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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2010

Open to Public Inspection

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

Part I For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization: TECHNOSERVE INC. Doing Business As: Number and street (or P O box if mail is not delivered to street address): 148 EAST AVENUE NO 3H. Room/suite: 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 \$ 57,756,093

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)

J Website: WWW TECHNOSERVE ORG

K Form of organization: Corporation

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

Table with 2 columns: Description and Amount. Rows include: 3 Number of voting members (26), 4 Number of independent voting members (26), 5 Total number of individuals employed (143), 6 Total number of volunteers (160), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (46,823,419 / 52,041,818), 9 Program service revenue (12,394 / 4,755), 10 Investment income (337,749 / 286,111), 11 Other revenue (153,464 / 53,467), 12 Total revenue (47,327,026 / 52,386,151)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (920,767 / 1,658,010), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (21,035,607 / 25,771,404), 16a Professional fundraising fees (0 / 172,850), 16b Total fundraising expenses (1,413,981), 17 Other expenses (24,429,908 / 26,862,296), 18 Total expenses (46,386,282 / 54,464,560), 19 Revenue less expenses (940,744 / -2,078,409)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (45,702,286 / 43,608,703), 21 Total liabilities (32,921,954 / 33,686,407), 22 Net assets or fund balances (12,780,332 / 9,922,296)

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: 2011-09-29. Name and title: BRUCE MCNAMER CHIEF EXECUTIVE OFFICER

Paid Preparer Use Only: Preparer's name: JAMES P SWEENEY CPA, Signature: JAMES P SWEENEY CPA, Date, Check if self-employed, PTIN, Firm's name: RSM MCGLADREY INC, Firm's EIN, Firm's address: 8000 TOWERS CRESCENT DR STE 500 VIENNA, VA 221826205, 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**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**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 \$ 36,066,686 including grants of \$ 1,338,057 ) (Revenue \$ 4,755 )  
 SUB-SAHARAN AFRICA 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 SWAZILAND'S ST PHILIP'S MISSION STARTED A FARM TO FEED AND FUND PROGRAMS THE MANY ORPHANS IN THE AIDS RAVAGED COUNTRY THEIR CROPS GREW WELL BUT THEY STRUGGLED TO MAKE A PROFIT TECHNOSERVE HELPED THE MISSION IDENTIFY A MORE PROFITABLE CROP - CHILI PEPPERS - AND LINKED THEM TO AN AFRICAN HOT SAUCE PRODUCER THE MISSION'S FARM NOW EMPLOYS FIVE FULL-TIME STAFF AND 50 PART-TIME WORKERS AND GENERATES A STEADY, SUSTAINING INCOME 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 NAVYN SALEM RETURNED TO TANZANIA IN HOPES OF BRINGING JOBS AND INCOME TO FIGHT THE POVERTY THAT TOOK THE LIVES OF MANY OF HER RELATIVES IN HER NATIVE COUNTRY NAVYN WORKED WITH TECHNOSERVE TO DEVELOP A WORKABLE BUSINESS PLAN AND TO IDENTIFY THE RIGHT PARTNERS AND RESOURCES TO IGNITE THIS AMBITIOUS PROJECT WORKING WITH TECHNOSERVE NAVYN'S COMPANY INDUSTRIAL REVELATION PARTNERED WITH A FRENCH COMPANY TO BEGIN PRODUCING LOCALLY A CURE FOR SEVERE MALNUTRITION THE FACTORY EMPLOYS MORE THAN 30 PEOPLE AND GENERATES ENOUGH PRODUCTS TO TREAT 200,000 SEVERELY MALNOURISHED CHILDREN EVERY YEAR IN KENYA, TECHNOSERVE WORKED WOMEN DAIRY FARMERS TO PROVIDE THEM WITH THE SAME TRAINING AND ACCESS TO MARKETS ENJOYED BY THEIR MALE COUNTERPARTS AS A RESULT, WOMEN NOW SERVE AS THE DRIVING FORCE BEHIND SOME OF KENYA'S MOST SUCCESSFUL COOPERATIVES TECHNOSERVE WORKED WITH 2,450 BANANA FARMERS IN UGANDA TO ORGANIZE INTO 34 PRODUCER GROUPS TO INCREASE THEIR INCOMES BY 70 PERCENT THROUGH IMPROVED MARKET ACCESS AND BETTER CULTIVATION AND HARVESTING TECHNIQUES IN MOZAMBIQUE, TECHNOSERVE WORKED WITH JOAO SEKARE TO REVITALIZE THE ONCE-THRIVING CASHEW INDUSTRY TECHNOSERVE WORKED WITH JOAO TO IMPROVE QUALITY, PRODUCTIVITY AND TO ENGAGE WITH OTHER CASHEW PRODUCERS WITHIN DAYS OF COMPLETING THE TECHNOSERVE TRAINING, JOAO SOLD HIS CASHEWS FOR NEARLY 17 PERCENT MORE THAN HE NORMALLY RECEIVED HIS INCOME, TOGETHER WITH THAT OF THE OTHER FARMERS, INCREASED BY 30 FOLD BECAUSE OF THE TECHNOSERVE TRAINING

