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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 TECHNOSERVE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 148 EAST AVENUE No 3H

City or town, state or country, and ZIP + 4
 NORWALK, CT 06851

D Employer identification number
 13-2626135

E Telephone number
 (203) 852-0377

G Gross receipts \$ 57,032,253

F Name and address of principal officer
 Bruce McNamer
 148 EAST AVENUE No 3H
 NORWALK, CT 06851

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW TECHNOSERVE ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1969

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 TechnoServe helps entrepreneurial men and women in poor rural areas of the developing world to build businesses that create income, opportunity and economic growth for their families, their communities and their countries

2 Check this box 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

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	41,598,994	46,823,419
	9 Program service revenue (Part VIII, line 2g)	115,532	12,394
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,772	337,749
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	411,139	153,464
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,229,437	47,327,026
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,930,079	920,767
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	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)		0
	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	

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	45,530,674	45,702,286
	21 Total liabilities (Part X, line 26)	33,684,309	32,921,954
	22 Net assets or fund balances Subtract line 21 from line 20	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

***** | 2010-11-01
 Signature of officer | Date

Bruce McNamer chief executive officer
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | 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
 8000 TOWERS CRESCENT DR STE 500
 VIENNA, VA 221826205 | 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) **See also Additional Data for Description**
(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> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
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>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No
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>		
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> <input checked="" type="checkbox"/>		No
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"/>		No
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"/>		No
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"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
	• 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> <input checked="" type="checkbox"/>		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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> <input checked="" type="checkbox"/>	Yes	
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 U S? <i>If "Yes," complete Schedule F, Part II</i> <input checked="" type="checkbox"/>	Yes	
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 U S? <i>If "Yes," complete Schedule F, Part III</i> <input checked="" type="checkbox"/>		No
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>		No
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>		No
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>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No

Part IV Checklist of Required Schedules (continued)

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>	21		No
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>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
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 line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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>	25a		No
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>	25b		No
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>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34	Yes	
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>	35	Yes	
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>	36		No
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>	37		No
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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . 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?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> 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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	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)?	Yes	
b	CI, CO, ES, UK, GH, GT, HO, KE, MZ, NU, NU, WZ, PE, RW, SF, TZ, UG If "Yes," enter the name of the foreign country: _____ 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
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?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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		
1b	Enter the number of voting members that are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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?		No
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?	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line a or b, 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?		No
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, 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
18	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization James Nehmer 1800 M Street NW Washington, DC 20036 (202) 785-4515

1b Total	2,488,482	0	424,821
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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? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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
AB Data Ltd 600 A B Data Drive milwaukee, WI 53217	direct mail service	361,545
McGladrey & Pullen LLP 5155 Paysphere 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

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	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	15,407,234					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	31,416,185					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f ▶	46,823,419					
Program Service Revenue	2a	PROJECT FEES	900,099	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 ▶						
	6a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	9,692,230				
			(ii) Other	82,611				
			b	Less cost or other basis and sales expenses	9,692,252	12,975		
			c	Gain or (loss)	-22	69,636		
d	Net gain or (loss) ▶	69,614			69,614			
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a							
b	Less direct expenses b							
c	Net income or (loss) from fundraising events ▶							
9a	Gross income from gaming activities See Part IV, line 19 a							
b	Less direct expenses b							
c	Net income or (loss) from gaming activities ▶							
10a	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						
11a	OTHER income	900,099	153,464		153,464			
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d ▶	153,464						
12	Total revenue. See Instructions ▶	47,327,026	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 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)		(B)
		Beginning of year		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	5,844,517		
	b Less accumulated depreciation	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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 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	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 **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?
 (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 the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in IRC 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.")	21,535,122	31,335,943	33,203,146	41,598,994	46,823,419	174,496,624
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	21,535,122	31,335,943	33,203,146	41,598,994	46,823,419	174,496,624
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)						19,608,292
6 Public Support. Subtract line 5 from line 4						154,888,332

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	21,535,122	70,015	33,203,146	41,598,994	46,823,419	174,496,624
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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets					153,464	153,464
11 Total support (Add lines 7 through 10)						175,154,793
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 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	88.430%
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99.830%

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 the 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 IRC 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 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 13-2626135
Name: TECHNOSERVE INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 3,105,956 including grants of \$) (Revenue \$)

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.

(Code) (Expenses \$ 3,133,164 including grants of \$) (Revenue \$)

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.

(Code) (Expenses \$ 247,251 including grants of \$) (Revenue \$)

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.

(Code) (Expenses \$ 3,657,054 including grants of \$ 89,074) (Revenue \$)

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 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.

(Code) (Expenses \$ 3,099,381 including grants of \$) (Revenue \$)

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.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**4d. Other program services**

(Code) (Expenses \$ 798,794 including grants of \$) (Revenue \$)

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 residents.

