Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Inspection A For the 2010 calendar year, or tax year beginning and ending C Name of organization Check if applicable D Employer identification number Address Roots of Peace Name change 68-0442399 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 990 A Street 402 455-8008 (415)Amended 9,192,435. City or town, state or country, and ZIP + 4 G Gross receipts \$ San Rafael, CA 94901 H(a) Is this a group return pending F Name and address of principal officer: Heidi T. Kuhn for affiliates? Yes X No same as C above H(b) Are all affiliates included? Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ WWW.rootsofpeace.org H(c) Group exemption number ▶ K Form of organization: X Corporation Trust L Year of formation: 1999 M State of legal domicile: CA Other > Part I Summary Briefly describe the organization's mission or most significant activities: ROOTS of Peace is a Activities & Governance post-conflict economic development organization Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 14 3 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 2,420,861. 5,810,940. Contributions and grants (Part VIII, line 1h) Revenue 2,314,932. 3,390,819. Program service revenue (Part VIII, line 2g) 49. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 205. 77,199. <9,529.> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,813,041. 9,192,435. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,456,532. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,684,570. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,329,262. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 4,432,202. 4,785,794. 9,116,772. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 27,247. 75,663. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 2,276,641. 3,702,898. 21 Total liabilities (Part X, line 26) 2,250,160. 3,600,754. Net/ Net assets or fund balances. Subtract line 21 from line 20 26,481. 102,144. 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 Signature of officer Sign Heidi T. Kuhn, CEO & Founder Here Type or print name and title Print/Type preparer's name Preparer's signature Carmen D. Mosley Paid self-employed Firm's name | Harrington Group PAS Preparer Firm's EIN Firm's address 2670 Mission Street, Suite 200 Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

San Marino, CA 91108

Yes

Phone no. (626) 403-6801

Briefly describe the organization's mission: ROP is an economic development organization that works with families, communities and nations to plant crops and rebuild agricultural value chains from farm to fork after removing landmines and other war debrist to reclaim land ravaged by conflict. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If 'Yes,' describe these heaves on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If 'Yes,' describe these changes on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If 'Yes,' describe these changes on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If 'Yes,' describe these changes on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any 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. 40 (Code: (Code: (Code) (Expenses § 3,506,757. including grants of § (CHAMP) began in February 2010 as a four year, 34.9 million dollar activity that will reduce poverty among rural Afghan farmers by assisting them to shift from relatively low-value annual crops, such as wheat, to relatively high-value perennial crops, such as almonds, grapes and pomegranates. A marketing program will support the increased production by linking producers to merchants in a system that rewards farmers and merchants for higher quality production with higher prices and	orm	990 (2010) ROOTS OI PEACE
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conjunction with export programs. The program provides information an trainings to 15,000 households in the 44 focus district in Afghanista 4d Other program services. (Describe in Schedule O.) (Expenses \$ 876,815. including grants of \$) (Revenue \$ 1,784,121.)		
trainings to 15,000 households in the 44 focus district in Afghanista 4d Other program services. (Describe in Schedule O.) (Expenses \$ 876,815. including grants of \$) (Revenue \$ 1,784,121.)		
4d Other program services. (Describe in Schedule O.) (Expenses \$ 876,815. including grants of \$) (Revenue \$ 1,784,121.)		trainings to 15,000 households in the 44 focus district in Afghanistan.
(Expenses \$ 876,815 • including grants of \$) (Revenue \$ 1,784,121 •)		
(Expenses \$ 876,815 • including grants of \$) (Revenue \$ 1,784,121 •)	4d	Other program services. (Describe in Schedule O.)
	4e	

Form **990** (2010)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 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 5 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 X If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 X 11c 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 X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 19 complete Schedule G, Part III X 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		111
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete	25b		Х
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
c	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? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1 = -	1
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		X
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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Form 990 (2010) Roots of Peace