**4b** (Code ) (Expenses \$ 6,635,668 including grants of \$ 294,366 ) (Revenue \$ )  
 CENTRAL AMERICA & THE CARIBBEAN IN EL SALVADOR, TECHNOSERVE WORKED WITH ANA ROSA GRAF TO DEVELOP HER HANDICRAFT BUSINESS IN THE WAKE OF 2007'S MUDSLIDES ANA' 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 SMALL-SCALE FARMERS IN HONDURAS' FERTILE INTIBUC REGION WERE POOR, IN SPITE OF THE NATURAL PRODUCTIVITY OF THEIR LANDS TECHNOSERVE WORKED WITH LOCAL 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 IN NICARAGUA, TECHNOSERVE WORKED WITH FILADELFO AND CESAR SOTELO TO IMPROVE THEIR LAND MANAGEMENT AND CROP CULTIVATION TECHNIQUES AND TO LINK THEM DIRECTLY TO SUPPLIERS, ELIMINATING COSTLY MIDDLEMEN AS A RESULT, THE SOTELO'S FARMING REVENUES GREW BY 4,000 PERCENT, ALLOWING THEM TO SEND THEIR CHILDREN TO SCHOOL, BUILD A SAFER HOME AND CREATE A BETTER FUTURE FOR THEIR FAMILIES

**4c** (Code ) (Expenses \$ 2,010,603 including grants of \$ 9,587 ) (Revenue \$ )  
 TECHNOSERVE HAS WORKED WITH NESTLE'S NESPRESSO BUSINESS UNIT IN COLOMBIA TO HELP 3,000 SMALL-SCALE COLOMBIAN FARMERS IN THREE COOPERATIVES TO INCREASE THEIR PRODUCTION OF HIGH QUALITY, SUSTAINABLY PRODUCED, HIGH-VALUE SPECIALTY COFFEE TO MEET NESPRESSO'S INCREASING GLOBAL DEMAND 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 IN BRAZIL, TECHNOSERVE IS WORKING WITH FARMERS IN THE REMAINING FRAGMENTS OF THE ATLANTIC FOREST TO IMPROVE THEIR HARVESTS AND TO COME TOGETHER TO SELL THEIR CROPS TO A HIGH-PAYING PROCESSOR FARMERS ARE ENJOYING BETTER INCOMES WHILE REPLENISHING THE FAMED BUT DECIMATED HOT SPOT OF BIOLOGICAL DIVERSITY

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**  
 (Expenses \$ 556,282 including grants of \$ 16,000 ) (Revenue \$ )

