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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

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

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

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

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.WORLDAGROFORESTRY.ORG

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

L Year of formation: 1978

M State of legal domicile KE

Part I Summary

Activities & Governance

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

Revenue

		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	2,265000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,637,000	35,250,000

Expenses

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 13-17 (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

Net Assets or Fund Balances

		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

Signature of officer — Date: 11/15/2010

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, 7101 Wisconsin Ave Bethesda, MD 20814 — EIN ▶ — Phone no ▶ (301) 654-4900

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

Page 1 only

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