Part V Statements Regarding Other IRS Filings and Tax Compliance

2000000	Check if Schedule O contains a response to any question in this Part V					
		V			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a	9			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and		able gaming			
- 51	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2b	X	.,
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No. year and a	X
	200 - 1			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		Control of the Contro			
40	financial account in a foreign country (such as a bank account, securities account, or other financial			4a	X	
	If "Yes," enter the name of the foreign country: Afghanistan, Vietnam	40000				
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	inte			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
	- 1987년 - 1987년 - 1987년 - 1988년 - 1988년 - 1987년 - 1987년 - 1987년 - 1987			5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did			50		
ьа				6a		X
	any contributions that were not tax deductible?			Va		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	Itions (or girts	6b		
	were not tax deductible?		and the remaind in the light	OD		
7	Organizations that may receive deductible contributions under section 170(c).	aniese	provided to the payor?	7-		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices	provided to the payor?	7a		A
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was red	quirea	7.		X
	to file Form 8282?	1	Y	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year		-		B2000000	Х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
f				7f		Λ
9	등에 가장이 많아 두 맛있다면 하나 이번 이렇게 세탁하다 그를 시작했다. 그리고 있는데 이번 사람들이 되고 하게 되었다면 하는데 하는데 하는데 없는데 하는데 하는데 하는데 하다니다.			7g	-	-
h	에서 2000년 (File 1988년 1987년 - 1987년 - 1987년 1987년 - 1987년 - 1987년 - 1987			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	at any ti	me during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter:	1	1			
а				1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
11	Section 501(c)(12) organizations. Enter:	18.	1			
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				1	
а	Is the organization licensed to issue qualified health plans in more than one state?		******************	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	4	L.			
	organization is licensed to issue qualified health plans	13b				
	e i i i i i i i i i i i i i i i i i i i	1 3 4				
	이 가는 것이 있는 것이다면 하는 사람이 하는 사람들이 하는 것이 되는 것이 없는 것이 없었다. 그런 사람들이 없는 것이 없는 것이 없는 것이다. 그런 것이 없는 것이다면 없는 것이다.			14a	1	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ule O		14b		

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

sec	tion A. Governing Body and Management			-		
		1	1	2	Yes	No
100	Enter the number of voting members of the governing body at the end of the tax year	1a		.3		
р	Enter the number of voting members included in line 1a, above, who are independent			- 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Х	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			. 2	Λ	
3	of officers, directors or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization make any significant changes to its governing documents since the prior Forms. Did the organization become aware during the year of a significant diversion of the organization's asset.			1		X
6	Does the organization become aware during the year of a significant diversion of the organization's assume the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me			-		25
	governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per					X
8	Did the organization contemporaneously document the meetings held or written actions undertaken					
	by the following:	out in it	g the your			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?				X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			-		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with those of the organization?			10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fi				X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld giv	re rise			
	to conflicts?			12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe			
	in Schedule O how this is done	er er er er		12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?		**********************	14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by in	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		***********************	15a	X	
b	Other officers or key employees of the organization	********		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a			
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluation to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written adopted as wr		Contract of the second			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org					
_	exempt status with respect to such arrangements?			16b		
2000	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►CA, LA, KS, WA					_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(501)	(c)(3)s only) availat	ole for		
	public inspection. Indicate how you make these available. Check all that apply.					
	X Own website Another's website X Upon request	-	negotier (Dawley)			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest policy,	and fina	ncial	
00	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a Michael Washington - (415) 455-8008	nd rec	cords of the organi	zation:	-	
	990 A Street, Suite 404, San Rafael, CA 94901					

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)					ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
Heidi Kuhn CEO/Founder/President	40.00	х		Х				125,964.	0.	7,245.	
Gary Kuhn Executive Director/Secreta	40.00	х		Х				121,793.	0.	14,275.	
Ann Laurence Board Member	1.00	х						0.	0.	0.	
M. Ashraf Haidari Board Member	1.00	х						0.	0.	0.	
Chris Benziger Board Member	1.00	х						0.	0.	0.	
Diane Baker Board Member	1.00	х						0.	0.	0.	
Noel Brown Board Member	1.00	Х						0.	0.	0.	
Jan Hartke Board Member	1.00	х						0.	0.	0.	
Edward Bachand Board Member	1.00	x						0.	0.	0.	
David J. Jhirad Board Member	1.00	х						0.	0.	0.	
Tom Tully Board Member	1.00	х						0.	0.	0.	
Tor Kenward Board Member	1.00	х						0.	0.	0.	
Charlie Ansbach Board Member	1.00	х						0.	0.	0.	
Kenneth E. Neils Director of International Programs	40.00					x		140,234.	0.	9,510.	
John D. Lea Chief of Party	40.00					x		114,925.	0.	2,199.	

	(A) Name and title	(B) Average hours per	(c	heck	Pos all t	ition		ly)	(D) Reportable compensation	(E) Reportable compensation		(F) imate ount o	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other bensat om the anizati d relate nizatio	on ed
11	Cub tatal						•		502,916.	0.	3	3,2	29
C	Sub-total Total from continuation sheets to Par Total (add lines 1b and 1c)	t VII, Section A					•		0. 502,916.	0.		3,2	0
2	Total number of individuals (including b compensation from the organization		hose	e liste	ed a	bov	e) w	no re	eceived more than \$100	0,000 in reportable		Yes	No
3	Did the organization list any former offiline 1a? <i>If</i> "Yes," <i>complete Schedule J t</i> For any individual listed on line 1a, is the and related organizations greater than \$\frac{1}{2}\$.	or such individual	ole c	omp	ens	atio	n an	d oth	ner compensation from		3		X
5	Did any person listed on line 1a receive rendered to the organization? If "Yes," out on B. Independent Contractors	or accrue compe	nsa	tion	from	an	y un	relate	ed organization or indiv		5		X
1	Complete this table for your five highes the organization. NONE	t compensated in	dep	end	ent d	cont	tract	ors t	hat received more than	\$100,000 of compen	sation f	rom	
	(A) Name and busin	ess address							(B) Description of s	services	(C Compe		n
		,				-							
2	Total number of independent contractor \$100,000 in compensation from the organization fr		not	limite	ed to	the	ose I	sted	d above) who received r	more than			

rar	t VIII	Statement of Revenu	ud		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
e Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions), gifts, grants similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f Program service	1b 1c 1d ons) 1e 5, s, and e 1f	Business Code	5,810,940.	3,390,819.		
Program Service Revenue	b c d e f	All other program service rever	nue		3,390,819.			
	3 4 5	Investment income (including other similar amounts)	dividends, inter	est, and	205.			205.
	6 a	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line Part IV, line 18	g events (not of tc). See					
Other	c	Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	draising events stivities. See	>				
	10 a	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns					
	11 a		ncome je rate	900099 900099	9,547 <19,076			9,547. <19,076.
03200	12	Total. Add lines 11a-11d Total revenue. See instructions.				.>.3,390,819.	. 0.	<9,324. Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must composed include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		*		
3	trustees, and key employees	269,277.	223,230.	32,853.	13,194.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	209/2111	220/2000	32,333	20/22
7	Other salaries and wages	3,852,100.	2,979,302.	860,932.	11,866.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	497,849.	365,242.	131,703.	904.
10	Payroll taxes	65,344.	48,197.	16,901.	246.
11 a	Fees for services (non-employees): Management				
	Legal	69,595.	69,595.		
	Accounting	25,005.	25,005.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	692,075.	595,319.	95,855.	901.
12	Advertising and promotion	39,413.	17,707.	13,285.	8,421.
13	Office expenses	638,514.	441,467.	195,832.	1,215.
14	Information technology				
15	Royalties				
16	Occupancy	203,542.	107,857.	95,685.	
17	Travel	945,608.	812,016.	74,688.	58,904.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,974.	58,265.	8,709.	
20	Interest	20,611.	4,431.	16,180.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	75 745		75 745	
23	Insurance	75,745.		75,745.	
24	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.)				
a	Program Supplies	1,452,409.	1,367,832.	58,682.	25,895.
b	Miscellaneous	114,076.	24,751.	80,294.	9,031.
c	Fundraising gifts	49,622.	1,935.	20,654.	27,033.
d	Dues and subscriptions	27,899.	7,248.	6,980.	13,671.
е	Permits and taxes	5,732.	3,544.	2,188.	0.
f	All other expenses	5,382.	1,152.	4,230.	171 201
25	Total functional expenses. Add lines 1 through 24f	9,116,772.	7,154,095.	1,791,396.	171,281.
26	Joint costs. Check here ■ 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				

Pai	τX	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			517,431.	1	804,555.
	2	Savings and temporary cash investments			128,350.	2	137,090.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,445,634.	4	2,556,104.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employe	es. Com	plete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instru	ictions)			6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			139,046.	8	118,680.
-	9	Prepaid expenses and deferred charges			11,080.	9	49,269.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	39,000.			
	b	Less: accumulated depreciation		7,800.	35,100.	10c	31,200.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	6,000.
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	2,276,641.	16	3,702,898.
	17	Accounts payable and accrued expenses			462,398.	17	1,106,507.
	18	Grants payable		18			
	19	Deferred revenue	1,492,762.	19	2,173,987.		
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, directo		100			
iak		highest compensated employees, and disqualif	ied pers	ons. Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate			205 000	24	220 260
	25	Other liabilities. Complete Part X of Schedule D		- Comment and the comment of the com	295,000.	25	320,260.
_	26	Total liabilities. Add lines 17 through 25			2,250,160.	26	3,600,754.
		Organizations that follow SFAS 117, check h	ere -	A and complete			
ces		lines 27 through 29, and lines 33 and 34.			~100 000		<100 000 s
lan	27	Unrestricted net assets			<192,030.		<400,090.
Ba	28	Temporarily restricted net assets			218,511.		502,234.
pur	29					29	
F		Organizations that do not follow SFAS 117, c	neck ne	ere 🕨 🔛 and			
ls o	20	complete lines 30 through 34.		8		20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				30	
t A	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			26,481.	33	102,144.
	34	Total liabilities and net assets/fund balances			2,276,641.	34	3,702,898.
_	34	Total liabilities and het assets/fund balances		······································	2/2/0/041.	34	3,102,030.

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,19		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,11	6,7	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	5,6	63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	6,4	81.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10	2,1	44.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. 3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	*************	3b	X	

SCHEDULE A

Internal Revenue Service

1

(Form 990 or 990-EZ)

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

supporting organization, check this box

the governing body of the supported organization?

Provide the following information about the supported organization(s).

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

(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?

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

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Yes

11g(i)

11g(ii)

11g(iii)

No

Name of the organization

Roots of Peace

Employer identification number 68-0442399

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. d Type III · Other _ Type I b Type II c ____ Type III · Functionally integrated 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	s the organization (v) Did you notify the organization in col. (i) listed in your organization in col. (ii) of your support? (ii) organized in U.S.?		the n in col. ed in the ?	(vii) Amount o		
			Yes	No	Yes	No	Yes	No	
otal									

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

Schedule A (Form 990 or 990-EZ) 2010

h

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	494,041.	595,614.	136,498.	2420861.	5810940.	9457954.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		1 1				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			nic o min			
4	Total. Add lines 1 through 3	494,041.	595,614.	136,498.	2420861.	5810940.	9457954.
5						5525325	310,301.
-	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)						24,699.
6	Public support. Subtract line 5 from line 4.						9433255.
	ction B. Total Support						7133233.
_	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	494,041.	595,614.	136,498.	2420861.	5810940.	9457954.
8							
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	6,802.	378.	2,152.	49.	205.	9,586.
9	The state of the s					2,00	- 7,0001
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			117,114.	77,199.	<9.529	>184,784.
11	Total support. Add lines 7 through 10				,	37,323	9652324.
12		etc. (see instruction	ons)			12 16	,680,106.
	First five years. If the Form 990 is for						,000,100.
	organization, check this box and stop						
Se	ction C. Computation of Publi						
14	Public support percentage for 2010 (I	ine 6, column (f) di	vided by line 11, c	column (f))		14	97.73 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14	******		15	94.15 %
16	a 33 1/3% support test - 2010. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
t	33 1/3% support test - 2009. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶ □
178	a 10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
1	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						>
18	Private foundation. If the organizatio						D
						dula A /Form 000	