**4e Total program service expenses** \$ 45,269,239

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
<b>6</b> 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? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
<b>9</b> 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? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>		No
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
<b>b</b> 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? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
<b>c</b> 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? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		No
<b>d</b> 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? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
<b>f</b> 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 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
<b>b</b> 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? If "Yes," complete Schedule F, Parts I and IV <input checked="" type="checkbox"/>	Yes	
<b>15</b> 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? If "Yes," complete Schedule F, Parts II and IV <input checked="" type="checkbox"/>	Yes	
<b>16</b> 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? If "Yes," complete Schedule F, Parts III and IV <input checked="" type="checkbox"/>		No
<b>17</b> 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? If "Yes," complete Schedule G, Part I (see instructions) <input checked="" type="checkbox"/>	Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II <input checked="" type="checkbox"/>	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III <input checked="" type="checkbox"/>		No
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

<b>21</b>	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>	<b>21</b>		No
<b>22</b>	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>	<b>22</b>		No
<b>23</b>	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>	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		No
<b>b</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>	<b>25b</b>		No
<b>26</b>	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>	<b>26</b>		No
<b>27</b>	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>	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	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>	<b>32</b>		No
<b>33</b>	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>	<b>33</b>		No
<b>34</b>	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>	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>	Yes	
<b>a</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>			
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		No
<b>37</b>	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>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . [X]

Table with columns for question ID, question text, and Yes/No response. Includes questions 1a-14b regarding Form 1096, W-2G, Form W-3, foreign country reporting, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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.

Check if Schedule O contains a response to any question in this Part VI . . . . .

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (26), 1b (26), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

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. Own website, Another's website, Upon request.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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. NINA PENA, 1800 M STREET NW, WASHINGTON, DC 20036, (202) 785-4515





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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							2,266,898	0	308,837	

**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 **24**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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
MCGLADREY & PULLEN LLP 5155 PAYSHERE CIRCLE CHICAGO, IL 60674	AUDITING SERVICES	137,800
BOYDEN GLOBAL EXEC SEARCH 217 EAST REDWOOD STREET SUITE 1500 BALTIMORE, MD 21202	EXECUTIVE SEARCH	100,847

**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 **2**

**Part VIII Statement of Revenue**

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>	810,920				
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>	9,200,533				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	42,030,365				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . . <b>h</b>	52,041,818				
<b>Program Service Revenue</b>	<b>2a</b> PROJECT FEES					
		900099	4,755	4,755		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . . <b>g</b>		4,755				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . <b>3</b>		255,376		255,376	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>4</b>					
	<b>5</b> Royalties . . . . . <b>5</b>					
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . . <b>d</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	5,230,572			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	5,199,837			
		<b>c</b> Gain or (loss)	30,735			
<b>d</b> Net gain or (loss) . . . . . <b>d</b>		30,735		30,735		
<b>8a</b> Gross income from fundraising events (not including \$ 810,920 of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>		170,105			
	<b>c</b> Net income or (loss) from fundraising events . . . . . <b>c</b>		-131,010		-131,010	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . . <b>c</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>c</b>					
Miscellaneous Revenue						
<b>11a</b> OTHER INCOME	900099	184,477		184,477		
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . <b>e</b>		184,477				
<b>12 Total revenue.</b> See Instructions . . . . . <b>12</b>		52,386,151	4,755	0	339,578	

