

Form **990**

# Return of Organization Exempt From Income Tax

# 2008

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

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 **2008** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TECHNOSERVE INC.</b> Doing Business As	<b>D</b> Employer identification number <b>13-2626135</b>
	Please use IRS label or print or type. See Specific Instructions.	<b>E</b> Telephone number <b>203-852-0377</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>148 EAST AVENUE 3H</b> City or town, state or country, and ZIP + 4 <b>NORWALK, CT 06851</b>	<b>G</b> Gross receipts \$ <b>42,447,215.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.TECHNOSERVE.ORG**

**K** Type of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1969** **M** State of legal domicile: **NY**

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TECHNOSERVE HELPS ENTREPRENEURIAL MEN AND WOMEN IN POOR RURAL AREAS OF THE DEVELOPING</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	96
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	96
	5	Total number of employees (Part V, line 2a)	5	73
	6	Total number of volunteers (estimate if necessary)	6	104
	7a	Total gross unrelated business revenue from Part VIII, line 2, column (C)	7a	0.
	7b	Net unrelated business taxable income (Part VIII, line 4)	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 33,203,146.	Current Year 41,598,994.
	9	Program service revenue (Part VIII, line 2g)	117,390.	115,532.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 5)	91,987.	103,772.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, and 10)	200,999.	411,139.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,613,522.	42,229,437.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,930,079.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,033,641.	17,620,007.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	104,929.	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,289,287.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	20,031,462.	17,661,916.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,170,032.	38,212,002.	
19	Revenue less expenses. Subtract line 18 from line 12	443,490.	4,017,435.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 35,487,796.	End of Year 45,530,674.
	21	Total liabilities (Part X, line 26)	27,594,722.	33,684,309.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,893,074.	11,846,365.

## 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 is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature of officer: **BRUCE MCNAMER, CHIEF EXECUTIVE OFFICER** Date: **6/24/09**

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: **6/22/09** Check if self-employed:  Preparer's identifying number (see instructions):

Firm's name (or yours if self-employed), address, and ZIP + 4: **RSM MCGLADREY, INC. 9737 WASHINGTONIAN BLVD., #400 GAITHERSBURG, MD 20878-7340**

EIN ▶ Phone no. ▶ **(301) 296-3600**

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

Part III Statement of Program Service Accomplishments (see instructions)

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 No

Yes No

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

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

Yes No

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

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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 6,938,889. including grants of \$ ) (Revenue \$ )

MOZAMBIQUE: TECHNOSERVE HAS HELPED TO REVITALIZE THE MOZAMBIKAN ECONOMY, WHICH SUFFERED DECADES OF CIVIL WAR, BY EXPANDING PROCESSING AND MARKETING CAPACITY IN A RANGE OF SECTORS THAT PROVIDE JOBS AND MARKETS FOR THE RURAL POOR. TECHNOSERVE/MOZAMBIQUE HELPED ENTREPRENEURS TO ESTABLISH VIABLE CASHEW PROCESSING PLANTS AND TRAINED FARMERS TO PRODUCE MORE AND BETTER NUTS. TECHNOSERVE WAS A CRUCIAL PLAYER IN THE REBIRTH OF A SUCCESSFUL MOZAMBIKAN POULTRY INDUSTRY, IMPROVING THE PRODUCTIVITY AND QUALITY OF SMALL-SCALE GROWERS AND LARGER PROCESSORS. WE HELPED FORM AN INDUSTRY ASSOCIATION THAT HAS ALREADY SUCCESSFULLY ADVOCATED FOR KEY POLICY CHANGES. TO CAPITALIZE ON GROWING DEMAND FOR ALTERNATIVE SOURCES OF ENERGY, TECHNOSERVE LAUNCHED A PILOT PROCESSING MODEL TO DEVELOP LOCAL SOURCES OF BIODIESEL. IN THE TOURISM SECTOR,

4b (Code: ) (Expenses \$ 4,512,799. including grants of \$ ) (Revenue \$ )

COFFEE INITIATIVE: TECHNOSERVE CONDUCTED AN ANALYSIS OF THE PREMIUM COFFEE MARKET, CONSULTED WITH A VARIETY OF INDUSTRY STAKEHOLDERS AND CONDUCTED FIELD RESEARCH TO DESIGN A PROGRAM TO INCREASE THE INCOMES OF FARMERS GROWING COFFEE IN EAST AFRICA.

4c (Code: ) (Expenses \$ 3,652,267. including grants of \$ ) (Revenue \$ )

NICARAGUA: TECHNOSERVE/NICARAGUA HELPED BUSINESSES IN KEY AGRICULTURAL SECTORS REACH BETTER-PAYING MARKETS THROUGH IMPROVEMENTS IN QUALITY STANDARDS, MANAGEMENT AND ACCESS TO CREDIT AND BUYERS. TECHNOSERVE HELPED TWO COFFEE COOPERATIVES PRODUCE AND SELL MORE LUCRATIVE SPECIALTY COFFEE. WE ALSO HELPED FARMER COOPERATIVES IN REGIONS PRODUCING LOW-QUALITY COFFEE TO DIVERSIFY INTO MORE PROFITABLE CROPS SUCH AS ROOT VEGETABLES. HUNDREDS OF SMALL-SCALE FARMERS EARNED HIGHER INCOMES AND HUNDREDS OF NEW PROCESSING AND PACKING JOBS WERE GENERATED. TECHNOSERVE WORKED WITH DAIRY PRODUCERS TO HELP THEM GAIN ACCESS TO HIGHER-PAYING BUT MORE DEMANDING EXPORT MARKETS, CONTRIBUTING TO INCREASED INCOMES FOR THOUSANDS OF SMALL-SCALE MILK PRODUCERS. WE ALSO RAN A SUCCESSFUL BUSINESS PLAN COMPETITION, LAUNCHING OR EXPANDING

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

(Expenses \$ 16,931,457. including grants of \$ ) (Revenue \$ 115,532.)

