

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

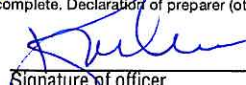
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization TECHNOSERVE INC. Doing Business As		D Employer identification number 13-2626135
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 148 EAST AVENUE 3H	E Telephone number 203-852-0377	
		City or town, state or country, and ZIP + 4 NORWALK, CT 06851		G Gross receipts \$ 57,032,253.
		F Name and address of principal officer: BRUCE MCNAMER SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.TECHNOSERVE.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1969		M State of legal domicile: NY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TECHNOSERVE HELPS ENTREPRENEURIAL MEN AND WOMEN IN POOR RURAL AREAS OF THE DEVELOPING		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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	82
	6	Total number of volunteers (estimate if necessary)	6	124
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	41,598,994.	46,823,419.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	115,532.	12,394.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,772.	337,749.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	411,139.	153,464.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	42,229,437.	47,327,026.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,930,079.	920,767.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,620,007.	21,035,607.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,511,672.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17,661,916.	24,429,908.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,212,002.	46,386,282.
19	Revenue less expenses. Subtract line 18 from line 12	4,017,435.	940,744.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	45,530,674.	45,702,286.
	22	Net assets or fund balances. Subtract line 21 from line 20	33,684,309.	32,921,954.
			11,846,365.	12,780,332.

Part II Signature Block

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

Sign Here ▶  Signature of officer Date 10/27/10

BRUCE MCNAMER, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	RSM MCGLADREY, INC. 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205		EIN ▶ Phone no. ▶ 703-336-6400

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

Part III Statement of Program Service Accomplishments

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 11,672,981. including grants of \$) (Revenue \$)
TECHNOSERVE WORKED WITH EAST AFRICAN COFFEE FARMERS TO IMPROVE THE QUALITY OF THEIR IMPACT AND INCREASE THEIR INCOMES. ETHIOPIA, RWANDA, TANZANIA AND UGANDA PRODUCED TOO MUCH COFFEE AND WITH TOO LITTLE ATTENTION TO QUALITY. CONSEQUENTLY, THE COFFEE SOLD FOR A VERY LOW PRICE. WORKING WITH A CONSORTIUM OF COFFEE GROWERS, TECHNOSERVE HELPED FARMERS FOCUS ON MORE PROFITABLE SPECIALTY COFFEES AND TO COPE WITH PARTICULAR CHALLENGES AROUND TRANSPORTATION AND MARKET ACCESS. FARMERS REALIZED 100 PERCENT HIGHER PRICES FOR THEIR CROPS AND INCREASED YIELDS.

4b (Code:) (Expenses \$ 3,907,377. including grants of \$ 475,156.) (Revenue \$)
THROUGHOUT EAST AFRICA (KENYA, RWANDA, TANZANIA AND UGANDA) TECHNOSERVE PROVIDES TRAINING AND SUPPORT TO FARMERS IN A VARIETY OF CROPS INCLUDING CASHEW, TEA, COCOA, SOY AND BANANA. WITH TECHNOSERVE'S ASSISTANCE THESE FARMERS HAVE INCREASE PRODUCTIVITY, YIELDS, QUALITY AND AS A RESULT THEIR INCOMES. SEVERAL EAST AFRICA PROGRAMS HAVE A SPECIAL FOCUS ON WOMEN ENTREPRENEURS.

4c (Code:) (Expenses \$ 3,858,617. including grants of \$ 143,549.) (Revenue \$ 2,185.)
IN NICARAGUA AND HONDURAS, TECHNOSERVE WORKED WITH SMALL SCALE FARMERS TO IMPROVE THEIR LAND MANAGEMENT AND CROP CULTIVATION TECHNIQUES. TECHNOSERVE ALSO WORKED WITH THE FARMERS TO IMPROVE THEIR PRODUCTIVITY, FOCUS THEIR WORK ON THE HIGHEST VALUE CROPS AND TO CONNECT THEM TO MARKETS THAT ARE MORE LUCRATIVE. AS A RESULT, LOCAL FARMERS INCREASED THEIR YIELDS BY 50 PERCENT AND SOME TRIPLED THEIR INCOMES. AS A RESULT, THE FARMERS WERE ABLE TO SEND THEIR CHILDREN TO SCHOOL, BUILD A SAFER HOME AND CREATE A BETTER FUTURE FOR THEIR FAMILIES.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 18,713,034. including grants of \$ 302,060.) (Revenue \$ 10,209.)

4e Total program service expenses \$ 38,152,009.

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>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

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	45	
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?	X	
	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	82	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
	4a		
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
			96
1b	Enter the number of voting members that are independent		
			96
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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			
PAUL E. TIERNEY CHAIRMAN	20.00	X		X				0.	0.	0.
JOHN CARON VICE CHAIRMAN	2.00	X		X				0.	0.	0.
PETER A. FLAHERTY VICE CHAIRMAN	2.00	X		X				0.	0.	0.
JENNIFER BULLARD BROGGIN SECRETARY	2.00	X		X				0.	0.	0.
SUZANNE NORA JOHNSON TREASURER	2.00	X		X				0.	0.	0.
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.

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			
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.
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				355,355.	0.	39,325.
1b Total								2,488,482.	0.	424,821.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **45**

	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
A.B. DATA LTD 600 A B DATA DRIVE, MILWAUKEE, WI 53217	DIRECT MAIL SERVICE	361,545.
MCGLADREY & PULLEN, LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	AUDITING SERVICES	334,700.
SERENIC SOFTWARE INC. 7171 W. JEFFERSON AVE, LAKEWOOD, CO 80235	PROFESSIONAL SERVICES	244,433.
DALBERG CONSULTING, 818 18TH ST. NW, SUITE 505, WASHINGTON, DC 20006	PROFESSIONAL SERVICES	221,385.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

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

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	15407234.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	31416185.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			46823419.			
	Program Service Revenue	2 a	PROJECT FEES	Business Code 900099	12,394.	12,394.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			12,394.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		268,135.			268,135.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	9692230.	82,611.		
		Less: cost or other basis and sales expenses	9692252.	12,975.				
		Gain or (loss)	-22.	69,636.				
		Net gain or (loss)			69,614.			69,614.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	OTHER INCOME	900099		153,464.			153,464.	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			153,464.				
12	Total revenue. See instructions.			47327026.	12,394.	0.	491,213.	

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				
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	920,767.	920,767.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	976,638.	429,168.	547,470.	
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	13,460,119.	11,136,145.	1,830,318.	493,656.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	757,883.	757,883.		
9 Other employee benefits	5,398,123.	4,206,284.	988,218.	203,621.
10 Payroll taxes	442,844.	442,844.		
11 Fees for services (non-employees):				
a Management				
b Legal	203,096.	135,311.	62,522.	5,263.
c Accounting	423,008.	63,298.	359,710.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	6,499,723.	5,090,165.	796,517.	613,041.
12 Advertising and promotion	202,957.	197,611.	1,478.	3,868.
13 Office expenses	2,725,144.	2,199,130.	399,465.	126,549.
14 Information technology	324,277.	295,664.	28,094.	519.
15 Royalties				
16 Occupancy	1,230,395.	850,671.	379,724.	
17 Travel	5,553,916.	4,844,455.	658,142.	51,319.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	498,009.	404,545.	92,711.	753.
20 Interest	78,224.	78,224.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	921,651.	807,291.	114,360.	
23 Insurance	73,101.	14,050.	59,051.	
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 AUTO EXPENSES	1,722,931.	1,721,803.	1,128.	
b EQUIPMENT PURCHASES	937,101.	764,484.	172,392.	225.
c LOCAL PARTNERSHIP PROGR	535,481.	535,481.		
d OTHER PASSTHROUGH EXPENS	472,267.	472,267.		
e TOOLS/SEEDS/FERTILIZER/	260,140.	260,140.		
f All other expenses	1,768,487.	1,524,328.	231,301.	12,858.
25 Total functional expenses. Add lines 1 through 24f	46,386,282.	38,152,009.	6,722,601.	1,511,672.
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	
Assets	1 Cash - non-interest-bearing	300.	1	8,181.	
	2 Savings and temporary cash investments	34,586,384.	2	34,333,198.	
	3 Pledges and grants receivable, net	6,977,213.	3	6,376,044.	
	4 Accounts receivable, net	720,759.	4	1,102,926.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 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	1,091,309.	9	1,308,373.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,844,517.			
	b Less: accumulated depreciation	10b 3,412,573.	2,013,089.	10c	2,431,944.
	11 Investments - publicly traded securities	2,090.	11	2,090.	
	12 Investments - other securities. See Part IV, line 11	139,530.	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 Total assets. Add lines 1 through 15 (must equal line 34)	45,530,674.	16	45,702,286.		
Liabilities	17 Accounts payable and accrued expenses	1,942,745.	17	1,805,008.	
	18 Grants payable		18		
	19 Deferred revenue	29,157,122.	19	28,242,802.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	2,584,442.	25	2,874,144.	
	26 Total liabilities. Add lines 17 through 25	33,684,309.	26	32,921,954.	
Net Assets or Fund Balances	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	4,558,370.	27	5,821,173.	
	28 Temporarily restricted net assets	7,287,995.	28	6,959,159.	
	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 Total net assets or fund balances	11,846,365.	33	12,780,332.	
34 Total liabilities and net assets/fund balances	45,530,674.	34	45,702,286.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - 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
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(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	
Total									

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21535122.	31335943.	33203146.	41598994.	46823419.	174496624
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21535122.	31335943.	33203146.	41598994.	46823419.	174496624
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19608292.
6 Public support. Subtract line 5 from line 4.						154888332

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	21535122.	31335943.	33203146.	41598994.	46823419.	174496624
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,424.	70,015.	91,987.	49,144.	268,135.	504,705.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					153,464.	153,464.
11 Total support. Add lines 7 through 10						175154793
12 Gross receipts from related activities, etc. (see instructions)					12	1,170,268.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	88.43 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.83 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization TECHNOSERVE INC.	Employer identification number 13-2626135
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BILL & MELINDA GATES FOUNDATION 1551 EASTLAKE AVE E SEATTLE, WA 98102	\$ 13,073,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	IRISH AID BISHOPS SQUARE REDMOND HILL DUBLIN, IRELAND 2	\$ 1,246,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) 1300 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20523	\$ 7,553,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) 1400 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250	\$ 5,127,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MILLENNIUM CHALLENGE CORPORATION (MCC) 875 FIFTEENTH STREET NW WASHINGTON, DC 200052221	\$ 1,469,302.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	\$ 3,133,164.	Person <input checked="" 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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

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

Part VI 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		556,044.	117,222.	438,822.
c Leasehold improvements				
d Equipment		4,658,340.	2,929,520.	1,728,820.
e Other		630,133.	365,831.	264,302.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,431,944.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	47,327,026.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	46,386,282.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	940,744.
4	Net unrealized gains (losses) on investments	4	-6,777.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-6,777.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	933,967.

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

1	Total revenue, gains, and other support per audited financial statements	1	50,005,865.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-6,777.
b	Donated services and use of facilities	2b	2,685,616.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,678,839.
3	Subtract line 2e from line 1	3	47,327,026.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	47,327,026.

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

1	Total expenses and losses per audited financial statements	1	49,071,898.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,685,616.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,685,616.
3	Subtract line 2e from line 1	3	46,386,282.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	46,386,282.

Part XIV Supplemental Information

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

PART X: ON JULY 1, 2009, TECHNOSERVE ADOPTED THE ACCOUNTING

STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES

THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE

CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.

UNDER THIS GUIDANCE, TECHNOSERVE MAY RECOGNIZE THE TAX BENEFIT FROM AN

UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON

THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE

Part XIV Supplemental Information (continued)

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

MANAGEMENT HAS EVALUATED TECHNOSERVE'S TAX POSITIONS AND HAS CONCLUDED THAT THE TECHNOSERVE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE. TECHNOSERVE'S FILES TAX RETURNS IN THE U.S. FEDERAL AND WASHINGTON, D.C. JURISDICTIONS. WITH FEW EXCEPTIONS, TECHNOSERVE IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2006.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2009

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 for region
CENTRAL AMERICA AND THE CARIBBEAN	4	172	PROGRAM SERVICE	AG ASSISTANCE	1,489,548.
SOUTH AMERICA	2	11	PROGRAM SERVICE	AG ASSISTANCE	6,026,123.
SOUTH ASIA	1	9	PROGRAM SERVICE	AG ASSISTANCE	247,251.
SUB-SAHARAN AFRICA	10	505	PROGRAM SERVICE	AG ASSISTANCE	33,074,703.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS		95,767.
Totals	17	697			40,933,392.