**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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,658,010	1,658,010		
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	2,853,411	1,479,947	1,272,184	101,280
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	14,548,336	12,685,453	1,548,175	314,708
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,372,014	1,372,014		
<b>9</b>	Other employee benefits . . . . .	6,518,176	5,154,321	1,183,429	180,426
<b>10</b>	Payroll taxes . . . . .	479,467	479,467		
<b>a</b>	Fees for services (non-employees)				
	Management . . . . .				
<b>b</b>	Legal . . . . .	155,619	64,144	91,109	366
<b>c</b>	Accounting . . . . .	203,867	75,353	128,514	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .	172,850			172,850
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	7,703,176	6,211,803	1,027,950	463,423
<b>12</b>	Advertising and promotion . . . . .	154,938	130,658	1,511	22,769
<b>13</b>	Office expenses . . . . .	4,253,762	3,007,142	1,184,180	62,440
<b>14</b>	Information technology . . . . .	1,313,576	1,089,017	223,796	763
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .				
<b>17</b>	Travel . . . . .	8,326,237	7,604,718	666,179	55,340
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	314,721	286,794	27,568	359
<b>20</b>	Interest . . . . .	982	982		
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	1,207,142	1,081,655	125,487	
<b>23</b>	Insurance . . . . .				
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	AUTO EXPENSES	2,187,760	2,185,483	1,937	340
<b>b</b>	LOCAL PARTNERSHIP PROGR	528,172	525,930	2,242	
<b>c</b>	OTHER EXPENSES	376,412	40,416	297,079	38,917
<b>d</b>	OTHER PASSTHROUGH EXPENS	135,932	135,932		
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	54,464,560	45,269,239	7,781,340	1,413,981
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	8,181	<b>1</b>	22,643
	<b>2</b> Savings and temporary cash investments . . . . .	34,333,198	<b>2</b>	32,505,165
	<b>3</b> Pledges and grants receivable, net . . . . .	6,376,044	<b>3</b>	5,440,964
	<b>4</b> Accounts receivable, net . . . . .	1,102,926	<b>4</b>	912,852
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	161,488
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,308,373	<b>9</b>	1,690,410
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	6,839,305		
	<b>10b</b> Less accumulated depreciation . . . . .	4,136,427		
		2,431,944	<b>10c</b>	2,702,878
	<b>11</b> Investments—publicly traded securities . . . . .	2,090	<b>11</b>	2,090
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	139,530	<b>12</b>	170,213
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	45,702,286	<b>16</b>	43,608,703	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,805,008	<b>17</b>	2,565,960
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	28,242,802	<b>19</b>	28,126,782
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	2,874,144	<b>25</b>	2,993,665
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	32,921,954	<b>26</b>	33,686,407
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	5,821,173	<b>27</b>	4,758,451
	<b>28</b> Temporarily restricted net assets . . . . .	6,959,159	<b>28</b>	5,163,845
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	12,780,332	<b>33</b>	9,922,296	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	45,702,286	<b>34</b>	43,608,703	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	52,386,151
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	54,464,560
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-2,078,409
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	12,780,332
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-779,627
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	9,922,296

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	31,335,943	33,203,146	41,598,994	46,823,419	52,080,913	205,042,415
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	31,335,943	33,203,146	41,598,994	46,823,419	52,080,913	205,042,415
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						37,242,399
<b>6 Public Support.</b> Subtract line 5 from line 4						167,800,016

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	31,335,943	33,203,146	41,598,994	46,823,419	52,080,913	205,042,415
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,015	91,987	49,144	268,135	255,376	734,657
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				153,464	184,477	337,941
<b>11 Total support</b> (Add lines 7 through 10)						206,115,013
<b>12</b> Gross receipts from related activities, etc (See instructions)					<b>12</b>	1,076,735

**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**


<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	81.410%
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	88.430%

**16a 33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						




**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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<b>Facts And Circumstances Test</b>
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**Additional Data**