(Code) (Expenses \$ 2,364,764 including grants of \$ 117,220) (Revenue \$ 10,209)

Swaziland's St. Philip's Mission started a farm to feed and fund programs for 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 businesses start and/or increase their business.

(Code) (Expenses \$ 1,137,394 including grants of \$ 95,766) (Revenue \$)

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.

(Code) (Expenses \$ 1,169,276 including grants of \$) (Revenue \$)

In Ghana and Mozambique TechnoServe provides training and support to farmers in a variety of crops including shea, rice, salt, cashew and cocoa, with TechnoServe's assistance these farmers have increased productivity, yields, quality and as a result their incomes.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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
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 SCHO FIELD 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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Meghan O'Sullivan director	2 00	X						0	0	0
BRUCE MCNAMER PRESIDENT & CEO	40 00			X				355,355	0	39,325
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

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
AUTO EXPENSES	1,722,931	1,721,803	1,128	
Equipment purchases	937,101	764,484	172,392	225
LOCAL PARTNERSHIP PROGR	535,481	535,481		
other passthrough expens	472,267	472,267		
TOOLS/SEEDS/FERTILIZER/	260,140	260,140		

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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 for any other purpose conferring impermissible private benefit?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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, handling of violations, and enforcement of the conservation easements it holds?
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 170(h)(4)(B)(ii)?
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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g 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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part XI Reconciliation of Change in Net Assets from Form 990 to 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 - 8	9	-6,777
10	Excess or (deficit) for the year per 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 should 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 should 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, 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.

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	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 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)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization TECHNO SERVE INC

Employer identification number 13-2626135

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance...
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)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region, (e) If activity listed in (d) is a program service, (f) Total expenditures for region. Rows include Central America and the Caribbean, South America, South Asia, Sub-Saharan Africa, Russia & the Newly Independent States, and a Totals row.

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			
		Central America and the Caribbean	Business Plan Award	60,192	Check/Cash			
		Central America and the Caribbean	Business Plan Award	143,549	check/Cash			
		Sub-Saharan Africa	Business Plan Award	117,220	check/Cash			
		South America	Business Plan Award	28,883	check/Cash			
		Russia & the Newly Independent States	Business Plan Award	95,767	check/Cash			
		Sub-Saharan Africa	Business pLan award	10,035	check/Cash			

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
TECHNOSERVE INC

Employer identification number

13-2626135

Part I Questions Regarding Compensation

Yes No

- 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 idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input 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 with respect to the filing organization or a related organization

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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

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.

Identifier	Return Reference	Explanation
	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 O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization
TECHNOSERVE INC

Employer identification number

13-2626135

Identifier	Return Reference	Explanation
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
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, 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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
TECHNOSERVE INC

Employer identification number

13-2626135

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on 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" on 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 Nicaragua Ofiplaza El Retiro Suite 537 Roto managua NU	Development	NU	FOREIGN NGO	FOREIGN NGO	N/A
TechnoServe swaziland 4th Floor Lilunga House Somholo R mbabne WZ	development	WZ	FOREIGN NGO	FOREIGN NGO	N/A
Community Enterprise Development and Investment Trust 4th Floor Lilunga House Somholo R mbabne WZ	trust	WZ	FOREIGN NGO	FOREIGN NGO	N/A
TechnoServe South Africa 13th Floor Metal Box Building 25 O aukland park SF	development	SF	FOREIGN NGO	FOREIGN NGO	N/A
Foundacion TechnoServe Calle 94 No 16-09 No 206 bogata CO	development	CO	FOREIGN NGO	FOREIGN NGO	N/A
Mapato MRIKAU STREET PLOT 887 dar es salaam TZ	loan guarantees	TZ	FOREIGN NGO	FOREIGN NGO	N/A

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

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

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

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

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

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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	Techno Nicaragua	B	27,000
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:
Software Version:
EIN: 13-2626135
Name: TECHNOSERVE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity
Techno Nicaragua Ofiplaza El Retiro Suite 537 Roto managua NU	Development	NU	FOREIGN NGO	FOREIGN NGO	N/A
TechnoServe swaziland 4th Floor Lilunga House Somholo R mbabne WZ	development	WZ	FOREIGN NGO	FOREIGN NGO	N/A
Community Enterprise Development and Investment Trust 4th Floor Lilunga House Somholo R mbabne WZ	trust	WZ	FOREIGN NGO	FOREIGN NGO	N/A
TechnoServe South Africa 13th Floor Metal Box Building 25 O aukland park SF	development	SF	FOREIGN NGO	FOREIGN NGO	N/A
Fundacion TechnoServe Calle 94 No 16-09 No 206 bogata CO	development	CO	FOREIGN NGO	FOREIGN NGO	N/A
Mapato MRIKAU STREET PLOT 887 dar es salaam TZ	loan guarantees	TZ	FOREIGN NGO	FOREIGN NGO	N/A