4e Total program service expenses \$ 32,035,412. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any 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>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		<input checked="" type="checkbox"/>
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	<input checked="" type="checkbox"/>	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<input checked="" type="checkbox"/>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>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>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

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

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	28		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	73		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
12b			

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body .....		96
<b>1b</b> Enter the number of voting members that are independent .....		96
<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 organizational documents since the prior Form 990 was filed? .....		X
<b>5</b> Did the organization become aware during the year of a material 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>7b</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>9a</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>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b> Is there any officer, director or 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**

	Yes	No
<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	
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: **JAMES NEHMER - 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**

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEGUN AGANGA DIRECTOR	2.00	X					0.	0.	0.	
GERALD BALDWIN DIRECTOR	2.00	X					0.	0.	0.	
THOMAS BERRY DIRECTOR	2.00	X					0.	0.	0.	
BETH BROOKE DIRECTOR	2.00	X					0.	0.	0.	
MICHAEL BUSH DIRECTOR	2.00	X					0.	0.	0.	
ROBERT CALHOUN DIRECTOR	2.00	X					0.	0.	0.	
BRUCE HEEREMA DIRECTOR	2.00	X					0.	0.	0.	
STACEY D. LINDSAY DIRECTOR	2.00	X					0.	0.	0.	
DR. THILO MANNHARDT DIRECTOR	2.00	X					0.	0.	0.	
ROBERT MURRAY MEZA DIRECTOR	2.00	X					0.	0.	0.	
ALI A. MUFURUKI DIRECTOR	2.00	X					0.	0.	0.	
JAMES C. ORR DIRECTOR	2.00	X					0.	0.	0.	
ALAN PATRICOFF DIRECTOR	2.00	X					0.	0.	0.	
MICHELLE PELUSO DIRECTOR	2.00	X					0.	0.	0.	
KURT PERTERSON DIRECTOR	2.00	X					0.	0.	0.	
BONNIE RAQUET DIRECTOR	2.00	X					0.	0.	0.	
JERRY A. RIESSEN DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN SCHOFIELD DIRECTOR	2.00	X					0.	0.	0.	
PAUL SOROS DIRECTOR	2.00	X					0.	0.	0.	
AEDHMAR HYNES DIRECTOR	2.00	X					0.	0.	0.	
MEGHAN O'SULLIVAN DIRECTOR	2.00	X					0.	0.	0.	
BRUCE MCNAMER PRESIDENT & CEO	40.00			X			327,488.	0.	34,312.	
DAVID BROWNING VP, COFFEE INITIATIVE	40.00			X			163,844.	0.	21,380.	
JAMES NEHMER CFO	40.00			X			190,047.	0.	20,171.	
JENNIFER BULLARD BROGGIN SECRETARY	2.00			X			0.	0.	0.	
JOHN CARON VICE CHAIRMAN	2.00			X			0.	0.	0.	
PETER A. FLAHERTY VICE CHAIRMAN	2.00			X			0.	0.	0.	
<b>1b Total</b>							<b>1,726,018.</b>	<b>0.</b>	<b>357,785.</b>	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 10

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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) Name and business address	(B) Description of services	(C) Compensation
SERENIC SOFTWARE INC. 7171 W. JEFFERSON AVE, LAKEWOOD, CO 80235	PROFESSIONAL SERVICES	487,699.
IRON BRIDGE SYSTEMS, INC. 1331 F ST. NW, WASHINGTON, DC 20004	PROFESSIONAL SERVICES	174,425.
MCGLADREY & PULLEN, LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	AUDITING SERVICES	141,400.
RESEARCH INTL EAST AFRICA, LTD., 2ND FL MPAKA ROAD, NAIROBI, WESTLANDS, KENYA	PROFESSIONAL SERVICES	120,713.
A.B. DATA LTD 600 A B DATA DRIVE, MILWAUKEE, WI 53217	DIRECT MAIL SERVICE	101,969.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 6

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 211,000.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 19872481.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 21515513.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		41598994.			
	Program Service Revenue	2 a PROJECT FEES	Business Code 900099	115,532.	115,532.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			115,532.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		49,144.		49,144.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	72,471.			
		b Less: cost or other basis and sales expenses		17,843.		
		c Gain or (loss)		54,628.		
	d Net gain or (loss)		54,628.		54,628.	
	8 a Gross income from fundraising events (not including \$ 211,000. of contributions reported on line 1c). See Part IV, line 18	a	611,074.			
	b Less: direct expenses	b	199,935.			
c Net income or (loss) from fundraising events		411,139.		411,139.		
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e			42229437.	115,532.	0. 514,911.	

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,256,887.	1,256,887.		
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	1,673,192.	1,673,192.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,061,147.	1,633,374.	280,292.	147,481.
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	12,926,211.	9,722,601.	2,099,118.	1,104,492.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	203,617.	203,617.		
9 Other employee benefits	1,963,000.	1,963,000.		
10 Payroll taxes	466,032.	466,032.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,665.	6,665.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	5,004,801.	3,701,649.	633,814.	669,338.
12 Advertising and promotion				
13 Office expenses	3,531,546.	2,668,618.	584,696.	278,232.
14 Information technology	1,969.	169.		1,800.
15 Royalties				
16 Occupancy	765,382.	765,382.		
17 Travel	5,328,024.	4,962,131.	259,358.	106,535.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	133,860.	133,860.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	556,677.	556,677.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>AUTO EXPENSES</b>	1,571,271.	1,571,271.		
b <b>GRANT EXPENSES</b>	400,867.	368,695.	32,172.	
c <b>OTHER EXPENSES</b>	360,854.	327,330.	865.	32,659.
d <b>INDIRECT COST ALLOCATIO</b>	0.	54,262.	-3,012.	-51,250.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	38,212,002.	32,035,412.	3,887,303.	2,289,287.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. 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) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash - non-interest-bearing .....		1
	2	Savings and temporary cash investments .....	26,614,757.	2 34,586,684.
	3	Pledges and grants receivable, net .....	6,377,196.	3 6,977,213.
	4	Accounts receivable, net .....	579,526.	4 720,759.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6
	7	Notes and loans receivable, net .....		7
	8	Inventories for sale or use .....		8
	9	Prepaid expenses and deferred charges .....	549,421.	9 1,091,309.
	10a	Land, buildings, and equipment: cost basis .....	10a 4,977,299.	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 2,964,210.	10c 2,013,089.
	11	Investments - publicly traded securities .....	2,049.	11 2,090.
	12	Investments - other securities. See Part IV, line 11 .....	203,239.	12 139,530.
	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) .....	35,487,796.	16 45,530,674.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	2,398,912.	17 1,942,745.
	18	Grants payable .....		18
	19	Deferred revenue .....	23,314,012.	19 29,157,122.
	20	Tax-exempt bond liabilities .....		20
	21	Escrow 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 .....		24
	25	Other liabilities. Complete Part X of Schedule D .....	1,881,798.	25 2,584,442.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	27,594,722.	26 33,684,309.
<b>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.			
	27	Unrestricted net assets .....	1,638,895.	27 4,558,370.
	28	Temporarily restricted net assets .....	6,254,179.	28 7,287,995.
	29	Permanently restricted net assets .....		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds .....		30
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31
	32	Retained earnings, endowment, accumulated income, or other funds .....		32
33	<b>Total net assets or fund balances</b> .....	7,893,074.	33 11,846,365.	
34	<b>Total liabilities and net assets/fund balances</b> .....	35,487,796.	34 45,530,674.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b	Were the organization's financial statements audited by an independent accountant? .....	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	
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? .....	3a	X
b	If "Yes," did the organization undergo the required audit or audits? .....	3b	

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

**Public Charity Status and Public Support**

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15839525.	21535122.	31335943.	33203146.	41598994.	143512730
<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 - 3	15839525.	21535122.	31335943.	33203146.	41598994.	143512730
<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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						143512730

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	15839525.	21535122.	31335943.	33203146.	41598994.	143512730
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,576.	25,424.	70,015.	91,987.	49,144.	249,146.
<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.)						
<b>11 Total support.</b> Add lines 7 through 10						143761876
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,302,934.
<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 2008 (line 6, column (f) divided by line 11, column (f))	14	99.83 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.46 %
<b>16a 33 1/3% support test - 2008.</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 - 2007.</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 - 2008.</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 - 2007.</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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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.)						
<b>14 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>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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, and 990-PF.

OMB No. 1545-0047

**2008**

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

**TECHNOSERVE INC.**

13-2626135

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 9,151,722.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 909,835.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 8,540,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 4,957,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 956,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 945,921.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**TECHNOSERVE INC.**

13-2626135

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 2,263,629.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

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?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Yes  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 pleasure)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of certified historic structure
- Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements .....   | 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 .....            | 2d                          |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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, 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, 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 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 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 Trust, Escrow and Custodial Arrangements.** Complete if 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 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 Investment earnings or 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 Investments - 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) Depreciation	(d) Book value
1a Land				
b Buildings		556,339.	106,095.	450,244.
c Leasehold improvements				
d Equipment		3,649,071.	2,458,439.	1,190,632.
e Other		771,889.	399,676.	372,213.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,013,089.





**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

TECHNOSERVE INC.

13-2626135

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA AND THE CARIBBEAN	4	155	PROGRAM SERVICE	AG ASSISTANCE	6364874.
SOUTH AMERICA	2	9	PROGRAM SERVICE	AG ASSISTANCE	1301447.
SOUTH ASIA	1	5	PROGRAM SERVICE	AG ASSISTANCE	386,358.
SUB-SAHARAN AFRICA	9	334	PROGRAM SERVICE	AG ASSISTANCE	23982748
<b>Totals</b>	16	503			32035427

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

Schedule F (Form 990) 2008

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

Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SMALL HOLDER TRAINING	187,260	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	SMALL HOLDER TRAINING	106,501	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	BROILER EXPANSION	133,400	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	BROILER EXPANSION	96,000	WIRE TRANSFER	0		
		EUROPE	POULTRY EXPANSION	148,651	WIRE TRANSFER	0		
		SOUTH ASIA	RURAL AGRICULTURE DEVELOPMENT	83,712	WIRE TRANSFER	0		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 6

3 Enter total number of other organizations or entities 0

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

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
COMPETITION AWARDS	CENTRAL AMERICA AND THE CARIBBEAN	25	127,000	WIRE TRANSFER	0		
COMPETITION GRANT	SOUTH AMERICA	46	233,000	WIRE TRANSFER	0		
BUSINESS PLAN COMPETITION	SUB-SAHARAN AFRICA	130	557,668	WIRE TRANSFER	0		

**Part IV Supplemental Information**

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: TECHNOSERVE MAINTAINS AN OFFICE IN SIXTEEN 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.

Multiple horizontal lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		DINNER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	822,074.		822,074.
	2	Less: Charitable contributions	211,000.		211,000.
	3	Gross revenue (line 1 minus line 2)	611,074.		611,074.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	250,000.		250,000.
	7	Other direct expenses			
	8	Direct expense summary. Add lines 4 through 7 in column (d)			( 250,000.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			361,074.

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

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

	Yes	No
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? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility .....	13a	%	
<b>b</b> An outside facility .....	13b	%	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....			
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.			
<b>c</b> If "Yes," enter name and address:			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
_____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....			
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** 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** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACDI/VOCA 50 F ST. NW STE 1075 WASHINGTON, DC 20001	52-0811461	501(C)(3)	416,021.	0.			RURAL DEVELOPMENT
CLUSA 1401 NEW YORK AVE NW STE 1100 WASHINGTON, DC 20005	36-2007481	521/1381	674,994.	0.			RURAL DEVELOPMENT
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	165,872.	0.			RURAL DEVELOPMENT

**2** Enter total number of section 501(c)(3) and government organizations **2.**

**3** Enter total number of other organizations **1.**



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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 line 1a is 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 checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" 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:

- a** Receive a severance payment or change of control payment? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

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

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes," to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  Yes  No

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 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) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BRUCE MCNAMER	(i)	327,488.	0.	27,600.	6,712.	361,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.
DAVID BROWNING	(i)	163,844.	0.	19,680.	1,700.	185,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.
JAMES NEHMER	(i)	190,047.	0.	13,528.	6,643.	210,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.
SIMON WINTER	(i)	194,750.	0.	40,521.	17,150.	252,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.
DANIEL DUPONT	(i)	150,214.	0.	30,738.	16,954.	197,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.
STACEY DAVES-OHLIN	(i)	137,500.	0.	33,560.	17,060.	188,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.
JAKE WALTERS	(i)	132,793.	0.	46,831.	12,454.	192,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.
MARCUS MARINO	(i)	144,183.	0.	26,074.	11,813.	182,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.
EDWIN GALARZA	(i)	147,203.	0.	14,192.	675.	162,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.
PARTH TEWARI	(i)	137,996.	0.	13,900.	0.	151,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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**Continuation Sheet for Form 990**

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▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

**TECHNOSERVE INC.**

Employer Identification number

**13-2626135**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUZANNE NORA JOHNSON TREASURER	2.00			X				0.	0.	0.
PAUL E. TIERNEY CHAIRMAN	20.00			X				0.	0.	0.
SIMON WINTER SENIOR VP, DEVELOPMENT	40.00				X			194,750.	0.	57,671.
DANIEL DUPONT DEVELOPMENT	40.00				X			150,214.	0.	47,692.
STACEY DAVES-OHLIN GENERAL COUNSEL	40.00					X		137,500.	0.	50,620.
JAKE WALTERS COUNTRY DIRECTOR - MOZAM	40.00					X		132,793.	0.	59,285.
MARCUS MARINO PROGRAM DIRECTOR	40.00					X		144,183.	0.	37,887.
EDWIN GALARZA CONTROLLER	40.00					X		147,203.	0.	14,867.
PARTH TEWARI COUNTRY DIRECTOR-INDIA	40.00					X		137,996.	0.	13,900.

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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

TECHNOSERVE PROVIDED A NUMBER OF ECO-LODGE VENTURES WITH ASSISTANCE ON BUSINESS PLANS, FINANCING AND MANAGEMENT SKILLS. WE ALSO PROVIDED GUIDANCE TO THE WOOD PRODUCTS INDUSTRY, WITH A FOCUS ON DEVELOPING VALUE-ADDED PRODUCTS AND IMPROVING THE MANAGEMENT OF PLANTATIONS.

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

DOZENS OF BUSINESSES.

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

KENYA: TECHNOSERVE/KENYA WORKED WITH AGRI-BUSINESSES AND FARMERS ACROSS A NUMBER OF INDUSTRIES TO HELP THEM REACH THEIR POTENTIAL. WE HELPED REVITALIZE KENYA'S CASHEW NUT INDUSTRY BY ASSISTING ENTREPRENEURS TO ESTABLISH PROCESSING PLANTS IN STRUGGLING RURAL AREAS. THESE PLANTS CREATED STEADY MARKETS FOR THOUSANDS OF FARMERS AND GENERATED MANY NEW JOBS. WE HELPED SMALL-SCALE COFFEE FARMERS IMPROVE THEIR CULTIVATION, MILLING AND MARKETING PRACTICES, ALLOWING THEM TO COMMAND HIGHER PRICES FOR BETTER-QUALITY COFFEE. TECHNOSERVE DROVE THE DEVELOPMENT OF SUSTAINABLE, RURAL-BASED MILK COOLING PLANTS THAT OFFER A VARIETY OF SERVICES TO OTHERWISE UNDER-SERVED DAIRY FARMERS AND TRIGGER BROADER ECONOMIC ACTIVITY. IN 2008, THESE PLANTS PROVIDED A RELIABLE MARKET FOR NEARLY 20,000 RURAL DAIRY FARMERS. TECHNOSERVE ALSO HELPED THOUSANDS OF

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**BANANA FARMERS INCREASE THE QUALITY AND QUANTITY OF THEIR PRODUCE AND ORGANIZED THEM INTO BUSINESS GROUPS. WE HELPED MORE THAN 20,000 FARMERS OF LEGUMES INCREASE THEIR PRODUCTIVITY, FORM FARMER-OWNED BUSINESSES, GAIN ACCESS TO FINANCING AND LINK TO BUYERS. WE ALSO PROMOTED THE GROWTH OF KENYA'S BUSINESS SECTOR THROUGH WIDE-SCALE ENTREPRENEURSHIP PROGRAMS - INCLUDING A NATIONAL BUSINESS PLAN COMPETITION THAT ATTRACTED MORE THAN 5,000 APPLICANTS IN 2008. EXPENSES \$ 2596777. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3032.**

**RWANDA: TO HELP RWANDA REPOSITION ITSELF AS A LEADING PRODUCER OF SPECIALTY COFFEE, TECHNOSERVE/RWANDA PROVIDED TRAINING AND SUPPORT TO COFFEE COOPERATIVES. OUR BUSINESS ADVISORS HELPED FARMERS BOOST PRODUCTION AND IMPROVE QUALITY, WHILE PROVIDING TRAINING IN BASIC BUSINESS SKILLS. TECHNOSERVE ALSO FACILITATED ACCESS TO FINANCING AND LINKED THE FARMERS TO SPECIALTY BUYERS - THE SEGMENT OF THE GLOBAL MARKET THAT CONTINUES TO GROW AND PAY HIGHER PRICES. THE INCOMES OF THESE COFFEE FARMERS WILL DOUBLE WITHIN FOUR YEARS, BENEFITING THEMSELVES, THEIR FAMILIES AND THEIR COMMUNITIES. EXPENSES \$ 309531. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**SOUTH AFRICA: THROUGH A NATIONAL BUSINESS PLAN COMPETITION, TECHNOSERVE/SOUTH AFRICA HELPED ASPIRING ENTREPRENEURS TURN BUSINESS IDEAS INTO VIABLE BUSINESS PLANS. WE ALSO WORKED WITH FARMERS AND PROCESSORS IN THREE KEY REGIONS. IN KWAZULU-NATAL, WE SUPPORTED THE ONLY CASHEW NUT PROCESSOR IN THE COUNTRY AND HELPED SET UP A PINEAPPLE AND VEGETABLE FARM. IN THE MARULENG AND BUSHBUCKRIDGE DISTRICT, WE**

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WORKED WITH AN ORGANIC BANANA JUICE COMPANY, A POULTRY COOPERATIVE AND A VEGETABLE COOPERATIVE TO IMPROVE BUSINESS PRACTICES AND LINK TO NEW OR BETTER MARKETS. IN MPUMALANGA, TECHNOSERVE WORKED WITH TWO SUGARCANE COOPERATIVES TO DEVELOP BUSINESS PLANS AND SECURE FINANCING. TECHNOSERVE ALSO HELPED RUN THE AFRICA LEADERSHIP INITIATIVE SEMINAR SERIES.

EXPENSES \$ 1075745. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SWAZILAND: TECHNOSERVE/SWAZILAND HELPED ASPIRING YOUNG ENTREPRENEURS TO TURN THEIR BUSINESS IDEAS INTO REALITY THROUGH A NATIONAL BUSINESS PLAN COMPETITION. ADDITIONALLY, WE DEVELOPED AN INNOVATIVE AFTER-SCHOOL PROGRAM, SCHOOL-AGE YOUTH ENTREPRENEURSHIP (SAYE), TO INSPIRE YOUNG PEOPLE AND TEACH THEM ABOUT THE WORLD OF BUSINESS. TECHNOSERVE ALSO HELPED LOCAL VEGETABLE FARMERS TO DEVELOP MARKETING ORGANIZATIONS AND PLANS THAT WOULD ALLOW THEM TO SELL INTO EXPORT MARKETS. OTHER HORTICULTURAL ACTIVITIES INCLUDED BOOSTING PRODUCTION OF BANANAS AND PINEAPPLES AND INTRODUCING PRODUCTION OF OTHER HIGH-VALUE EXPORT CROPS, SUCH AS BLUEBERRIES AND CHILI PEPPERS. TECHNOSERVE WORKED WITH FARMER GROUPS TO DIVERSIFY INTO SOY AND OTHER FEEDS TO MEET THE NEEDS OF A GROWING LIVESTOCK INDUSTRY. TECHNOSERVE ALSO BEGAN WORKING TO DEVELOP THE ORGANIC COTTON INDUSTRY AND WAS INVOLVED IN THE HONEY INDUSTRY.

EXPENSES \$ 1605277. INCLUDING GRANTS OF \$ 0. REVENUE \$ 36334.

**UGANDA**

TECHNOSERVE/UGANDA WORKED WITH SMALL-SCALE FARMERS AND FRESH PRODUCE BUSINESSES TO TAP INTO A GROWING DOMESTIC DEMAND FOR FRESH FOOD. WE

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HELPED THOUSANDS OF FARMERS GROW EXOTIC PRODUCE SUCH AS CAULIFLOWER AND  
COLLARD GREENS, IN ADDITION TO MORE TRADITIONAL FRUITS SUCH AS MANGOES.  
WE ALSO WORKED IN THE MATOOKE (GREEN BANANAS) SECTOR TO LINK ORGANIZED  
FARMERS DIRECTLY TO URBAN WHOLESALERS. WE HELPED MATOOKE TRADERS ENTER  
BETTER-PAYING AND MORE STABLE INSTITUTIONAL MARKETS.

EXPENSES \$ 1288979. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AFRICA REGION: THESE FUNDS SUPPORTED MULTI-COUNTRY ACTIVITIES SUCH AS  
TRAINING AND KNOWLEDGE SHARING, AS WELL AS OPPORTUNITY STUDIES FOR  
SECTORS AND COUNTRIES WHERE TECHNOSERVE DID NOT HAVE A PREVIOUSLY  
ESTABLISHED PROGRAM.

EXPENSES \$ 308661. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

INDIA: SIXTY YEARS AFTER INDEPENDENCE, INDIA'S BOOMING URBAN ECONOMY -  
BASED ON THE HIGH-TECH, MANUFACTURING, TEXTILES AND SERVICES INDUSTRIES  
- HAS CREATED NEW OPPORTUNITIES FOR MILLIONS. HOWEVER, SOME 250 MILLION  
INDIANS CONTINUE TO LIVE IN RURAL POVERTY. TWO-THIRDS OF INDIA'S 1.1  
BILLION PEOPLE DEPEND ON AGRICULTURE FOR THEIR INCOMES, PRIMARILY AT A  
SMALL-SCALE OR SUBSISTENCE LEVEL. TECHNOSERVE BEGAN WORKING IN INDIA TO  
HELP FARMERS IMPROVE AGRICULTURAL PRACTICES, PRODUCE HIGHER-VALUE ITEMS  
AND ACCESS NEW, MORE PROFITABLE MARKETS. WE ALSO BEGAN EXPLORING  
OPPORTUNITIES IN ALTERNATIVE ENERGY, ENTREPRENEUR TRAINING AND OTHER  
AREAS.

EXPENSES \$ 386337. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COLOMBIA: TECHNOSERVE/COLOMBIA LAID THE GROUNDWORK TO LAUNCH A NATIONAL

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BUSINESS PLAN COMPETITION IN 2008. THE PROGRAM WILL FOCUS ON SMALL AND MEDIUM BUSINESSES THAT BENEFIT PEOPLE AT THE BOTTOM OF THE ECONOMIC PYRAMID BY GENERATING JOBS AND MARKETS WHILE ALSO INCREASING THE SUPPLY OF HIGH-QUALITY, AFFORDABLE GOODS AND SERVICES. TECHNOSERVE CONTINUED WORK WITH NESTLE'S NESPRESSO BUSINESS UNIT TO HELP 3,500 SMALL-SCALE FARMERS IN THREE COOPERATIVES INCREASE THEIR PRODUCTION OF HIGH-QUALITY, SUSTAINABLY PRODUCED COFFEE TO MEET NESPRESSO'S INCREASING GLOBAL DEMAND. THE PROGRAM HELPED THE COOPERATIVES IMPROVE THEIR PRODUCTION, PROCESSING AND BUSINESS MANAGEMENT PRACTICES. EXPENSES \$ 76221. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EL SALVADOR: TECHNOSERVE DEBUTED ITS NATIONAL BUSINESS PLAN COMPETITION MODEL IN EL SALVADOR IN 2002. SINCE THEN, TECHNOSERVE/EL SALVADOR HAS RUN FIVE COMPETITIONS. MORE THAN 150 BUSINESSES HAVE BEEN LAUNCHED OR EXPANDED, EARNING INCREMENTAL REVENUES EXCEEDING \$15 MILLION AND CREATING HUNDREDS OF NEW JOBS. WE ALSO RAN A YOUTH ENTREPRENEURSHIP INITIATIVE, BENEFITING THOUSANDS OF YOUNG SALVADORANS. TECHNOSERVE WORKED WITH DAIRY PRODUCERS AND PROCESSORS TO GAIN ACCESS TO HIGHER-PAYING BUT MORE DEMANDING EXPORT MARKETS. TECHNOSERVE LAUNCHED A PILOT PROJECT TO TEACH YOUTHS WHO HAVE GROWN UP IN SUGARCANE FAMILIES TO PROFITABLY FARM MORE LUCRATIVE AND LESS RISKY PRODUCTS, SUCH AS TOMATOES AND CASSAVA. EXPENSES \$ 844503. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GUATEMALA: TECHNOSERVE/GUATEMALA BEGAN EXPLORING OPPORTUNITIES TO DEVELOP A BIOFUEL INDUSTRY, HELPING SIX COMMUNITIES OF SMALL-SCALE