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

**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 B CARON VICE CHARMAN	2 00	X		X				0	0	0
PETER A FLAHERTY VICE CHARMAN	2 00	X		X				0	0	0
JENNIFER BULLARD BROGGINI SECRETARY	2 00	X		X				0	0	0
SUSANNE 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 C BARRY DIRECTOR	2 00	X						0	0	0
BETH A BROOKE DIRECTOR	2 00	X						0	0	0
MICHAEL J BUSH DIRECTOR	2 00	X						0	0	0
ROBERT B CALHOUN DIRECTOR	2 00	X						0	0	0
JOHN A DANILOVICH DIRECTOR	2 00	X						0	0	0
HARVEY HELLER DIRECTOR	2 00	X						0	0	0
BRUCE HEEREMA DIRECTOR	2 00	X						0	0	0
AEDHMAR HYNES DIRECTOR	2 00	X						0	0	0
STACE D LINDSAY DIRECTOR	2 00	X						0	0	0
DR THILO MANNHARDT 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 PATRICO F DIRECTOR	2 00	X						0	0	0
MICHELLE PELUSO DIRECTOR	2 00	X						0	0	0
KURT C PETERSON DIRECTOR	2 00	X						0	0	0
BONNIE E RAQUET DIRECTOR	2 00	X						0	0	0
JERRY A RIESSEN DIRECTOR	2 00	X						0	0	0
BRIAN SCHOFIELD DIRECTOR	2 00	X						0	0	0

**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 SOROS DIRECTOR	2 00	X						0	0	0
BRUCE MCNAMER PRESIDENT & CEO	40 00			X				347,398	0	37,631
JAMES NEHMER CFO	40 00			X				194,769	0	31,464
TIM MCLELLAN COO	40 00				X			203,977	0	43,208
DAVID BROWNING SENIOR VP COFFEE INITIATIVE	40 00				X			195,097	0	24,637
SIMON WINTER SENIOR VP DEVELOPMENT	40 00				X			202,561	0	47,034
BRENT HABIG REGIONAL DIRECTOR	40 00				X			212,528	0	32,283
KINDRA HALVORSON REGIONAL DIRECTOR	40 00					X		191,888	0	27,978
JAKE WALTER COUNTRY DIRECTOR	40 00					X		188,950	0	25,111
PARTH TEWARI COUNTRY DIRECTOR	40 00					X		188,903	0	22,668
HILLARY MILLER COUNTRY DIRECTOR	40 00					X		177,446	0	16,823
FIDEL LAKEW DIRECTOR/FINANCE & ADMINISTRATION	40 00					X		163,381	0	0

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

**4d. Other program services**

(Code ) (Expenses \$ 556,282 including grants of \$ 16,000 ) (Revenue \$ )  
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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		556,339	128,349	427,990
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		5,481,554	3,307,138	2,174,416
<b>e</b> Other . . . . .		801,412	700,940	100,472
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,702,878

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED EMPLOYEE BENEFITS	2,993,665
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	2,993,665

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	52,386,151
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	54,464,560
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-2,078,409
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-111
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-779,516
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-779,627
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-2,858,036

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	55,983,157
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	-111
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	3,681,440
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	-84,323
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,597,006
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	52,386,151
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	52,386,151

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	58,316,105
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	3,681,440
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	170,105
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,851,545
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	54,464,560
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	54,464,560

**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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	TECHNOSERVE FOLLOWS THE 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 TECHNOSERVE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE TECHNOSERVE FILES TAX RETURNS IN THE U S FEDERAL AND WASHINGTON, D C JURISDICTIONS GENERALLY, TECHNOSERVE IS NO LONGER SUBJECT TO U S FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007
PART XI, LINE 8 - OTHER ADJUSTMENTS		TRANSLATION ADJUSTMENT -525,088 GAIN (OR LOSS) ON EXCHANGE -254,428
PART XII, LINE 2D - OTHER ADJUSTMENTS		GAIN (OR LOSS) ON EXCHANGE -254,428 FUNDRAISING EXPENSE REPORTED ON PART VIII LINE 8B 170,105
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE REPORTED ON PART VIII LINE 8B 170,105



SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V 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 or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Rows include Central America and the Caribbean, South America, South Asia, and Sub-Saharan Africa.