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						
alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")					Land to the second	
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				L.,		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						4
	(-) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(0) 2000	(0) 2009	(6) 2010	(i) Total
9 Amounts from line 6		-	1		+	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)					1	
13 Total support (Add lines 9, 10c, 11, and 12.)		1- 64 d Ab	ind farmet andiffic	********	tion F01/o\/2\ organi	ization
14 First five years. If the Form 990 is for						
check this box and stop here			*****************	*******		minimum /
Section C. Computation of Publi					1 1	
15 Public support percentage for 2010 (li						
16 Public support percentage from 2009					16	
Section D. Computation of Inves					7 1	
17 Investment income percentage for 20	10 (line 10c, colu	umn (f) divided by	line 13, column (f))		17	
18 Investment income percentage from 2	2009 Schedule A	, Part III, line 17			18	
19a 33 1/3% support tests - 2010. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	n 33 1/3%, and line	17 is not
the second state of the se	and the second s		alifica es a sublish	supported organ	ization	•
more than 33 1/3%, check this box ar	nd stop here. Th	ne organization qui	aillies as a publicly	supported organ	nzation	CONTRACTOR OF THE
more than 33 1/3%, check this box as b 33 1/3% support tests - 2009. If the	nd stop here. The organization did	ne organization qui I not check a box o	on line 14 or line 19	9a, and line 16 is	more than 33 1/3%	, and
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2009. If the line 18 is not more than 33 1/3%, che	organization did	not check a box of	on line 14 or line 19	9a, and line 16 is	more than 33 1/3%	, and

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

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

68-0442399 Roots of Peace Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions, General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

religious, charitable, etc., contributions of \$5,000 or more during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

Roots of Peace

68-0442399

Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1		\$\$	Person X Payroll	
(a)	(b)	(c)	(d)	
No. 2	Name, address, and ZIP + 4 United States Department of Agriculture	Aggregate contributions	Type of contribution Person X	
	1400 Independence Avenue, SW	\$ 1,344,642.	Payroll Noncash	
	Washington, DC 20250		(Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
3	USAID		Person X	
	1300 Pennsylvania Avenue, NW	\$3,506,757.	Payroll Noncash (Complete Part II if there	
	Washington, DC 20523		is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
4	EC		Person X	
	Shahr-e-New	\$ 305,074.	Payroll Noncash (Complete Part II if there	
	Kabul, AFGHANISTAN		is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
5	Chemonics		Person X	
	1717 H Street, NW	\$\$	Payroll Noncash	
	Washington, DC 20006		(Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
6	U.S. Department of Defense		Person X	
	1400 Defense Pentagon	\$\$	Payroll Noncash (Complete Part II if there	
	Washington, DC 20301		is a noncash contribution.	

Employer identification number

Roots of Peace

68-0442399

art II None	cash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. oom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-=		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2010 Open to Public Inspection

Name of the organization

Roots of Peace

Employer identification number 68-0442399

Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	-7.1	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in vare the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confe	erring
87788	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the org		/, line 7.
2	Purpose(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or easements) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualification of the tax year.	ducation) Preservation of an historica Preservation of a certified in	historic structure
	day of the tax year.		10-12-10-1-10-1
а	Total number of conservation easements		Held at the End of the Tax Year
b			2a
C	Number of conservation easements on a certified historic stru	Icture included in (a)	2b
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	2c
	listed in the National Register	arter 6/17/00, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	
	year ▶	the organization of terrimitated by the organization	inzation during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		the year
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during the v	rear • ¢
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170(h)(4)((B)(i)
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense state	Yes No
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes the or	ranization's association for
	conservation easements.	individual statements that describes the of	rganization's accounting for
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	Offinial Addition
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statement a	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtherance o	f public service, provide, in Part XIV.
	the text of the footnote to its financial statements that describ	pes these items.	, peens control, provide, mr, arrytt,
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	Av 250 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /	and a first the transfer and a first transfer and a
	(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 trea	asures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 11		(15) = 31 Z Z
a	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		> \$

	The state of the s	Collections of Ar	t Historical Tr	easures, or	Other	Similar Ass	ets (conti	nued)	
ran	Using the organization's acquisition, access	ion and other record	s check any of the	following that	are a sign	ificant use of it	s collection	items	
		sion, and other record	S, OHEOR AITY OF THE	.c.iomily man					
	(check all that apply):		T Loan or evo	hange progran	ne				
а	Public exhibition	ū.		mange program					
b	Scholarly research	е	Other		-				
C	Preservation for future generations				-1v	et aurages in D	ort VIV		
	Provide a description of the organization's						art Aiv.		
	During the year, did the organization solicit						Yes		A1-
	to be sold to raise funds rather than to be r								No
Par	t IV Escrow and Custodial Arra reported an amount on Form 990, P		ete if the organization	on answered "	res" to F	orm 990, Part N	7, line 9, or		
1a	Is the organization an agent, trustee, custo								
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XI	V and complete the fo	ollowing table:						
							Amoun	t	
C	Beginning balance								
d	Additions during the year				.,,.,	1d			
е	Distributions during the year					1e			
f	Ending balance								
2a	Did the organization include an amount on	Form 990, Part X, line	21?				Yes		No
	If "Yes," explain the arrangement in Part XI								
Par	t V Endowment Funds. Complete	if the organization ar	swered "Yes" to Fo	orm 990, Part I					
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three years ba	ck (e) Fou	r years b	ack
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		+,-						
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year		as:						
a			%						
b	Permanent endowment ▶								
c	Term endowment ▶								
3a	Are there endowment funds not in the pos	session of the organiz	ation that are held	and administer	ed for th	e organization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations								
b	If "Yes" to 3a(ii), are the related organization								
4	Describe in Part XIV the intended uses of t								
Pai	rt VI Land, Buildings, and Equip								
	Description of investment	(a) Cost or basis (invest	other (b) Cos	st or other s (other)		cumulated reciation	(d) Boo	ok value	
1a	Land								
b									
C	Leasehold improvements								
d	Equipment								
	Other			39,000.		7,800.	3	1,20	00
	Add lines 1a through 1e. (Column (d) mus					•		1,20	

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	l of valuation: year market value
1) Financial derivatives	4.		
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related		3.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation: year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) (10)			
(9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶			
(9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,	line 15.		(b) Book value
(9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X,			(b) Book value
(9) (10) Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,	line 15.		(b) Book value
(9) (10) Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2)	line 15.		(b) Book value
(9) (10) Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3)	line 15.		(b) Book value
(9) (10) Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4)	line 15.		(b) Book value
(9) (10) Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5)	line 15.		(b) Book value
(9) (10) Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4)	line 15.		(b) Book value
(9) (10) Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6)	line 15.		(b) Book value
(9) (10) Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7)	line 15.		(b) Book value
(9) (10) Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8)	line 15.		(b) Book value
(9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B)	line 15. (a) Description		(b) Book value
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(9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part	line 15. (a) Description	(b) Amount	
(9) (10) Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes	line 15. (a) Description		
(9) (10) Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) Line of credit	line 15. (a) Description	(b) Amount 320,260.	
(9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes (2) Line of credit (3)	line 15. (a) Description		
(9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X, col (B) (1) (a) Description of liability (1) Federal income taxes (2) Line of credit (3) (4)	line 15. (a) Description		
(9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X, col (B) (1) Federal income taxes (2) Line of credit (3) (4) (5)	line 15. (a) Description		
(9) (10) Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) Line of credit (3) (4) (5) (6)	line 15. (a) Description		
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(9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X, col (B) (1) Federal income taxes (2) Line of credit (3) (4) (5) (6) (7) (8) (9)	line 15. (a) Description		
(9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X, col (B) (1) Federal income taxes (2) Line of credit (3) (4) (5) (6) (7) (8)	line 15. (a) Description		

68-0442399 Page 4

Schedule D (Form 990) 2010

Roots of Peace

Schedule D (Form 990) 2010

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Roots of Peace				68-044239	99
Part I General Info		ctivities Ou	tside the United States. Comp		
grantees' eligibility for the	s the organization he grants or assis	stance, and the	ds to substantiate the amount of the g selection criteria used to award the gr procedures for monitoring the use of g	rants or assistance?	Yes X No tes.
3 Activities per Region. (T	he following Part (b) Number of offices in the region		an be duplicated if additional space is (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d)	(f) Total expenditures for and investments in region
Afghanistan	9	505	Program Services	Agriculture Development	7,497,335.
Vietnam	3	15	Program Services	Agricultutal development	144,058.
Israel	1	1	Program Services	Mine clearance, business development	118,191.
3 a Sub-total	13	521			7,759,584.
 b Total from continuation sheets to Part I c Totals (add lines 3a 	0	0			0.
and 3b)	13	521			7,759,584.

I a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
		Afghanistan	Technical assistance (payment to tractor dist.)	7,500.		0.		
		Afghanistan	Technical assistance (payment to equipment manufacturer)	75,000.		0.		
Enter total number of a	ecipient organization	is listed above that a	re recognized as charities by the					

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. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (a) Type of grant or assistance (f) Amount of (g) Description of (h) Method of valuation (book, FMV, appraisal, other) (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) 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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 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 X No 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) 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 X 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)

Schedule F (Form 990) 2010

Yes X No

SCHEDULE L (Form 990 or 990-EZ)

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Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

2010

Open To Public Inspection

Name of the organization Employer identification number Roots of Peace 68-0442399 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested (b) Loan to or from (f) Approved (c) Original principal (g) Written (d) Balance due (e) In person and purpose by board or the organization? amount default? agreement? committee? To From Yes No Yes No Yes No Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance

Page 2

Schedule L (Form 990 or 990·EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answ	vered "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
Heidi Kuhn	CEO		Wife of ED,		X
Gary Kuhn	Executive Director		Husband of		X
Tucker Kuhn	Deputy Country Dire	50,673	Son of CEO		X
Robert Thomas	Director of Technol	54,360	Brother of		Х
Part V Supplemental Information Complete this part to provide add	n ditional information for responses to questions	s on Schedule L (see	e instructions).		
Sch L, Part IV, Busines	s Transactions Involvin	ng Interes	ted Persons:		
(a) Name of Person: Hei	di Kuhn				
(b) Relationship Betwee	n Interested Person and	d Organiza	tion:		
CEO					
(c) Amount of Transacti	on \$ 133,209.				
(d) Description of Tran	saction: Wife of ED, Mo	other of De	eputy Countr	ТУ	
Director, Sister of Dir	ector of Technology				
(e) Sharing of Organiza	tion Revenues? = No				
(a) Name of Person: Gar	y Kuhn				
(b) Relationship Betwee	n Interested Person and	d Organiza	tion:		
Executive Director					
(c) Amount of Transacti	on \$ 136,068.				
(d) Description of Tran	saction: Husband of CEC	, Father	of Deputy Co	ountr	У
Director, Broter-in-law	of Director of Technol	logy			
(e) Sharing of Organiza	tion Revenues? = No				
(a) Name of Person: Tuc	ker Kuhn				
(b) Relationship Betwee	n Interested Person and	d Organiza	tion:		
Deputy Country Director					

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(c) Amount of Transaction \$ 50,673.
(d) Description of Transaction: Son of CEO and ED, Nephew of Director of
Technology
(e) Sharing of Organization Revenues? = No
(a) Name of Person: Robert Thomas
(b) Relationship Between Interested Person and Organization:
Director of Technology
(c) Amount of Transaction \$ 54,360.
(d) Description of Transaction: Brother of CEO, Uncle of Deputy Country
Director, Brother-in-law of ED
(e) Sharing of Organization Revenues? = No

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

Roots of Peace

Employer identification number 68-0442399

Form 990, Part I, Line 1, Description of Organization Mission:

that removes landmines and other war debris from the environment to

reclaim the land, re-plant the crops and re-build the agricultural

industry to help heal families, communities and nations.

Form 990, Part III, Line 4a, Program Service Accomplishments:

packing, cooling, shipping and marketing methods. To insure that women specifically benefit, and to encourage equal opportunities for women,

CHAMP is implementing a pilot women's program, focusing on home garden and poultry rearing. CHAMP is implementing programs in 16 provinces in the Eastern, South Eastern, and Southern and Central regions of Afghanistan.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Peace, the Consultant, technically, organizationally, and financially assisted by about 10,000 stakeholders involved in agri-business development in 12 rural districts in Bamyan, Balkh, and Nangarhar provinces. Kandahar was not included due to the insecure situation in the province.

Form 990, Part III, Line 4d, Other Program Services:

Other program services are as follows: ABT Bagram, ADT Kapisa, ADT

Panshir, ADT Panshir Green Belt, ADT Parwan, ASAP, WB-HLP, WB-GVC, VN

and Israel/West Bank.

Expenses \$ 876,815. including grants of \$ 0. Revenue \$ 1,784,121.