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FARMERS GROW JATROPHA CROPS. IN ADDITION, WE RAN A SUCCESSFUL NATIONAL  
BUSINESS PLAN COMPETITION, WHILE TECHNOSERVE BUSINESS ADVISORS HELPED  
EXPAND A LETTUCE PRODUCER'S BUSINESS AND AIDED A COOPERATIVE IN  
PRODUCING SOUGHT-AFTER HORTICULTURAL CROPS. WE ALSO WORKED WITH A SMALL  
MUSHROOM PRODUCER TO EXPAND PRODUCTION, PROVIDING AN OPPORTUNITY FOR  
MORE THAN 300 FAMILIES TO SUBSTANTIALLY INCREASE THEIR INCOMES BY  
FARMING ORGANIC MUSHROOMS. TECHNOSERVE ADVISORS HELPED A MAYA NUT  
BUSINESS OWNED BY MORE THAN 50 LOW-INCOME WOMEN TO INCREASE THEIR  
PRODUCTION AND DEVELOP A MARKETING CAMPAIGN.  
EXPENSES \$ 496072. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HONDURAS: TECHNOSERVE/HONDURAS FOCUSED ON REBUILDING AND MODERNIZING  
KEY INDUSTRIES, MAKING THEM MORE PROFITABLE TO GENERATE JOBS AND  
INCOMES FOR THE RURAL POOR. WE WORKED WITH SEVEN PILOT GROUPS IN THE  
COCOA SECTOR, THE GOVERNMENT AND INTERNATIONAL CHOCOLATE MANUFACTURERS  
TO DEVELOP THE FINE COCOA INDUSTRY. WE IDENTIFIED FINE COCOA GENETIC  
MATERIAL AND WORKED WITH FARMERS TO IMPROVE THEIR GROWING, HARVESTING  
AND PROCESSING TECHNIQUES. TO HELP THE COFFEE INDUSTRY LIVE UP TO ITS  
POTENTIAL TO BENEFIT THE RURAL POOR, TECHNOSERVE HELPED PRODUCERS FROM  
FIVE GROUPS PRODUCE HIGHER-QUALITY COFFEE IN ORDER TO GAIN ACCESS TO  
MORE LUCRATIVE PREMIUM MARKETS. TECHNOSERVE HELPED DAIRY PRODUCERS GAIN  
ACCESS TO HIGHER-PAYING BUT MORE DEMANDING DOMESTIC AND REGIONAL  
MARKETS, SIMULTANEOUSLY IMPROVING QUALITY AND INCREASING PROFITS. WE  
ALSO WORKED TO DEVELOP A SUSTAINABLE HORTICULTURAL SECTOR BY FOCUSING  
ON CROPS - SUCH AS ROOTS AND TUBERS, HOT AND SWEET PEPPERS AND  
COOL-WEATHER VEGETABLES - THAT LEVERAGE HONDURAS' NATURAL COMPARATIVE

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ADVANTAGES. WE LAUNCHED HONDURAS' FIRST NATIONAL BUSINESS PLAN

COMPETITION IN 2007.

EXPENSES \$ 1371744. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TANZANIA: TECHNOSERVE/TANZANIA CONTINUED ITS WORK WITH FARMERS,  
COOPERATIVES, SUPPLIERS AND PROCESSORS TO STRATEGICALLY DEVELOP  
COMPETITIVE RURAL INDUSTRIES AROUND KEY CROPS SUCH AS CASHEW NUT,  
COFFEE, TEA AND ARTEMISIA (AN HERB USED IN THE PRODUCTION OF THE MOST  
EFFECTIVE TREATMENT FOR MALARIA). WE HELPED 2,500 TANZANIAN FARMERS TO  
PRODUCE AND MARKET ARTEMISIA CROPS AND LINKED THEM TO A REGIONAL  
EXTRACTION PLANT. THE NEARLY 10,000 MEMBERS OF KILICAFE, A  
TECHNOSERVE-ASSISTED COFFEE ASSOCIATION, CONTINUED TO BENEFIT FROM  
IMPROVED QUALITY, INCREASED KNOWLEDGE AND A MORE COMPETITIVE INDUSTRY  
THAT ALLOWED THEM TO SELL DIRECTLY TO OVERSEAS BUYERS, SUCH AS  
STARBUCKS AND PEET'S COFFEE & TEA. WE ALSO BEGAN TO ORGANIZE BANANA  
FARMERS AND TEACH THEM TO GROW BETTER BANANAS AND RUN THEIR BUSINESSES  
EFFECTIVELY. IN THE TEA SECTOR, TECHNOSERVE HELPED 1,000 SMALL-SCALE  
FARMERS IMPROVE THE QUALITY OF THE TEA THEY PRODUCE. MORE BROADLY, WE  
ALSO SUPPORTED THE DIVERSIFICATION OF TANZANIA'S ECONOMY THROUGH  
ENTREPRENEURSHIP PROGRAMS THAT EMPOWER MEN AND WOMEN TO CREATE THRIVING  
BUSINESSES IN A VARIETY OF SECTORS.

EXPENSES \$ 1713094. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PERU: TECHNOSERVE LAID THE GROUNDWORK TO INTRODUCE ITS SUCCESSFUL  
BUSINESS PLAN COMPETITION MODEL TO HELP THE COUNTRY'S NASCENT  
ENTREPRENEURS TURN GOOD IDEAS INTO THRIVING, GROWTH-ORIENTED

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BUSINESSES. WE ALSO IDENTIFIED AND SUPPORTED YOUNG ENTREPRENEURS,  
TRAINING THEM IN SUBJECTS SUCH AS MANAGEMENT, OPERATIONS AND  
ACCOUNTING. TECHNOSERVE ADVISORS WORKED WITH FARMERS IN THE HUANCAYO  
REGION TO GROW AN ARTICHOKE INDUSTRY. IN ADDITION, WE WORKED WITH  
MINERA YANACocha, SOUTH AMERICA'S LARGEST GOLD PRODUCER, TO HELP SMALL  
RURAL ENTERPRISES CAPITALIZE ON THE MINE'S PRESENCE IN THE  
POVERTY-PLAGUED AREA OF CAJAMARCA. IN PHASE ONE, WE SUPPORTED 22 LOCAL  
BUSINESSES THAT FOCUSED FIRST ON SUPPLYING THE MINE'S CATERING  
FACILITIES AND THEN EXPANDED TO SERVE REGIONAL AND INTERNATIONAL  
MARKETS, CREATING JOBS AND BOOSTING THE INCOMES OF THEIR LOCAL  
SUPPLIERS. IN 2008, WE WORKED WITH 19 BUSINESSES TO LEVERAGE THE SUPPLY  
NEEDS OF THE MINE AND EXPAND INTO NEW MARKETS.  
EXPENSES \$ 1225161. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GHANA: TECHNOSERVE/GHANA WORKED ACROSS VARIOUS SECTORS, INCLUDING  
CASHEW, COCOA, HORTICULTURE (INCLUDING PINEAPPLE, PAPAYA AND MANGO) AND  
SALT, TO HELP FARMERS IMPROVE THE QUALITY AND QUANTITY OF THEIR CROPS,  
LINK TO BETTER MARKETS AND IMPROVE THEIR BUSINESS SKILLS. TECHNOSERVE  
ALSO WORKED TO TRAIN THOUSANDS OF FARMERS TO BETTER GROW AND SELL CROPS  
SUCH AS PEANUTS, ONIONS AND MAIZE; LINKS TO SOURCES OF CREDIT AND  
MARKETS WERE FACILITATED. WE ALSO HELPED SEVERAL RICE BUSINESSES BOOST  
PRODUCTIVITY, INTRODUCE VALUE-ADDED PROCESSING TO MEET LOCAL MARKET  
DEMANDS AND REDUCE THE COUNTRY'S DEPENDENCE ON RICE IMPORTS. ON A WIDER  
SCALE, TECHNOSERVE HELPED ASPIRING ENTREPRENEURS TO BETTER DEVELOP  
THEIR BUSINESS IDEAS AND CONNECT WITH FINANCIERS THROUGH OUR SUCCESSFUL  
BUSINESS PLAN COMPETITION MODEL. WITH THE SUPPORT OF GOOGLE.ORG,

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TECHNOSERVE ALSO GATHERED INDUSTRY STAKEHOLDERS TO IDENTIFY SPECIFIC OPPORTUNITIES AND PRIORITIZE POLICY REQUIREMENTS TO FOSTER THE DEVELOPMENT OF THE BIOFUELS AND AQUACULTURE INDUSTRIES, TWO SECTORS IN WHICH GHANA HAS A STRONG NATURAL COMPARATIVE ADVANTAGE.

EXPENSES \$ 3511170. INCLUDING GRANTS OF \$ 0. REVENUE \$ 32735.

STRATEGIC INITIATIVES: THESE FUNDS SUPPORTED MANAGEMENT AND OVERSIGHT OF VOLUNTEER BUSINESS CONSULTANTS PLACED IN TECHNOSERVE AREAS OF OPERATION TO HELP DEVELOP INDUSTRIES AND CLIENT BUSINESSES AND INCREASE THE CAPACITY OF OUR STAFF. A PORTION ALSO FUNDED A STUDY OF THE MOST EFFICIENT MEANS OF SECURING CAPITAL FOR TECHNOSERVE CLIENT BUSINESSES.

EXPENSES \$ 122185. INCLUDING GRANTS OF \$ 0. REVENUE \$ 43431.

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

GHANA, KENYA, TANZANIA, MOZAMBIQUE,  
RWANDA, SOUTH AFRICA, SWAZILAND, UGANDA,  
GUATEMALA, EL SALVADOR, PERU, NICARAGUA,  
HONDURAS, COLOMBIA, POLAND, INDIA

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.

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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 A, LINE 10: DRAFT 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW AND INPUT. ONCE APPROVED BY THE AUDIT COMMITTEE THE 990 WILL BE DISTRIBUTED AND DISCUSS 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, 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

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

Schedule O (Form 990) 2008

832211  
12-18-08

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

**TECHNOSERVE INC.**

Employer identification number

**13-2626135**

**INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC  
UPON REQUEST.**

**FORM 990, PAGE 11, PART XI, LINE 2B (AND PART IV, LINE 12)**

**AUDIT OF FINANCIAL DATA**

**ALTHOUGH THE ORGANIZATION DOES NOT RECEIVE STAND ALONE GAAP FINANCIAL  
STATEMENTS IT DOES RECEIVE ON AN ANNUAL BASIS FROM INDEPENDENT AUDITORS  
CONSOLIDATED ENTITY GAAP FINANCIAL STATEMENTS FOR IT AND ITS  
AFFILIATES.**





**Part V Transactions With Related Organizations**

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r 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) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) <b>TECHNO NICARAGUA</b>	B	92,781.
(2) <b>TECHNOSERVE SOUTH AFRICA</b>	B	200,000.
(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.

**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.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. 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.

Type or print	Name of Exempt Organization <b>TECHNOSERVE INC.</b>	Employer identification number <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. <b>49 DAY ST.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NORWALK, CT 06854-4901</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**JAMES NEHMER**

- The books are in the care of ▶ **49 DAY STREET - NORWALK, CT 06854**  
 Telephone No. ▶ **203-852-0377** 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2008** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a 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.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

**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 Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

## E-FILED

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_, 20\_\_

2008

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. See instructions.

Name of exempt organization

Employer identification number

TECHNOSERVE INC.

13-2626135

Name and title of officer

BRUCE MCNAMER CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

- 1a Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 42229437
2a Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [ ] b Tax based on Investment Income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [ ] b Balance Due (Form 8868, line 3c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize RSM MCGLADREY, INC. to enter my PIN 06851
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature [Signature] Date 6/19/09

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 52071120814 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [Signature] Date 6/19/09

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So