| Form 990 |
|----------------------------|
| Department of the Treasury |
| Internal Revenue Service |

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990



| AF | or th | e 2013 calendar year, or tax year beginning and | ending | _ | | |
|---|-----------------|---|-------------|----------------------------------|-----------------------------|--|
| B C a | heck if pplicab | e: C Name of organization | | D Employer identification number | | |
| | Addre | e KOOLS OI PEACE | | | | |
| | Name Chang | Doing Business As | | 68-0- | 442399 | |
| | Initial | | Room/suite | E Telephone number | | |
| |]Termi ated | | 402 | (415 |) 455-8008 | |
| | Amen | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 18,475,496. | |
| | | Sali Ralael, CA 94901 | | H(a) Is this a group re | | |
| | pendi | F Name and address of principal officer: Heldl T. Kunn | | for subordinates | ? Yes 🔀 No | |
| | | same as C above | | H(b) Are all subordinates in | | |
| | | empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) (| or 🛄 527 | If "No," attach a | list. (see instructions) | |
| | | te:▶ www.rootsofpeace.org | | H(c) Group exemption | | |
| | | f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨 | L Year | of formation: 1999 N | State of legal domicile: CA | |
| Pa | art I | Summary | | | | |
| e | 1 | Briefly describe the organization's mission or most significant activities: Root | s of F | eace is a | | |
| anc | | post-conflict economic development organ | | | | |
| ern | 2 | Check this box 🕨 📖 if the organization discontinued its operations or disposed | sed of more | e than 25% of its net as | | |
| Š | 3 | | | | 13 | |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 10 | |
| ies | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) $\hfill \ldots$ | | | 25 | |
| Activities & Governance | 6 | Total number of volunteers (estimate if necessary) | | | 3 | |
| Act | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | ····· | | 0. | |
| | | | | Prior Year | Current Year | |
| ne | 8 | Contributions and grants (Part VIII, line 1h) | | 10,025,128. | 18,448,179. | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 320,675. | 0. | |
| Re | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 218. | 417. | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 26,934. | 26,900. | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 10,372,955. | 18,475,496. | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 4,659,150. | 6,772,363. | |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) | ······ | 4,059,150. | 0,772,303. | |
|)en: | 16a | Protessional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | |
| Expenses | | | | 5,288,652. | 11,774,916. | |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 9,947,802. | 18,547,279. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 425,153. | <71,783.> | |
| 3S | 19 | Revenue less expenses. Subtract line 18 from line 12 | | ginning of Current Year | | |
| ance | 20 | Total acasta (Dart X line 16) | | 2,323,970. | End of Year 3,107,206. | |
| Asse Bali | | Total assets (Part X, line 16) Total liabilities (Part X, line 26) | ······ | 1,800,118. | 2,655,137. | |
| Net Assets or Fund Balances | | · · · · · · · · · · · · · · · · · · · | ······ | 523,852. | 452,069. | |
| | art II | Net assets or fund balances. Subtract line 21 from line 20 | | 525,052. | 452,009. | |
| | | | | | | |

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 Heidi T. Kuhn, CEO & D Type or print name and title | Founder | Dat | e | | | | |
|--------------|---|-------------------------------------|------|-------------------------|--|--|--|--|
| | | | Data | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | | | | | |
| Paid | Tonetta L. Conner, CPA | | | self-employed P01775198 | | | | |
| Preparer | Firm's name 🍃 Harrington Group | | Firr | n's EIN ▶ 95-4557617 | | | | |
| Use Only | Firm's address 👞 234 East Colorad | lo Blvd., Suite M150 | | | | | | |
| | Pasadena, CA 911 | L01 | Pho | one no. (626) 403-6801 | | | | |
| May the I | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | |
| 332001 10-2 | 9-13 LHA For Paperwork Reduction Act Not | ice, see the separate instructions. | | Form 990 (2013) | | | | |

See Schedule O for Organization Mission Statement Continuation

| | 90 (2013) Roots of Peace 68-0442399 Page | <u>2</u> |
|------------------|---|----------|
| Par | III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | Roots of Peace is a post-conflict economic development organization 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. ROP is an | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | — |
| - | he prior Form 990 or 990-EZ? | lo |
| | f "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? | ło |
| | f "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | evenue, if any, for each program service reported. | |
| 4a | Code:) (Expenses \$ 12,737,000. including grants of \$) (Revenue \$) | _) |
| | JSAID Commercial Horticulture & Agriculture & Marketing Program, Afghanistan | |
| | ArginalitScall | |
| | The Commercial, Agricultural & Marketing Program (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 | |
| | nigh-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 profits, working Code:) (Expenses \$ 2,830,650. including grants of \$) (Revenue \$ | |
| 4b | Code:) (Expenses \$ 2,830,650. including grants of \$) (Revenue \$ Roots Of Peace started a five year Agricultural Research and Extension | _) |
| | Development Program (AGRED), funded by USAID in 2012 to support and | |
| | build the capacity of the Afghan Ministry of Agriculture, Irrigation | |
| | and Livestock. The program aimed to improve agricultural services to | |
| | farmers in 26 provinces of Afghanistan. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 40 | Code:) (Expenses \$ 218,000 · including grants of \$) (Revenue \$ | |
| 40 | The Sustainable Horticulture and Agriculture Development Pilot Project | _ ' |
| | (SHADE) funded by private organizations, attempt to improve the | |
| | production systems of rural highland Vietnamese farmers who live along | |
| | sections of the former Ho Chi Minh Trail. This project focuses on the | |
| | development of agricultural value chains; primarily cacao and black | |
| | pepper while piloting demo plots for Arabica coffee and taro. Through | |
| | new methods of cultivation and marketing, rural farmers located in the | |
| | Southwestern province of Binh Phuoc and the Central Coast province of | |
| | Quang Tri, can increase their annual income from three to seven times | |
| | the income from their previous crops. | |
| | | |
| 4d | Other program services (Describe in Schedule O.) | — |
| | Expenses \$ 421,057 · including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses 16,206,707. | _ |
| | Form 990 (20 | 13) |
| 332002 10-29- | See Schedule O for Continuation(s) | |

| Form | 990 (2013) Roots of Peace 68- | _ |
|------|---|----|
| Pa | rt IV Checklist of Required Schedules | |
| | | |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | |
| | If "Yes," complete Schedule A | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate public office? If "Yes," complete Schedule C, Part I | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election during the tax year? If "Yes," complete Schedule C, Part II | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessmen similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | ts |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule I | ht |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complet Schedule D, Part III | е |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation service | s |
| | If "Yes," complete Schedule D, Part IV | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, per endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX as applicable. | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedu Part VI | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its tota assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | I |
| с | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its tota assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | al |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> | ir |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | |
| f | 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 | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i> | |
| 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 and XII is optional | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busing | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100 | Э, |
| | or more? If "Yes," complete Schedule F, Parts I and IV | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | |

Γ

Yes No

| | If "Yes," complete Schedule A | 1 | Х | |
|-----|--|------|-----|------------|
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | x |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | x |
| 5 | 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 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | 0 | | |
| 5 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | v |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> | 10 | | x |
| 11 | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| 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 | 11b | | x |
| с | 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 | 11c | | Х |
| d | 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 | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | 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 | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | х | |
| 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 and XII is optional | 12b | | X |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | Х | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | | x |
| 18 | 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 | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | Form | 990 | (2013) |

| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States or column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complet Schedule J</i> 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and com Schedule K. If</i> "No", go to <i>line 25a</i> b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? c Did the organization maintain an escrow account other than a refunding escrew at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> b Is the organization neport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? and success the organization is prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? I complete Schedule L, Part II | |
|--|-------------|
| Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States of column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complex Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and composited of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction we disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? I complete Schedule L, Part II | on Part IX, |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," comple Schedule J</i> 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,00 last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and com Schedule K. If "No", go to line 25a</i> b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction we disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> b Is the organization naware that it engaged in an excess benefit transaction with a disqualified person in a prior y that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," com Schedule L, Part I</i> 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any curren former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? I complete Schedule L, Part II | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,00 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and com <i>Schedule K. If "No", go to line 25a</i> b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction w disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> b Is the organization neopert any amount on Part X, line 5, 6, or 22 for receivables from or payables to any curren former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? I complete Schedule L, Part II | 's current |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to a any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction we disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," com Schedule L, Part I</i> 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? I complete Schedule L, Part II | nplete |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to a any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction we disqualified person during the year? <i>If "Yes," complete Schedule L, Part 1</i> b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior y that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," con Schedule L, Part 1</i> 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? I complete Schedule L, Part II | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | |
| disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior y that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>con Schedule L, Part I</i> 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any curren former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? I complete Schedule L, Part II | 24d |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior y that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," con Schedule L, Part I</i> 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any curren former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? I complete Schedule L, Part II | |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any curren former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? I complete Schedule L, Part II | /ear, and |
| | nt or |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substanti contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family m of any of these persons? If "Yes," complete Schedule L, Part III | nember |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part N instructions for applicable filing thresholds, conditions, and exceptions): | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule</i> c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was | |
| director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conser contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i> | |
| 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 | |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or I Part V, line 1 | IV, and |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlle within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related If "Yes," complete Schedule R, Part V, line 2 | ed entity |

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 38 Note. All Form 990 filers are required to complete Schedule O

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Х Form 990 (2013)

Page 4

Yes

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No

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| Form | 990 (2013) Roots of Peace 68-044 | 2399 | F | Page 5 |
|------|--|-------------|-----------|----------|
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 | 3 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | 0 | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (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 2 | 5 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | Зb | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X | |
| b | If "Yes," enter the name of the foreign country: ► Afghanistan, Vietnam, Israel | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| с | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | _ | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | N/ | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C | ? 7h | <u>N/</u> | <u>A</u> |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? N/A | 9a | | <u> </u> |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | _ | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | _ | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders N/A 11a | _ | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b | _ | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | - |
| а | Is the organization licensed to issue qualified health plans in more than one state? N/A | 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 | | | |
| | organization is licensed to issue qualified health plans | _ | | |
| | Enter the amount of reserves on hand | | | v |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | <u> </u> | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | 1 | 1 |

| Form 990 (| (2013) |
|-------------------|--------|
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Roots of Peace

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| / | 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. |

| Check if Schedule O contains a response or note to any line in this Part VI | |
|---|--|
| | |

X

| Sec | tion A. Governing Body and Management | | | |
|-----|--|---------|-------|----|
| 000 | tion A. doverning body and management | | Yes | No |
| 10 | Enter the number of voting members of the governing body at the end of the tax year 13 | | res | NO |
| Ia | Enter the number of voting members of the governing body at the end of the tax year 1a 3 If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b 10 | | | |
| | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | 37 | |
| | officer, director, trustee, or key employee? | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| | Other officers or key employees of the organization | 15b | Х | |
| | 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 arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA , LA , KS , WA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) a | availab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d finar | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | tion: 🕨 | • | |
| | Gary Kuhn - Roots of Peace - (415) 455-8008 | | | |
| | 990 A Street, Suite 404, San Rafael, CA 94901 | | | |

Enter -0- in columns (Ď), (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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|----------------------------|----------------------|--------------------------------|---|---------|--------------|---------------------------------|-----------|---------------------------------|-----------------|--------------------------|
| Name and Title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | , unle | ss pe | rson i | is bot | h an | compensation | compensation | amount of |
| | week | <u> </u> | cer an | ia a a | recto | or/trus | itee) | from | from related | other |
| | (list any | irecto | | | | | | the | organizations | compensation |
| | hours for related | e or di | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | truste | ul trus | | /ee | mpen | | (1033-10130) | | and related |
| | below | Individual trustee or director | Institutional trustee | 2 | Key employee | Highest compensated employee | er | | | organizations |
| | line) | Indiv | Instit | Officer | Key e | High empl | Former | | | - |
| (1) Heidi Kuhn | 40.00 | | | | | | | | | |
| CEO/Founder/President | | X | | Х | | | | 171,331. | Ο. | 16,163. |
| (2) Gary Kuhn | 40.00 | | | | | | | | | |
| Executive Director/Secreta | | X | | Х | | | | 172,199. | 0. | 10,496. |
| (3) Ann Laurence | 1.00 | | | | | | | | | |
| Treasurer | | X | | Х | | | | 0. | 0. | 0. |
| (4) Charley Ansbach | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (5) Edward Bachand | 1.00 | | | | | | | | | |
| Board Member | | X | | | | | | 0. | 0. | 0. |
| (6) Chris Benziger | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (7) Diane Baker | 1.00 | | | | | | | | | |
| Board Member | | X | | | | | | 0. | 0. | 0. |
| (8) Noel Brown | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (9) Ashraf Haidari | 1.00 | | | | | | | | _ | _ |
| Board Member | | X | | | | | | 0. | 0. | 0. |
| (10) Jan Hartake | 1.00 | | | | | | | | _ | _ |
| Board Member | | X | | | | | | 0. | 0. | 0. |
| (11) Tor Kenward | 1.00 | | | | | | | | _ | _ |
| Board Member | | X | | | | | | 0. | 0. | 0. |
| (12) Scooter Simmons | 1.00 | | | | | | | | | |
| Board Member | | X | | | | | | 0. | 0. | 0. |
| (13) Tom Tully | 1.00 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (14) Victor Carvajal | 40.00 | | | | | | | | | |
| Chief of Party | | | | | | Х | | 135,715. | 0. | 0. |
| (15) Peter Dickrell | 40.00 | | | | | | | | | |
| Chief of Party | | | | | | х | | 129,423. | 0. | 1,705. |
| (16) Herschel Weehs | 40.00 | | | | | | | 100 000 | | ^ |
| Chief of Party | | | <u> </u> | | | X | | 130,758. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Part VII Section A. Officers, Directors, Tru | stees, Key Em | ploy | vees, | , and | d Hi | ghe | st C | compensated Employe | es (continued) | | | | |
|---|------------------------|---|-----------------------|----------|--------------|---------------------------------|--------|------------------------|------------------|-------|-------|---------|-------|
| (A) | (B) | | | | C) | | | (D) | (E) | | | (F) | |
| Name and title | Average | (do | | Pos | | | 000 | Reportable | Reportable | , | E | stimate | əd |
| | hours per | (do not check more than one box, unless person is both an | | | | is bot | h an | compensation | compensatio | | ar | nount | of |
| | week | offi | cer an | dad | irecto | or/trus | tee) | from | from related | Ł | | other | |
| | (list any | sctor | | | | | | the | organization | IS | com | pensa | ation |
| | hours for | or dire | | | | ted | | organization | (W-2/1099-MI | SC) | fi | rom th | е |
| | related | stee o | ruste | | | Densa | | (W-2/1099-MISC) | | | • | janizat | |
| | organizations below | al tru | onal ti | | lo yee | co m p | | | | | | d relat | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | org | anizati | ons |
| | iii ie) | hd | lns | 0ff | Key | Hic | For | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 739,426. | | 0. | 2 | 8,3 | 64. |
| c Total from continuation sheets to Part | /II Section A | | | | | | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 739,426. | | 0. | 2 | 8.3 | 64. |
| 2 Total number of individuals (including but | | | | | | | | | 000 of reportab | | | - / - | |
| compensation from the organization | | 1000 | note | u u | 0011 | ., | 10 10 | | ,000 01 1000100 | 10 | | | 6 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office | r director or tri | iste | e ke | ver | nolo | vee | or | highest compensated e | mplovee on | I | | | |
| line 1a? If "Yes." complete Schedule J for | | | | - | • | | | ingricer compensated e | | | 3 | | X |
| 4 For any individual listed on line 1a, is the | | le co | ompe | ensa | atior | n and | d oth | her compensation from | the organization | | | | |
| and related organizations greater than \$1 | | | | | | | | | | I | 4 | X | |
| 5 Did any person listed on line 1a receive of | | | | | - | | | - | | ; | _ | | v |
| rendered to the organization? <i>If "Yes," co</i> Section B. Independent Contractors | mplete Schedul | eJf | or si | ich | pers | son . | | | | | 5 | | X |
| 1 Complete this table for your five highest of | ompensated in | dona | ondo | nt c | onti | racto | ore t | bat received more than | \$100.000 of con | nnone | ation | from | |
| the organization. Report compensation for | - | - | | | | | | | | pens | ation | nom | |
| (A) | , | | | <u> </u> | | | | (B) | | | (0 | C) | |
| Name and busines | s address | N | ONE | 6 | | | | Description of s | ervices | С | ompe | nsatio | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | + | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors \$100,000 of compensation from the orga | | iot li | mite | d to | | se lis) | sted | above) who received m | ore than | | | | |

| of compensation from the organization | |
|---------------------------------------|--|
| | |

Roots of Peace

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| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
|---|------------|---|----------------|---------------|-------------|----|----|------------------------|
| Gra | b | Membership dues | 1b | | | | | |
| Am, S, | с | Fundraising events | 1c | | | | | |
| <u>a</u> E | d | Related organizations | 1d | | | | | |
| in's | е | Government grants (contributior | ns) 1e | 13,472,994. | | | | |
| i si | f | All other contributions, gifts, grants, | and | | | | | |
| <u>i</u> E | | similar amounts not included above | 1f | 4,975,185. | | | | |
| di | g | Noncash contributions included in lines 1a | a- 1f: \$ | 4,346,331. | | | | |
| <u>a 0</u> | h | Total. Add lines 1a-1f | | 🕨 | 18,448,179. | | | |
| | | | | Business Code | | | | |
| e | 2 a | | | | | | | |
| er v | b | | | | | | | |
| n S len | С | | | | | | | |
| Rev | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| ^ | | All other program service revenue | | | | | | |
| $ \rightarrow $ | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including di | - | | | | | |
| | | other similar amounts) | | | 417. | | | 417. |
| | 4 | Income from investment of tax-e | | ' | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | | Gross rents | | | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | <i>i</i> a | | (i) Securities | (ii) Other | | | | |
| | h | assets other than inventory | | | | | | |
| | a | Less: cost or other basis | | | | | | |
| | _ | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) Gross income from fundraising e | | ····· | | | | |
| Other Revenue | 8 a | | - | | | | | |
| ver | | including \$ contributions reported on line 10 | | | | | | |
| å | | • | , | | | | | |
| her | h | Part IV, line 18 Less: direct expenses | | | | | | |
| δļ | | Net income or (loss) from fundra | | | | | | |
| | | Gross income from gaming activ | - | | | | | |
| | 0 4 | Part IV, line 19 | | a | | | | |
| | b | Less: direct expenses | | b | | | | |
| | | Net income or (loss) from gamin | | | | | | |
| | | Gross sales of inventory, less re | | | | | | |
| | | and allowances | | a | | | | |
| | b | Less: cost of goods sold | | b | | | | |
| | | Net income or (loss) from sales of | | | | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11 a | Change in exchange rate | | 900099 | 40,970. | | | 40,970. |
| | b | Miscellaneous income | | 900099 | <14,070. | > | | <14,070.> |
| | с | | | | | | | |
| | d | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | ► | 26,900. | | | |
| | 12 | Total revenue. See instructions | | | 18,475,496. | 0. | 0. | 27,317. |
| 33200 | 9 | | | | | | | Form 990 (2013) |

(D) Revenue excluded from tax under sections 512 - 514

(C) Unrelated

business revenue

(B) Related or

exempt function revenue

Total revenue

Form 990 (20 Part VIII Statement of Revenue

|)13) | | R | loots | of | Peace |
|----------|--|---|-------|----|-------|
| <u> </u> | | | | | |

Check if Schedule O contains a response or note to any line in this Part VIII
(A)

Form 990 (2013) Roots of Peace Part IX Statement of Functional Expenses

| Sect | rt IX Statement of Functional Expens on 501(c)(3) and 501(c)(4) organizations must corr | | ner organizations must co | mplete column (A). | |
|------|---|------------------------------|---|--|---------------------------------------|
| | Check if Schedule O contains a respor | | this Part IX | | L |
| | not 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 United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 370,189. | 305,405. | 64,784. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 5,361,664. | 4,385,715. | 931,589. | 44,360 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 41,752. | 28,808. | 12,944. | |
| 9 | Other employee benefits | 878,637. | 603,631. | 275,006. | |
| 10 | Payroll taxes | 120,121. | 82,883. | 37,238. | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 3,000. | 3,000. | | |
| С | Accounting | 55,789. | 55,789. | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 1,020,950. | 768,533. | 168,238. | 84,179 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 871,902. | 656,659. | 179,510. | 35,733 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 468,696. | 314,477. | 154,219. | |
| 17 | Travel | 620,286. | 526,945. | 52,743. | 40,598 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 81,344. | 14,489. | 30,054. | 36,801 |
| 20 | Interest | 46,129. | | 46,129. | |
| 21 | Payments to affiliates | | 10 500 | | |
| 22 | Depreciation, depletion, and amortization | 19,500. | 19,500. | | |
| 23 | Insurance | 35,310. | 20,853. | 14,457. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | Program Supplies | 8,292,551. | 8,292,551. | | |
| | Miscellaneous | 144,225. | 94,782. | 44,205. | 5,238 |
| c | Fundraising gifts | 44,323. | , . • _ • | 4,803. | 39,520 |
| d | Dues and subscriptions | 38,893. | 2,395. | 26,178. | 10,320 |
| | All other expenses | 32,018. | 30,292. | 1,726. | , |
| 25 | Total functional expenses. Add lines 1 through 24e | 18,547,279. | 16,206,707. | 2,043,823. | 296,749 |
| 26 | Joint costs. Complete this line only if the organization | | -,,, | , , | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

33

34

| | 990 (2 | | 2 | | | 68- | 0442399 Page 11 |
|-----------------------------|----------|--|-------------|----------------------|---------------------------------|----------|---------------------------|
| Pa | rt X | Balance Sheet | | | | | |
| | | Check if Schedule O contains a response or not | e to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 544,149. | 1 | 918,054. |
| | 2 | Savings and temporary cash investments | | | 46,428. | 2 | 81,211. |
| | 3 | Pledges and grants receivable, net | | | 50,000. | 3 | 257,700. |
| | 4 | Accounts receivable, net | | | 1,440,266. | 4 | 1,592,169. |
| | 5 | Loans and other receivables from current and for | | | _,, | | _/ = / = = / = = = = = |
| | ľ | trustees, key employees, and highest compensation | | | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | - | |
| | | section 4958(f)(1)), persons described in section | | | | | |
| | | employers and sponsoring organizations of sect | | | | | |
| s | | employees' beneficiary organizations (see instr). | | | 6 | | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | | |
| ¥ | 8 | Inventories for sale or use | | 155,680. | 8 | 98,720. | |
| | 9 | Prepaid expenses and deferred charges | | | 61,947. | 9 | 149,785. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 39,000. | | | |
| | ь | Less: accumulated depreciation | 10b | 39,000. | 19,500. | 10c | Ο. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 6,000. | 15 | 9,567. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 2,323,970. | 16 | 3,107,206. |
| | 17 | Accounts payable and accrued expenses | | | 623,956. | 17 | 1,214,842. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 776,162. | 19 | 940,295. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| lities | 22 | Loans and other payables to current and former | officers, | directors, trustees, | | | |
| iliti | | key employees, highest compensated employee | es, and di | squalified persons. | | | |
| Liabil | | | | | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrela | | - | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | s 17-24). (| Complete Part X of | 400,000. | | |
| | | Schedule D | | ······ - | 1,800,118. | 25 | 500,000. 2,655,137. |
| | 26 | | | | 1,000,110. | 26 | 2,055,157. |
| | | Organizations that follow SFAS 117 (ASC 958 | | here 🕨 🕰 and | | | |
| ces | 07 | complete lines 27 through 29, and lines 33 and lines 34 and lines 35 | | | 473,852. | 07 | 194,369. |
| Net Assets or Fund Balances | 27 | Unrestricted net assets | | | 50,000. | 27 28 | 257,700. |
| l Ba | 28 | | | | 50,000. | | 451,100. |
| pund | 29 | Permanently restricted net assets Organizations that do not follow SFAS 117 (A | | abaak bara | | 29 | |
| ř | | | SC 958), | | | | |
| ts o | 20 | and complete lines 30 through 34. | | | | 30 | |
| sse | 30 31 | Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec | | | | 30 | |
| tAŝ | 32 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Ne | 22 | Tetal net essets or fund belenses | 50me, 0f | | 523 852 | 32 | 452 069 |

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2013)

257,700. 50,000. 28 29 30 31 32 523,852. 2,323,970. 452,069. 3,107,206.

33

34

| _ | | <u> </u> | | |
|----|--|----------|-----|--------------|
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | - | <u>83.</u> > |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 52 | 3,8 | 52. |
| 5 | Net unrealized gains (losses) on investments 5 | | | |
| 6 | Donated services and use of facilities 6 | | | |
| 7 | Investment expenses 7 | | | |
| 8 | Prior period adjustments 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O)9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | |
| | column (B)) | 45 | 2,0 | 69. |
| Pa | rt XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line 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 O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a | | | |
| | separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, | | | |
| | consolidated basis, or both: | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| с | If "Yes" to line 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? | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | |
| | Act and OMB Circular A-133? | 3a | Х | |
| 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 | 3b | Х | |

Form 990 (2013)

1

2

<u>18,475,</u>496.

18,547,279.

| orm | 990 | (2013) |) |
|-----|-----|--------|---|
| | | | |

1

2

| Part XI | Reconciliati | ion of Net A | ssets | 3 |
|------------|--------------|--------------|-------|-------|
| Form 990 (| (2013) | Roots | of | Peace |

Check if Schedule O contains a response or note to any line in this Part XI

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

| Roots | of |
|-------|----|
| | |

| SCHEDULE A | |
|------------|--|
|------------|--|

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support 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.

Open to Public tion

OMB No. 1545-0047

| Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | Inspec |
|---|--------|
| | |

| Name of | the organizati | on | · | - | | Em | oloyer ide | entificatio | on nui | mber |
|-----------|-------------------|------------------------------|-----------------------------------|--|--|----------------------------|--------------|-------------|---------|--------|
| | | Roots o | | | | | 68- | 0442 | 399 | |
| Part I | Reason | for Public Char | ity Status (All organizati | ons must complete | e this part.) See inst | ructions. | | | | |
| The orgar | nization is not a | a private foundation | because it is: (For lines 1 th | nrough 11, check d | only one box.) | | | | | |
| 1 | A church, co | nvention of churche | s, or association of churche | es described in se | ction 170(b)(1)(A)(i) | | | | | |
| 2 | A school des | cribed in section 17 | '0(b)(1)(A)(ii). (Attach Sche | dule E.) | | | | | | |
| 3 | A hospital or | a cooperative hospi | tal service organization des | scribed in section | 170(b)(1)(A)(iii). | | | | | |
| 4 | A medical res | search organization | operated in conjunction wit | th a hospital descr | ibed in section 170 | (b)(1)(A)(iii). | Enter the | hospital | s nam | ie, |
| | city, and stat | e: | | | | | | | | |
| 5 🗌 | An organizati | on operated for the | benefit of a college or univ | ersity owned or op | erated by a governr | mental unit o | lescribed | in | | |
| | section 170 | (b)(1)(A)(iv). (Comple | ete Part II.) | | | | | | | |
| 6 | A federal, sta | te, or local governm | ent or governmental unit d | escribed in sectio | n 170(b)(1)(A)(v). | | | | | |
| 7 X | An organizati | on that normally rec | eives a substantial part of | its support from a | governmental unit o | r from the g | eneral pul | blic descr | ibed i | n |
| | section 170(| b)(1)(A)(vi). (Comple | te Part II.) | | | | | | | |
| 8 | A community | trust described in s | ection 170(b)(1)(A)(vi). (Co | omplete Part II.) | | | | | | |
| 9 | An organizati | on that normally rec | eives: (1) more than 33 1/3 | % of its support fr | om contributions, m | embership ⁻ | iees, and | gross rec | eipts · | from |
| | activities rela | ted to its exempt fur | nctions - subject to certain | exceptions, and (2 |) no more than 33 1 | /3% of its s | upport fro | om gross | invest | ment |
| | income and ι | unrelated business t | axable income (less sectior | n 511 tax) from bus | sinesses acquired b | y the organi | zation afte | er June 3 | 0, 197 | 5. |
| | See section | 509(a)(2). (Complete | e Part III.) | | | | | | | |
| 10 | An organizati | on organized and or | perated exclusively to test | for public safety. S | ee section 509(a)(4 |). | | | | |
| 11 🗌 | An organizati | on organized and or | perated exclusively for the | benefit of, to perfo | rm the functions of, | or to carry of | out the pu | irposes o | f one o | or |
| | | | ations described in section | | | | | | | |
| | describes the | e type of supporting | organization and complete | lines 11e through | 11h. | | | | | |
| | а 🛄 Туре I | b — Ту | /pe II с 🗌 Туре | e III - Functionally i | ntegrated d | 🗌 Туре | II - Non-fu | Inctionally | / integ | grated |
| e 🗌 | By checking | this box, I certify tha | t the organization is not co | ontrolled directly or | indirectly by one or | more disqu | alified pe | rsons oth | er tha | n |
| | | | han one or more publicly s | | | | | | | |
| f | If the organiz | ation received a writ | ten determination from the | IRS that it is a Typ | oe I, Type II, or Type | e | | | | |
| | supporting or | rganization, check th | nis box | | | | | | | |
| g | Since August | t 17, 2006, has the c | rganization accepted any | gift or contribution | from any of the follo | owing perso | ns? | | | |
| | (i) A perso | n who directly or ind | irectly controls, either alon | e or together with | persons described i | n (ii) and (iii) | below, | | Yes | No |
| | | | | | | | | 11g(i) | | |
| | (ii) A family | member of a persor | n described in (i) above? | | | | | 11g(ii) | | |
| | | | person described in (i) or (| | | | | 11g(iii) | | |
| h | Provide the f | ollowing information | about the supported organ | nization(s). | | | | | | |
| | | - | | | | | | | | |
| (i) Name | e of supported | (ii) EIN | | | (v) Did you notify the | (vi) Is th organization | e (vi | i) Amount | of mor | netary |
| • • | anization | | (described on lines 1-9 in | col. (i) listed in your verning document? | organization in col. (i) of your support? | (i) organization U.S.? | III 601. I * | supp | | 2 |

| organization | (described on lines 1-9 above or IRC section | in col. (i) lis governing | sted in your document? | organizati (i) of your | ion in col. support? | (i) organize U.S. | ed in the ? | support |
|--------------|---|------------------------------|---------------------------|---------------------------|-------------------------|----------------------|----------------|---------|
| | (see instructions)) | 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) 2013

Schedule A (Form 990 or 990-EZ) 2013 Roots of Peace Part II Support Schedule for Organizations Desc

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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|------------------------------|---|---------------------------|-----------------------------|-------------------------|--------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2,420,861. | 5,810,940. | 10,353,890. | 10,025,128. | 18,448,179. | 47,058,998. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2,420,861. | 5,810,940. | 10,353,890. | 10,025,128. | 18,448,179. | 47,058,998. |
| | The portion of total contributions | | , | | , , , | | |
| Ŭ | 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) | | | | | | 47 050 000 |
| | Public support. Subtract line 5 from line 4. | | | | | | 47,058,998. |
| | ction B. Total Support | () 0000 | (1) 0010 | () 0011 | (1) 0040 | () 0010 | (0 T) |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 2,420,861. | (b) 2010 5,810,940. | (c) 2011 10,353,890. | (d) 2012 10,025,128. | (e) 2013 18,448,179. | (f) Total 47,058,998. |
| | Amounts from line 4 | 2,420,801. | 5,810,940. | 10,353,890. | 10,025,128. | 10,440,179. | 47,058,998. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | 4.0 | 205 | 1 2 2 | 21.0 | 417 | 1 0 0 0 |
| | and income from similar sources | 49. | 205. | 133. | 218. | 417. | 1,022. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | 400 000 |
| | assets (Explain in Part IV.) | 77,199. | <9,529. | > 7,466. | 26,934. | 26,900. | 128,970. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 47,188,990. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 8 | ,942,889. |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, third | d, fourth, or fifth ta | x year as a section | n 501(c)(3) | |
| 0 | organization, check this box and stop | here | | | | | |
| Sec | ction C. Computation of Publ | ic Support Per | rcentage | | | | <u> </u> |
| | Public support percentage for 2013 (I | | • | .,, | | 14 | <u>99.72 %</u> |
| | Public support percentage from 2012 | | | | | 15 | 99.23 % |
| 16a | 33 1/3% support test - 2013. If the c | - | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2012. If the c | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | t - 2013. If the orga | anization did not c | heck a box on line | 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | ts-and-circumstand | ces" test, check th | is box and stop h | e re. Explain in Par | t IV how the organ | ization |
| | meets the "facts-and-circumstances" | test. The organizat | tion qualifies as a p | oublicly supported | organization | | ▶∟ |
| b | 10% -facts-and-circumstances tes | t - 2012. If the orga | anization did not c | heck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets th | ne "facts-and-circu | mstances" test, ch | eck this box and s | stop here. Explain | in Part IV how the | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization q | ualifies as a public | ly supported orga | nization | ▶□ |
| 18 | Private foundation. If the organizatio | n did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | nd see instruction | s ► |

Schedule A (Form 990 or 990-EZ) 2013

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.)

| Se | ction A. Public Support | | | | | | | |
|------|--|--------------------|-----------------------|-----------------------|-----------------------|-----------|------------|------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2 | 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services 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 | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | | |
| | 3 received from disqualified persons | | | | | | | |
| t | 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 | | | | | | | |
| | Add lines 7a and 7b | | | | | | | |
| | Public support (Subtract line 7c from line 6.) | | | | | | | |
| | ction B. Total Support | | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2 | 2013 | (f) Total |
| 9 | Amounts from line 6 | | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | |
| k | 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 | | | | | | | |
| 13 | assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| | First five years. If the Form 990 is for | the organization | 's first. second. thi | d. fourth. or fifth t | tax vear as a section | n 501(c)(| 3) organiz | zation. |
| | check this box and stop here | e e | | | - | | , , | |
| Se | ction C. Computation of Publi | ic Support Pe | ercentage | | | | | |
| | Public support percentage for 2013 (li | | | column (f)) | | 15 | | % |
| | Public support percentage from 2012 | | | | | 16 | | % |
| _ | ction D. Computation of Invest | - | | | | | | |
| 17 | Investment income percentage for 20 | 13 (line 10c, colu | mn (f) divided by li | ne 13, column (f)) | | 17 | | % |
| | Investment income percentage from 2 | | | | | 18 | | % |
| | 33 1/3% support tests - 2013. If the | | | | | | and line 1 | |
| | more than 33 1/3%, check this box ar | | | | | | | |
| k | 33 1/3% support tests - 2012. If the | | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | | |
| 20 | Private foundation. If the organization | | | • | | • | | |
| _ | | | | | | | | |

| τιν | Supplemental Information. 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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Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2013

Employer identification number

Name of the organization

| Roots of Peace | 2 |
|----------------|---|
|----------------|---|

| Organization | type (check one): |
|--------------|-------------------|
| or gameadon | |

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 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, total 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 total 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* religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2013)

Roots of Peace

Name of organization

Employer identification number

68-0442399

| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | |
|------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$465,400. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | USAID 1300 Pennsylvania Avenue, NW Washington, DC 20523 | \$ <u>13,381,377.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2013) |
|---|
| Name of organization |

Page **3**

Employer identification number

68-0442399

Roots of Peace

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| No. room PMV (or estimate) (see instructions) (d) Data received (a) No. (b) No. (c) (c) FMV (or estimate) (see instructions) (d) Data received (a) No. (b) Torm Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Data received (a) No. (b) Torm Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Data received (a) No. (b) No. No. (c) FMV (or estimate) (see instructions) (d) Data received (a) No. (b) No. (c) FMV (or estimate) (see instructions) (d) Data received (a) No. No. (b) Torm Description of noncash property given FMV (or estimate) (see instructions) (d) Data received (a) No. No. (b) Torm Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Data received (a) No. No. No. No. No. No. No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Data received | artii | Noncash Property (see instructions). Use duplicate copies of Par | t il il additional space is needed. | |
|---|------------------------------|--|-------------------------------------|--|
| (a) (b) (c) (d) rom Description of noncash property given (c) (d) (a) (b) (c) (c) (a) (b) (c) (c) (a) (b) (c) (d) (a) (b) (c) (d) (a) (b) FMV (or estimate) (d) (a) (b) (c) (d) (a) (b) FMV (or estimate) (d) (a) (b) (c) (d) (a) (b) (c) (d) No. (b) (c) FMV (or estimate) (d) (a) (b) (c) FMV (or estimate) (d) (a) (b) (c) FMV (or estimate) (d) (a) (b) (c) | (a) No. from Part I | | FMV (or estimate) | |
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| No. rom Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received | | | \$ | |
| (a) (b) (c) (d) rom Description of noncash property given (see instructions) Date received | No. rom | | FMV (or estimate) | |
| (a) (b) (c) (d) rom Description of noncash property given (see instructions) Date received | | | _ | |
| No. (b) (c) (d) rom Description of noncash property given (see instructions) Date received | | | \$ | |
| | No. rom | | FMV (or estimate) | |
| | - | | — | |
| | — | | \$ | |

| Name of org | janization | | Employer identification number | | | | | | | | | |
|---------------------------|---|--|--|--|--|--|--|--|--|--|--|--|
| Poota | of Peace | | 68-0442399 | | | | | | | | | |
| Part III | Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition | vidual contributions to section 501(c he following line entry. For organizatio c., contributions of \$1,000 or less for al space is peeded | c)(7), (8), or (10) organizations that total more than \$1,000 for the ions completing Part III, enter or the year. (Enter this information once.) | | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | | | | |
| | | | | | | | | | | | | |
| Ī | | (e) Transfer of gif | ft | | | | | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | | | |
| (a) No. | | | | | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | | | | |
| | | | | | | | | | | | | |
| | | (e) Transfer of gift | | | | | | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | | | |
| (a) No. | | | | | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | | | | |
| | | | | | | | | | | | | |
| | (e) Transfer of gift | | | | | | | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | | | |
| | | | | | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | | | | |
| | | | | | | | | | | | | |
| ŀ | | e) Transfer of gif | lft | | | | | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| SCHEDULE [|) |
|------------|---|
|------------|---|

(Form 990)

 Supplemental Financial Statements
 OMB №. 1545-0047

 ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.
 OMB №. 1545-0047

 ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

 Omento Public Inspection

 ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

 Employer identification number

| Internal Revenue Service |
|--------------------------|
| |

Name of the organization

| | Roots of Peace | | 68-0442399 |
|----|---|--|---------------------------------------|
| Pa | t I Organizations Maintaining Donor Advised | Funds or Other Similar Funds or A | Accounts.Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line 6 | 6. | |
| | | (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 wr | riting that the assets held in donor advised fur | nds |
| | are the organization's property, subject to the organization's ex | | |
| 6 | Did the organization inform all grantees, donors, and donor adv | | |
| | for charitable purposes and not for the benefit of the donor or o | | |
| | impermissible private benefit? | | Yes No |
| Pa | | | |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all th <u>at a</u> pply). | |
| | Preservation of land for public use (e.g., recreation or edu | ucation) Preservation of an historica | lly important land area |
| | Protection of natural habitat | Preservation of a certified h | istoric structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifier | d conservation contribution in the form of a c | onservation easement on the last |
| | day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic struct | cture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired aft | | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, release | ased, extinguished, or terminated by the orga | nization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation ease | | |
| 5 | Does the organization have a written policy regarding the perio | | |
| - | violations, and enforcement of the conservation easements it h | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ar | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and en | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| • | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | - | |
| | include, if applicable, the text of the footnote to the organizatio | on's financial statements that describes the or | ganization's accounting for |
| Pa | conservation easements. t III Organizations Maintaining Collections of A | Art Historical Treasures or Other | Similar Assets |
| | Complete if the organization answered "Yes" to Form 99 | | |
| 12 | If the organization elected, as permitted under SFAS 116 (ASC | | and balance sheet works of art |
| Ĩ | historical treasures, or other similar assets held for public exhibit | | |
| | the text of the footnote to its financial statements that describe | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC | | balance sheet works of art historical |
| | treasures, or other similar assets held for public exhibition, edu | | |
| | 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 treas | | |
| _ | the following amounts required to be reported under SFAS 116 | | · • |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | Assets included in Form 990, Part X | | |
| | | | |

| <u>Sche</u> | dule D (Form 990) 2013 Roots of | | | | | | | | 42399 | | ge 2 |
|-------------|---|------------------------|----------------------------|---------------|---------------|------------------|---------------------|------------|------------|---------|-------------|
| Par | t III Organizations Maintaining C | ollections of Art | , Historic | al Tre | asures, c | or Other | ⁻ Simila | ır Asse | ts(contin | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | , check any | of the fo | ollowing tha | t are a sig | nificant u | ise of its | collectior | items | 6 |
| | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | Loan | or excha | ange progra | ams | | | | | |
| b | Scholarly research | е | Other | | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they fu | rther the | e organizatio | on's exem | pt purpo | se in Par | t XIII. | | |
| 5 | During the year, did the organization solicit or | receive donations of | f art, historic | al treasi | ures, or othe | er similar a | assets | | | | |
| | to be sold to raise funds rather than to be ma | intained as part of th | e organizatio | on's coll | lection? | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | gements. Complet | e if the orgar | nization | answered " | 'Yes" to F | orm 990, | Part IV, | line 9, or | | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermedia | ary for contri | butions | or other as | sets not ir | ncluded | | _ | | |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the follo | owing table: | | | | | | | | |
| | | | | | | | | | Amount | | |
| с | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the exp | planation has | s been p | provided in F | Part XIII | | | | | |
| Par | t V Endowment Funds. Complete if | the organization ans | wered "Yes" | to Forn | m 990, Part | IV, line 10 | | | | | |
| | | (a) Current year | (b) Prior ye | ear | (c) Two year | s back (c | i) Three ye | ears back | (e) Four | years t | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| с | 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 curr | ent year end balance | (line 1g, col | umn (a)) |) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | - | | | | | | | | |
| с | Temporarily restricted endowment | % | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | ld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | | tion that are | held an | d administe | red for the | e organiz | ation | | | |
| | by: | Ū | | | | | 0 | | Г | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | | | |
| b | If "Yes" to 3a(ii), are the related organizations | listed as required on | Schedule R | ? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | · | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answered | d "Yes" to Form 990, | Part IV, line ⁻ | 11a. Se | e Form 990, | , Part X, lir | ne 10. | | | | |
| | Description of property | (a) Cost or oth | ner (b |) Cost c | or other | (c) Acc | umulate | d | (d) Book | value | |
| | | basis (investme | | , basis (o | | depr | eciation | | | | |
| 1 a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | 39 | 9,000. | | 39,00 | 0. | | | 0. |
| | Other | | | | | | | | | | |
| | Add lines 1a through 1e. (Column (d) must ed | | (, column (B) | , line 10 |)(c).) | | | | | | 0. |
| | | | | | | | 5 | Schedule | D (Form | 990) | 2013 |

| Complete if the organization answered "Yes" (a) Description of security or Category (including name of security) | (b) Book value | (c) Method of valuation | | l-of-year market value |
|--|---|-----------------------------------|-------------------|--------------------------|
| (1) Financial derivatives | () | | | , , |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. | | | | |
| | | | | |
| Complete if the organization answered "Yes" (a) Description of investment | to Form 990, Part IV, (b) Book value | (c) Method of valuation | ., line 13. | |
| | (b) BOOK value | (C) Method of Valuation | on: Cost or end | i-or-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. | | | | |
| | Description | line 11d. See Form 990, Part X | , line 15. | (b) Book value |
| (1) (2) | | | | |
| (3) | | | | |
| | | | | |
| (4) (5) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15) | | > | |
| Part X Other Liabilities. | | line 11e er 11f See Form 000 | Dort V Jino 25 | |
| Complete if the organization answered "Yes" to the organization of liability (a) Description of liability | lo i onn 990, Part IV, | (b) Book value | i ait∧, iiiie 25. | |
| | | | | |
| (1) Federal income taxes (2) Line of credit | | 500,000. | | |
| | | 500,000. | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | ≥ 25.) ► | 500,000. | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide | | | | |
| organization's liability for uncertain tax positions under | FINI 40 (ACO 740) O | haal have if the tout of the feat | noto hao haan | number of the Devel VIII |

| Sche | dule D (Form 990) 2013 Roots of Peace | | 68- | 0442399 Page 4 |
|-------------|--|-----------------|----------------|-------------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statem | nents With Revo | | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12 | a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 18,475,496. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains on investments | 2a | | |
| b | Donated services and use of facilities | | | |
| с | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | - | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 18,475,496. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 18,475,496. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State | ments With Exp | enses per Retu | ırn. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 18,547,279. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 18,547,279. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | | | |
| | | 4b | 4c | 0. |
| b c 5 | Other (Describe in Part XIII.) | 4b | | 0. 18,547,279. |

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

| Explanation: | Roots of | E Peace | is | exempt | from | taxat | ion | under | Intern | nal Re | evenue |
|--------------|----------|---------|------|---------|-------|-------|-------|---------|--------|--------|--------|
| Code Section | 501(c)(: | 3) and | Cal: | ifornia | Reven | ue ar | nd Ta | axation | Code | Sect: | ion |
| 23701d. | | | | | | | | | | | |

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by the Association in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination. Roots of Peace's returns are subject to examination by federal and state taxing authorities, generally for three 332054 09-25-13 Schedule D (Form 990) 2013

| Part XIII Supplemental In | formation (co | ntinuc | ad) |
|----------------------------|---------------|--------|-------|
| Schedule D (Form 990) 2013 | Roots | of | Peace |

| <u>an</u> d | four | years, | respectively, | after | they a | <u>re</u> f | iled. | | |
|-------------|------|--------|---------------|-------|--------|-------------|-------|------|--|
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| SCHEDULE F | Stateme | nt of Act | ivities Outside the Ur | nited Sta | ates | OMB No. 1545-0047 |
|--|---|---|--|----------------------|---|--|
| (Form 990) | Complete if | - | n answered "Yes" on Form 990, Part | | 5, or 16. | ZU 13 |
| Department of the Treasury Internal Revenue Service | Information ab | | orm 990. See separate instruction (Form 990) and its instructions is at | | orm000 | Open to Public Inspection |
| Name of the organization | internation ab | | | www.irs.gov/id | _ | entification number |
| Roots of Peace | | | | | 68-0442 | 2399 |
| Part I General Info | rmation on A | Activities Ou | tside the United States. Complete | ete if the organ | ization answer | ed "Yes" on |
| Form 990, Part I | V, line 14b. | | | | | |
| - | - | | ds to substantiate the amount of its gr the selection criteria used to award the | | | Yes X No |
| 2 For grantmakers. Deso United States. | cribe in Part V the | e organization's | procedures for monitoring the use of it | s grants and o | ther assistance | e outside the |
| 3 Activities per Region. (T | he following Part | t I, line 3 table ca | an be duplicated if additional space is | needed.) | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | is a pro describe | vity listed in (d) gram service, e specific type ce(s) in region | (f) Total expenditures for and investments in region |
| | | | | | | |
| Afghanistan | 12 | 300 | Program Services | Agriculture | e developmen | nt 15,568,000. |
| | | | | | | |
| Viatnam | 1 | 4 | Program Services | Agricultura | al developme | ent 218,000. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3 a Sub-total | 13 | 304 | | | | 15,786,000. |
| b Total from continuation sheets to Part I | 0 | 0 | | | | 0. |
| c Totals (add lines 3a and 3b) | 13 | 304 | | | | 15,786,000. |

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

Schedule F (Form 990) 2013

3 Enter total number of other organizations or entities ...

| 2 Enter total number o | I f recipient organizatio | I ns listed above that are i | l recognized as charities by the | l foreign country | recognized as tax-e | xempt by | | | |
|------------------------|--|---------------------------------|-------------------------------------|----------------------|---------------------|----------|--|--|--|
| | 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 | | | | | | | | |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(e) Amount

of cash grant

(d) Purpose of

grant

(a) Name of organization

1

(c) Region

(b) IRS code section

and EIN (if applicable)

(f) Manner of

cash disbursement

(g) Amount of

non-cash

assistance

(h) Description

of non-cash

assistance

Page 2

(i) Method of

valuation (book, FMV,

appraisal, other)

Schedule F (Form 990) 2013

| Rural agricultural | | | | | | |
|--------------------|-------------|---|----|---|----|---------------------|
| development | Afghanistan | 0 | 0. | | 0. | Subsidized orchards |
| | | | | | | |
| Rural agricultural | | | | | | Subsidized |
| development | Viatnam | 0 | 0. | | 0. | plantations |
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| | | 1 | 1 | 1 | 1 | 1 |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(c) Number of

recipients

(d) Amount of

cash grant

(e) Manner of

cash disbursement

Part III can be duplicated if additional space is needed.

Roots of Peace

(b) Region

(a) Type of grant or assistance

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Book

Book

Schedule F (Form 990) 2013

(g) Description of

non-cash assistance

68-0442399

(f) Amount of

non-cash

assistance

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i> | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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)</i> | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form</i> 5471) | Yes | X 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | Yes | X 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 | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)</i> | Yes | X No |

Schedule F (Form 990) 2013

| Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of |
|---|
| investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) |
| (estimated number of recipients), as applicable. Also complete this part to provide any additional information. |

| (Form 990) For cretain Officers, Directors, Trustees, Key Employees, and Highest Complete II the organization answered Yes' on Form 990, Part IV, Ine 23. Mannetion about Schedule J form 990 and its instructions is at waw is guidences Mannetion about Schedule J form 990 and its instructions is at waw is guidences Part I Questions Regarding Compensation The organization An order of the organization provided any of the following to or for a person listed in Form 990, Part I Questions Regarding Compensation An order of the organization provided any of the following to or for a person listed in Form 990, Part I N, Section A, line 1a. Complete Part III to provide any relevant Information regarding these items. An order of the organization provided any of the following to or for a person listed in Form 990, Part I Tavel for comparise An order of the organization provided any of the following the organization regarding these items. An order of the organization provide any relevant Information regarding these items. An order of the organization follow a within policy regarding payment or raintoursense on provision of all of the organization follow a within policy regarding payment or raintoursense and officers, including the CEO/Executive Director, regarding the tems checked in line 1a ² A A d directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked in line 1a ² Approval by the board or compensation committee Approval by the board or compensation committee Aparticate which, if any, of the following | SCHEDULE J | | | | | | |
|--|--|--|-----------|--------|-----|------|--|
| Complete If the organization answerd "Vis" on Form 990, Part IV, line 23. Open to Public Inspection Marea of the organization answerd "Vis" on Form 990, Part IV, line 23. Open to Public Inspection Records a Cf. Peace Employer identification numbers Roots of Peace Severage and instructions is at yeave inc post/parally line 24.23.39 Severage and severage and the organization provided any of the following to or for a person listed in Form 990, Part IV, Section A, line 1a. Complete Part II to provide any relevant information regarding these hems. Severage and the organization provided any relevant information regarding these hems. Severage and the organization of the organization provided any other social club dues or initiation fees Tax informing the organization of low quinters poly and the social club dues or initiation fees Tax information and gross-up payments Severage and the organization provided above? If 'No,' complete Part III to explain Tustees, and offices, including the CCO/Executive Direction and gross payment or reintrobuses used payment for introbuse and payments for differed, including the CCO/Executive Direction and gross-up payments Severage and and offices, including the CCO/Executive Direction comparisation in Part III. Compensation committee More offices, including the CCO/Executive Director, capacitation used to estabilish the compensation or anitation committee More offices, and the payment form, a supplement or head organization in Part III. Compensation or anitation committee Severage approxement from, an equity based compensation anary organent or empensation committee 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 payronal for the programes of control payment? Severage payment from, a supplemental monqualified relimement plan | (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest | | | | | | |
| Description of the masses Description of the organization Description of the organization Description De | | 20 | IU | , | | | |
| Intermet Sevel Information about Schedule J (Form 990) and its instructions is at even is power identification number 68 – 0.4.4.2.3.9.9 Rear Office organization Roots of Peace Employeer identification number 68 – 0.4.4.2.3.9.9 Part II Questions Regarding Compensation Yes No Ia Check the appropriate box(ss) if the organization provide any relevant information regarding these items. Yes No Part II Course for comparison Yes No Two indemnification and gross-up payments Payments for business use of personal residence Image: Course item item policy regarding payment or removal services (o.g., maid, chauffour, chel) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or removal services (o.g., maid, chauffour, chel) Image: Course item item policy regarding payment or removal services (o.g., maid, chauffour, chel) Image: Course item item policy regarding payment or removal services (o.g., maid, chauffour, chel) Image: Course item item policy regarding payment or removal services (o.g., maid, chauffour, chel) Image: Course item item policy regarding payment or removal services (o.g., maid, chauffour, chel) Image: Course item item policy regarding payment or removal services (o.g., maid, chauffour, chel) Image: Course item item policy regarding payment or removal services (o.g., maid, chauffour, chel) Image: Course item item policy regarding the tems checked in l | Department of the Treasury | | | | | | |
| Roots of Peace 68-0442399 Part I Questions Regarding Compensation Image: Comparison of 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. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to explain an explore the explanation of the organization regarding payment or reinducement or provision and all of the expenses described above? If \%n, complete Part III to explain an reinducement or provision all of the expenses described above? If \%n, complete Part III to explain an reinducement or provision all of the expenses described above? If \%n, complete Part III to explain an reinducement or provision all of the expenses described above? If \%n, complete Part III to explain an reinducement or provision all of the expenses described above? If \%n, complete Part III to explain an reinducement or provision all of the expenses described above? If \%n, complete Part III to explain an restrict. Ib X 2 Did the organization regarding the items checked in line ta? Ib X 3 Indicate which, if any, of the following the filing organization used to establish the compensation committee Ib X 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 organizations Im Part III. 6 During the year, did any pe | Internal Revenue Service | Information about Schedule J (Form 990) and its instructions is at www irs gov/for | | • | | | |
| Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Compension Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Compension Section A, line 1a, complete Part III to provide any relevant information regarding these items. Image: Compension Section A, line 1a, complete Part III to provide any relevant information regarding these items. Image: Compension Section A, line 1a, complete Part III to explain Section A, line 1a, with respiration require substantiation provide relevant information regarding the tems of the compensation of the organization of all of the expenses described abov? If 'No' complete Part III to explain Section C, including the CEO/Executive Director, regarding the items of the compensation of the CEO/Executive Director, regarding the items of the compensation of the CEO/Executive Director, regarding the items of the organization is CEO/Executive Director. Check any boxes for methods used by a related organization is compensation committee Image: Compensation complete Part III to explain Part III. 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organizations: Image: Compensation complete Part III. 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: Image: Compensation committee 4 During the year, did any person listed in For | Name of the organizatio | | | | | mber | |
| 1a Check the appropriate bas(ss) 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. Yes No 1a Check the appropriate bas(ss) if the organization provided any relevant information regarding these items. No No 1a Check the appropriate bas(ss) if the organization is provide any relevant information regarding these items. No No 1a Indicate which of or companions Payments for business use of personal residence or personal residence or personal residence No 1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If 'No', 'complete Part III to personal services (e.g., maid, chauffeur, chef) It X 2 Indicate which, if any, of the following the filing organization used to estabilish the completa services (e.g., maid, chauffeur, chef) It X 3 Indicate which, if any, of the following the filing organization uses for methods used by a related organization 's collade adove?' If 'No', 'complete Part III to personal residue adove?' X Z 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization to estabilish compensation committee Yee' any of ines 4.a., list the persons aneq provide the applicabel am | | | 68-0 |)44239 | 9 | | |
| 12 Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Pert VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items. First-fidas or charter travel First-fidas or charter travel First-fidas or charter travel Payments for business use of personal use Travel for companions Payments for business use of personal residence Tavel for companions Payments for business use or personal residence Discretionary spending account Personal services (e.g., maid, chauffeur, chef) Di the oparization require substantiation prior to reimburging or allowing express incurred by all directors, Di the compensation of the CEO/Executive Director, tregarding the items checked in line 1a? Z S Indicate which, if any, of the following the filing organization used to establish the compensation of the companization's CeO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to satabilith companizations Z X During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization organizations Za X | Part I Question | s Regarding Compensation | | | | | |
| Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the comparison of | | | | | Yes | No | |
| First-class or charter travel | | | 990, | | | ĺ | |
| Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 X 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the cEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 X INST COMPERSION Construct Compensation committee Compensation committee 4 INST Compensation committee Compensation committee 4 X 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: 4 X 5 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 X 6 Participate in, or receive payment from, an equiuly based compensation arrangement? 4 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | | |
| Tax indeminification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 X 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Dut explain in Part III. X 2 X 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. X 2 X 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: 4a X 4 Participate in, or creave payment from, an equity-based compensation arrangement? 4b X 4 Participate in, or creave payment from, an equity-based compensation repay or accrue any compensation continger to the reverse of: 5b X 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pa | | | | | | | |
| Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked in line 1a? 2 X 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Written employment contract Imdependent compensation consultant Compensation survey or study Form 990 of other organizations A puring 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: 4a X C Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X Did section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5a X F or persons listed in Form 990, Part VII, