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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 2009, and ending 20

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

C Name of organization **INTERNATIONAL CENTRE FOR RESEARCH IN AGR**
 Doing Business As **WORLD AGROFORESTRY CENTRE**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P. O. BOX 30677, GPO 00100
 City or town, state or country, and ZIP + 4
NAIROBI KENYA

D Employer identification number
31 1567778

E Telephone number
(254) 20722400

G Gross receipts \$ **35,266,000**

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 ▶

F Name and address of principal officer. **LAKSIRI ABEYSEKERA**
SAME AS C ABOVE

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

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

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶

L Year of formation. **1978**

M State of legal domicile **KE**

Part I Summary

1 Briefly describe the organization's mission or most significant activities **TO CONDUCT GLOBAL SCIENTIFIC RESEARCH**

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** **11**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **10**

5 Total number of employees (Part V, line 2a) **5** **331**

6 Total number of volunteers (estimate if necessary) **6** **0**

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

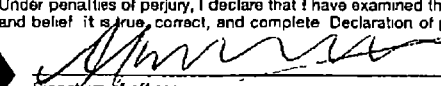
b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	29,591,000	32,269,000
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,000	716,000
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,019,000	2,265,000
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,637,000	35,250,000
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,714,749	3,029,049
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,969,273	15,373,378
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 87,988		
17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f–24f)	11,918,978	15,246,573
18 Total expenses—add lines 13a, 14, 15, 16b, and 17 (must equal Part IX, column (A), line 25)	28,603,000	33,649,000
19 Revenue less expenses. Subtract line 18 from line 12	3,034,000	1,601,000

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	36,258,000	46,608,000
21 Total liabilities (Part X, line 26)	17,495,000	26,244,000
22 Net assets or fund balances. Subtract line 21 from line 20	18,763,000	20,364,000

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 ▶  **11-E-2010**
 Signature of officer Date
LAKSIRI ABEYSEKERA, DIRECTOR OF FINANCE AND OPERATIONS
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶  Date **9/15/2010** Check if self-employed ☐ Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **BDO USA, LLP** EIN ▶ **7101 Wisconsin Ave Bethesda, MD 20814** Phone no ▶ **(301) 654-4900**

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

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SCANNED MAY 17 2011

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