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

Schedule F (Form 990) 2009

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	BUSINESS PLAN AWARD	465,121.	CHECK/CASH	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BUSINESS PLAN AWARD	60,192.	CHECK/CASH	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BUSINESS PLAN AWARD	143,549.	CHECK/CASH	0.		
		SUB-SAHARAN AFRICA	BUSINESS PLAN AWARD	117,220.	CHECK/CASH	0.		
		SOUTH AMERICA	BUSINESS PLAN AWARD	28,883.	CHECK/CASH	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	BUSINESS PLAN AWARD	95,767.	CHECK/CASH	0.		
		SUB-SAHARAN AFRICA	BUSINESS PLAN AWARD	10,035.	CHECK/CASH	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 7

3 Enter total number of other organizations or entities

Part IV Supplemental Information

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

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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRUCE MCNAMER	(i)	355,355.	0.	0.	29,400.	11,955.	396,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES NEHMER	(i)	192,115.	0.	0.	23,256.	12,005.	227,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID BROWNING	(i)	244,795.	0.	0.	29,400.	4,022.	278,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAKE WALTERS	(i)	184,373.	0.	0.	17,335.	4,966.	206,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SIMON WINTER	(i)	199,995.	0.	0.	23,940.	26,958.	250,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STACEY DAVES-OHLIN	(i)	154,742.	0.	0.	19,207.	28,754.	202,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KEVIN HORAN	(i)	152,865.	0.	0.	0.	12,574.	165,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
HILLARY MILLER	(i)	160,433.	0.	0.	12,673.	21,903.	195,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN RAVOSA	(i)	158,969.	0.	0.	19,232.	11,494.	189,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NICHOLAS RAILSTON-BROWN	(i)	187,525.	0.	0.	14,649.	17,670.	219,844.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BRENT HABIG	(i)	166,339.	0.	0.	18,300.	4,665.	189,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KINDRA HALVORSON	(i)	180,144.	0.	0.	15,600.	22,496.	218,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWIN GALARZA	(i)	150,832.	0.	0.	18,151.	20,153.	189,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

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

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

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

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			
JAMES NEHMER CFO	40.00			X				192,115.	0.	33,112.
DAVID BROWNING SR. VP, COFFEE INITIATIV	40.00			X				244,795.	0.	30,575.
JAKE WALTERS COUNTRY DIRECTOR - MOZAM	40.00			X				184,373.	0.	21,797.
SIMON WINTER SENIOR VP, DEVELOPMENT	40.00				X			199,995.	0.	50,394.
STACEY DAVES-OHLIN GENERAL COUNSEL	40.00				X			154,742.	0.	47,457.
KEVIN HORAN VP - HR	40.00				X			152,865.	0.	9,832.
HILLARY MILLER COUNTRY DIRECTOR - TANZA	40.00				X			160,433.	0.	34,072.
STEPHEN RAVOSA DIR - RISK MANAGEMENT &	40.00				X			158,969.	0.	29,130.
NICHOLAS RAILSTON-BROWN COUNTRY DIRECTOR - GHANA	40.00				X			187,525.	0.	32,040.
BRENT HABIG REGIONAL DIRECTOR - W &	40.00				X			166,339.	0.	22,461.
KINDRA HALVORSON REGIONAL DIRECTOR - AFRI	40.00				X			180,144.	0.	37,592.
EDWIN GALARZA CONTROLLER	40.00				X			150,832.	0.	37,034.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

TECHNOSERVE INC.

Employer identification number

13-2626135

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

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

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

TECHNOSERVE HAS HELPED REVITALIZE THE POULTRY INDUSTRY IN MOZAMBIQUE
THROUGH A COMPREHENSIVE THREE-YEAR PROGRAM. WITH THE SUPPORT OF THE
U.S. DEPARTMENT OF AGRICULTURE AND THE U.S. AGENCY FOR INTERNATIONAL
DEVELOPMENT, TECHNOSERVE HAS HELPED LINK SMALL-SCALE POULTRY FARMERS
WITH LARGE FEED MILLS AND HATCHERIES. TECHNOSERVE HAS ALSO HELPED
PROMOTE BEST PRACTICES IN BIOSECURITY, DEVELOP A SUCCESSFUL NATIONAL
MARKETING CAMPAIGN AND SUPPORT GOVERNMENT REGULATIONS THAT BENEFIT THE
DOMESTIC POULTRY INDUSTRY. THE PROGRAM HAS HELPED 1,000 POULTRY FARMERS
TO INCREASE THEIR INCOMES BY \$500 A YEAR, AND ALSO CREATED EXPANDED
MARKETS FOR TENS OF THOUSANDS OF SMALL-SCALE PRODUCERS OF FEED GRAINS.
EXPENSES \$ 3105956. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TECHNOSERVE WORKS WITH SMALL-SCALE DAIRY FARMERS IN KENYA, RWANDA AND
UGANDA TO INCREASE THEIR ABILITY TO PRODUCE AND EXPORT POWDERED MILK,
PROVIDING THEM WITH INCREASED INCOMES AT THE HEIGHT OF THE FINANCIAL
CRISIS WHILE PROVIDING AN IMPORTANT SOLUTION FOR THE HUNGER ISSUES
PLAGUING THE REGION. KENYA'S NYALA DAIRY PROVIDES STABLE, SUSTAINABLE
INCOMES FOR ITS 2,700 MEMBER/OWNERS. THE SMALL-SCALE DAIRY FARMERS
WORKED WITH TECHNOSERVE TO CREATE THE PROCESSING CENTER THAT ENABLES
THEM TO GET THEIR MILK TO MARKET AND TO RETAIN A GREATER SHARE OF THE
VALUE OF THE MILK AS INCOME.

