \$ 0.

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

CHILE, COLOMBIA, EL SALVADOR, UNITED KINGDOM,  
GHANA, GUATEMALA, HONDURAS, KENYA,  
MOZAMBIQUE, NICARAGUA, NICARAGUA, SWAZILAND,  
PERU, RWANDA, SOUTH AFRICA, TANZANIA,  
UGANDA, ZAMBIA, COTE D IVOIRE, NIGERIA

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS A TOTAL OF 96 MEMBERS. THERE ARE NO STOCKHOLDERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S 96 MEMBER BASE HAS FULL VOTING RIGHTS AND MAY VOTE AND ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B: ALL ITEMS OF GOVERNANCE ASSOCIATED WITH TECHNOSERVE ARE VOTED ON AND APPROVED BY ITS MEMBERSHIP. THE MEMBERS ARE A PART OF THE GOVERNING BODY AS WELL.

FORM 990, PART VI, SECTION B, LINE 11: DRAFT 990 IS PROVIDED TO THE AUDIT

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

COMMITTEE FOR REVIEW AND INPUT. ONCE APPROVED BY THE AUDIT COMMITTEE THE 990 WILL BE DISTRIBUTED AND REVIEWED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS ALL MEMBERS OF THE BOARD OF DIRECTORS AND SENIOR MANAGEMENT ARE REQUIRED TO MAKE DISCLOSURE OF ANY POSSIBLE CONFLICTS OF INTEREST. THEY ARE ALSO REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY DISCLOSURE STATEMENT ANNUAL. THE ORGANIZATION ALSO HAS A PROCESS FOR EMPLOYEES AND OUTSIDERS TO ALERT MANAGEMENT TO POSSIBLE CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE DIRECTOR OF HUMAN RESOURCES CONDUCTS REVIEWS OF COMPENSATION INCLUDING BENCHMARKING AGAINST OTHER NON-PROFIT ORGANIZATIONS. SENIOR MANAGEMENT SALARIES AND INCREASES ARE PRESENTED TO AND SUBJECT TO APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

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

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

|                                       |           |
|---------------------------------------|-----------|
| NET UNREALIZED LOSSES ON INVESTMENTS: | -111.     |
| TRANSLATION ADJUSTMENT                | -525,088. |
| GAIN (OR LOSS) ON EXCHANGE            | -254,428. |

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

TOTAL TO FORM 990, PART XI, LINE 5

-779,627.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990, PART I, LINE 5

TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR 2010

TECHNOSERVE WORLDWIDE NUMBER OF EMPLOYEES DURING THE 2010 IS 949, PART I LINE 5 SHOWS 143, FOR WHICH THE ORGANIZATION HAS ISSUED CORRESPONDED W-2S.

**Related Organizations and Unrelated Partnerships**

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

Name of the organization

TECHNOSERVE INC.

Employer identification number  
13-2626135

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

| (a)<br>Name, address, and EIN<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
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|  |                         |   |                     |                           |                                     |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| TECHNO NICARAUGUA<br>OPIPLAZA EL RETIRO, SUITE 537, ROTONDA EL PE<br>MANAGUA, NICARAGUA                              | DEVELOPMENT             | NICARAGUA   | FOREIGN NGO                   | FOREIGN NGO   | TECHNOSERVE INC.                    | X  |    |
| TECHNOSERVE SWAZILAND<br>4TH FLOOR, LILUNGA HOUSE, SOMHOLO RD<br>MBABNE, SWAZILAND                                   | DEVELOPMENT             | SWAZILAND   | FOREIGN NGO                   | FOREIGN NGO   | TECHNOSERVE INC.                    | X  |    |
| COMMUNITY ENTERPRISE DEVELOPMENT AND<br>INVESTMENT TRUST, 4TH FLOOR, LILUNGA HOUSE,<br>SOMHOLO RD, MBABNE, SWAZILAND | TRUST                   | SWAZILAND   | FOREIGN NGO                   | FOREIGN NGO   | TECHNOSERVE INC.                    | X  |    |
| TECHNOSERVE SOUTH AFRICA<br>13TH FLOOR METAL BOX BUILDING, 25 OWL ST.<br>AUKLAND PARK, SOUTH AFRICA                  | DEVELOPMENT             | SOUTH AFRICA  | FOREIGN NGO                   | FOREIGN NGO   | TECHNOSERVE INC.                    | X  |    |

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



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

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

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
|  |                         |   |                                     |  |                                 |  |                                |
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|  |                         |   |                                     |  |                                 |  |                                |
|  |                         |   |                                     |  |                                 |  |                                |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

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

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





# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization<br><b>TECHNOSERVE INC.</b>   | Employer identification number<br><b>13-2626135</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>148 EAST AVENUE, NO. 3H</b>             |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>NORWALK, CT 06851</b> |   |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 03          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

**JAMES NEHMER**

• The books are in the care of ▶ **1800 M STREET, NW - WASHINGTON, DC 20036**

Telephone No. ▶ **202-785-4515** FAX No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2010** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|  |           |    |    |
|--|-----------|----|----|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> | \$ | 0. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **x**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

|  |  |   |
|--|--|---|
| Type or print<br><br>File by the extended due date for filing your return. See instructions. | Name of exempt organization<br><b>TECHNOSERVE INC.</b>   | Employer identification number<br><b>13-2626135</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>148 EAST AVENUE, NO. 3H</b>             |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>NORWALK, CT 06851</b> |   |

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 03          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

EDWIN G GALARZA

• The books are in the care of  **1800 M STREET, NW - WASHINGTON, DC 20036**  
 Telephone No.  **202-785-4515** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.

5 For calendar year **2010**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION TO FILE AN ACCURATE AND COMPLETE RETURN.**

|  |           |    |    |
|--|-----------|----|----|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> | \$ | 0. |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.   | <b>8c</b> | \$ | 0. |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  *WZ* Title  *Accountant* Date  *8/2/11*