**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 Part V 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)
		CENTRAL AMERICA AND THE CARIBBEAN	LOCAL NGO - SUB GRANTEE	144,366	CHECK			
		CENTRAL AMERICA AND THE CARIBBEAN	LOCAL NGO - LOAN GUARANTEE TO FARMERS	150,000	WIRE TRANSFER			
		SOUTH AMERICA	BPC - AWARD PRIZE FOR BUSINESS PLAN COMPETITION WINNER	9,587	WIRE TRANSFER			
		SOUTH ASIA	BPC - AWARD PRIZE FOR BUSINESS PLAN COMPETITION WINNER	16,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	SEED CAPITAL - LOANS AND GRANTS TO FARMERS	181,710	CHECK			
		SUB-SAHARAN AFRICA	BPC - AWARD PRIZE FOR BUSINESS PLAN COMPETITION WINNER	150,294	CHECK			
		SUB-SAHARAN AFRICA	BPC - AWARD PRIZE FOR BUSINESS PLAN COMPETITION WINNER	195,378	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	LOCAL INST - ADVANCE TO PROGRAM PARTNER - DAPP	408,112	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	INTL NGO - SUB GRANTEE AND ADVANCE TO FARMERS	185,689	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	LOCAL NGO - SUB GRANTEE	34,957	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	POST-AWARD SUPPORT SERVICES AND BUSINESS DEVELOPMENT SERVICES FOR AWARD WINNERS	181,917	CHECK			

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   11

3 Enter total number of other organizations or entities   0

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 TECHNOSERVE MAINTAINS AN OFFICE IN SEVENTEEN COUNTRIES WHERE PROGRAMS/PROJECTS ARE CONDUCTED EACH OFFICE MAINTAINS ACCOUNTING RECORDS TO RECORD THE USE OF ALL FUNDS PROVIDED A SYSTEM OF INTERNAL CONTROLS EXIST TO ENSURE THAT ALL TRANSACTIONS ARE RECORDED PROPERLY ADDITIONALLY, TECHNOSERVE CONDUCTS INTERNAL AUDITS AND REVIEWS TO ENSURE THAT CONTROLS ARE FOLLOWED AND TRANSACTIONS ARE PROPERLY RECORDED

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ 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 Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AB DATA LTD 600 ABDATA DRIVE  MILWAUKEE, WI 53217	MAIL SOLICITATIONS		No	1,073,066	97,850	975,216
CAMY CALVE 152 W 57TH STREET 52TH FLOOR  NEW YORK, NY 10019	GALA EVENT		No	850,015	75,000	775,015
<b>Total . . . . .</b>				1,923,081	172,850	1,750,231

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, 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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>DINNER/GALA</u> (event type)	_____ (event type)	_____ (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	850,015			850,015
	<b>2</b> Less Charitable contributions . . . . .	810,920			810,920
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	39,095			39,095
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .	1,000			1,000
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	61,915			61,915
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	107,190			107,190
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				170,105
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				-131,010	

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

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

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No
- 13** Indicate the percentage of gaming activity operated in
- |  |            |  |
|--|------------|--|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> |  |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> |  |
- 14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

 Director/officer                       Employee                       Independent contractor
**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
COLUMN (V) PAYMENT TO FUNDRAISER	SCHEDULE G, PART I, LINE 2	AB DATA WAS RETAINED AS FUNDRAISING COUNSEL FOR TECHNO SERVE'S DIRECT MAIL PROGRAM ALL CONTRIBUTIONS ARE DELIVERED DIRECTLY TO TECHNO SERVE TECHNO SERVE PAYS AB DATA DIRECTLY FOR ITS ADVISORY SERVICES



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2010**

**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 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 from the organization or a related organization?

**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
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRUCE MCNAMER	(i)	347,398	0	0	29,400	10,232	387,030	0
	(ii)	0	0	0	0	0	0	0
(2) JAMES NEHMER	(i)	194,769	0	0	23,605	10,696	229,070	0
	(ii)	0	0	0	0	0	0	0
(3) TIM MCLELLAN	(i)	203,977	0	0	20,893	27,255	252,125	0
	(ii)	0	0	0	0	0	0	0
(4) DAVID BROWNING	(i)	195,097	0	0	23,541	3,073	221,711	0
	(ii)	0	0	0	0	0	0	0
(5) SIMON WINTER	(i)	202,561	0	0	24,719	26,637	253,917	0
	(ii)	0	0	0	0	0	0	0
(6) BRENT HABIG	(i)	212,528	0	0	20,320	16,861	249,709	0
	(ii)	0	0	0	0	0	0	0
(7) KINDRA HALVORSON	(i)	191,888	0	0	16,015	16,943	224,846	0
	(ii)	0	0	0	0	0	0	0
(8) JAKE WALTER	(i)	188,950	0	0	17,923	11,707	218,580	0
	(ii)	0	0	0	0	0	0	0
(9) PARTH TEWARI	(i)	188,903	0	0	22,668	0	211,571	0
	(ii)	0	0	0	0	0	0	0
(10) HILLARY MILLER	(i)	177,446	0	0	13,069	6,462	196,977	0
	(ii)	0	0	0	0	0	0	0
(11) FIDEL LAKEW	(i)	163,381	0	0	0	3,051	166,432	0
	(ii)	0	0	0	0	0	0	0
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

**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. BELOW ARE EMPLOYEES LISTED ON PART VII WHO RECEIVED HOUSING ALLOWANCE DURING THE YEAR: BRENT HABIG \$36,000; KINDRA HALVORSON \$33,000; JAKE WALTER \$18,000; HILLARY A MILLER \$36,000; FIDEL LAKEW \$24,600.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**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

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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 REVIEWED BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	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



Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -111 TRANSLATION ADJUSTMENT - 525,088 GAIN (OR LOSS) ON EXCHANGE -254,428 TOTAL TO FORM 990, PART XI, LINE 5 -779,627

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

Identifier	Return Reference	Explanation
TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR 2010	FORM 990, PART I, LINE 5	TECHNOSERVE WORLDWIDE NUMBER OF EMPLOYEES DURING THE 2010 IS 949, PART I LINE 5 SHOWS 143, FOR WHICH THE ORGANIZATION HAS ISSUED CORRESPONDED W-2S

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

**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?		(k) Percentage ownership
							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, 35A, 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
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			





**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2010**

**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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
TECHNO NICARAUGUA OFIPLAZA EL RETIRO SUITE 537 ROTO MANAGUA NU	DEVELOPMENT	NU	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
TECHNOSERVE SWAZILAND 4TH FLOOR LILUNGA HOUSE SOMHOLO R MBABNE WZ	DEVELOPMENT	WZ	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
COMMUNITY ENTERPRISE DEVELOPMENT AND INVESTMENT TRUST 4TH FLOOR LILUNGA HOUSE SOMHOLO R MBABNE WZ	TRUST	WZ	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
TECHNOSERVE SOUTH AFRICA 13TH FLOOR METAL BOX BUILDING 25 O AUKLAND PARK SF	DEVELOPMENT	SF	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
FOUNDACION TECHNOSERVE CALLE 94 NO 16-09 NO 206 BOGATA CO	DEVELOPMENT	CO	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
MAPATO MRIKAU STREET PLOT 887 DAR ES SALAAM TZ	LOAN GUARANTEES	TZ	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
FUNDACION TECHNOSERVE CHILE AV APOQUINDO 3721 PISO 13 SANTIAGO CI	DEVELOPMENT	CI	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
TECHNOSERVE - COTE D'IVOIRE ABIDJAN PLATEAU 6 RUE PARIS VILLA ABJIJAN IV	DEVELOPMENT	IV	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
TECHNOSERVE SOLUTIONS TO POVERTY LTDGTE PLOT 1708A OLUGBOSI CLOSE OFF BISH NI	DEVELOPMENT	NI	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	
TECHNOSERVE ZAMBIA LIMITED BASE OFFICE PARK PLOT 35184 ALICK ZA	DEVELOPMENT	ZA	FOREIGN NGO	FOREIGN NGO	TECHNOSERVE INC	Yes	