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EXPENSES \$ 3133164. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FARMERS SUCH AS BHAWANI SHANKAR WORKED WITH TECHNOSERVE IN INDIA TO INCREASE THE PRODUCTIVITY OF HIS SOY CROPS BY A THIRD, ENABLING HIM TO SEND HIS FOUR CHILDREN TO A GOOD SCHOOL FOR THE FIRST TIME. BETTER CROP MANAGEMENT AND A BUSINESS APPROACH TO MANAGING THE FARM HELPED BHAWANI GENERATE THE EXTRA INCOME HE NEEDED TO FIX HIS WELL. THE IMPROVED PRODUCTIVITY AND QUALITY OF HIS CROP CHANGED THE FUTURE FOR HIS FAMILY.

EXPENSES \$ 247251. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

IN GUATEMALA, GLADIS RODRIGUEZ WORKED WITH TECHNOSERVE TO DEVELOP A BUSINESS HARVESTING, BAKING, PACKAGING AND SELLING RAMON NUTS. THE RAMON NUT IS A TRADITIONAL MAYAN FOOD AND IS AN IMPORTANT TOOL FOR FIGHTING THE MALNUTRITION THAT PLAGUES RURAL GUATEMALA. HER BUSINESS, ALIMENTOS NUTRINATURALES NOW EMPLOYS MANY WOMEN IN THE COMMUNITY, MAKING IT POSSIBLE FOR THEM TO SEND THEIR CHILDREN TO SCHOOL AND BETTER MEET THEIR FAMILIES' BASIC NEEDS.

TECHNOSERVE'S WORK IN PERU WITH A CARLOS VERGARA PREVENTED THE CLOSURE

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OF HIS DAIRY PRODUCTION FACILITY AND SAVED THE JOBS OF HIS EMPLOYEES.

TECHNOSERVE HELPED VERGARA IDENTIFY SMALL-SCALE FARMERS TO SUPPLY THE

FACILITY, IDENTIFIED MORE PROFITABLE PRODUCT LINES, AND IMPROVED THE

QUALITY MANAGEMENT AT THE FACTORY. AS A RESULT, THE BUSINESS NOW

EMPLOYS 24 PERMANENT STAFF, BUYS ITS SUPPLIES FROM LOCAL FARMERS, AND

SERVES AS AN ECONOMIC DRIVER FOR THE COMMUNITY.

EXPENSES \$ 3657054. INCLUDING GRANTS OF \$ 89074. REVENUE \$ 0.

COCOA IS A MAINSTAY OF GHANA'S ECONOMY BUT MOST COCOA FARMERS DID NOT

REALIZE THE BENEFITS OF THE CASH CROP. TECHNOSERVE WORKED WITH FARMERS

TO ORGANIZE COOPERATIVES, IMPROVE COCOA TREE MANAGEMENT, IMPROVE CROP

YIELDS AND QUALITY, AND IMPROVE THEIR ACCESS TO AND NEGOTIATING POWER

IN THE MARKETPLACE. NOW FARMERS WORKING IN COOPERATIVES ARE ABLE TO

AFFORD EDUCATION AND HEALTH CARE FOR THEIR CHILDREN. OTHER SECTORS

SERVED BY TECHNOSERVE IN GHANA INCLUDED HORTICULTURE (PINEAPPLE, PAPAYA

AND MANGO), RICE, MAIZE AND PEANUTS. TECHNOSERVE ALSO IDENTIFIED AND

ASSISTED ENTREPRENEURS THROUGH ITS BUSINESS PLAN COMPETITIONS.

EXPENSES \$ 3099381. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ILHA DE MOCAMBIQUE, AN ISLAND OFF THE NORTHERN COAST OF MOZAMBIQUE, IS

A WORLD-CLASS TOURIST DESTINATION THANKS TO THE VISION OF TECHNOSERVE

VOLUNTEER CONSULTANTS AND THE HARD WORK OF THE GOVERNMENTAL LEADERS ON

THE ISLAND. BY BUILDING A VISION AND A BUSINESS PLAN TO SUPPORT IT,

TECHNOSERVE'S VOLUNTEER CONSULTANTS BROUGHT IN THE SUPPORT OF PRIVATE

INVESTORS TO BUILD THE INFRASTRUCTURE TO SUPPORT TOURISM ON THE ISLAND

AND THROUGHOUT THE COUNTRY, CREATING STABLE, WELL-PAYING JOBS FOR THE

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RESIDENTS.

EXPENSES \$ 798794. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SWAZILAND'S ST. PHILIP'S MISSION STARTED A FARM TO FEED AND FUND
PROGRAMS THE MANY ORPHANS IN THE AIDS RAVAGED COUNTRY. THEIR CROPS
GREW WELL BUT THEY STRUGGLED TO MAKE A PROFIT. TECHNOSERVE HELPED THE
MISSION IDENTIFY A MORE PROFITABLE CROP - CHILI PEPPERS - AND LINKED
THEM TO AN AFRICAN HOT SAUCE PRODUCER. THE MISSION'S FARM NOW EMPLOYS
FIVE FULL-TIME STAFF AND 50 PART-TIME WORKERS AND GENERATES A STEADY,
SUSTAINING INCOME. THE SWAZILAND ENTERPRISE AND ENTREPRENEURSHIP
PROGRAM HAS HELPED NUMEROUS INDIVIDUALS AND BUSINESS START AND OR
INCREASE THEIR BUSINESS.

EXPENSES \$ 2364764. INCLUDING GRANTS OF \$ 117220. REVENUE \$ 10209.

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

EXPENSES \$ 1137394. INCLUDING GRANTS OF \$ 95766. REVENUE \$ 0.

IN GHANA AND MOZAMBIQUE TECHNOSERVE PROVIDES TRAINING AND SUPPORT TO

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FARMERS IN A VARIETY OF CROPS INCLUDING SHEA, RICE, SALT, CASHEW AND
COCOA, WITH TECHNOSERVE'S ASSISTANCE THESE FARMERS HAVE INCREASE
PRODUCTIVITY, YIELDS, QUALITY AND AS A RESULT THEIR INCOMES.
EXPENSES \$ 1169276. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 11: DRAFT 990 IS PROVIDED TO THE AUDIT
COMMITTEE FOR REVIEW AND INPUT. ONCE APPROVED BY THE AUDIT COMMITTEE THE
990 WILL BE DISTRIBUTED AND DISCUSS BY THE BOARD OF DIRECTORS.

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

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

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

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

FORM 990, PART XI, LINE 2C
THE PROCESS HAS BEEN CONSISTENT WITH PRIOR YEARS.

Related Organizations and Unrelated Partnerships

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
TECHNO NICARAUGUA OFIPLAZA EL RETIRO, SUITE 537, ROTONDA EL PE MANAGUA, NICARAGUA	DEVELOPMENT	NICARAGUA	FOREIGN NGO	FOREIGN NGO	N/A
TECHNOSERVE SWAZILAND 4TH FLOOR, LILUNGA HOUSE, SOMHOLO RD MBABNE, SWAZILAND	DEVELOPMENT	SWAZILAND	FOREIGN NGO	FOREIGN NGO	N/A
COMMUNITY ENTERPRISE DEVELOPMENT AND INVESTMENT TRUST, 4TH FLOOR, LILUNGA HOUSE, SOMHOLO RD, MBABNE, SWAZILAND	TRUST	SWAZILAND	FOREIGN NGO	FOREIGN NGO	N/A
TECHNOSERVE SOUTH AFRICA 13TH FLOOR METAL BOX BUILDING, 25 OWL ST. AUKLAND PARK, SOUTH AFRICA	DEVELOPMENT	SOUTH AFRICA	FOREIGN NGO	FOREIGN NGO	N/A

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		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) TECHNO NICARAGUA	B	27,000.
(2)		
(3)		
(4)		
(5)		
(6)		

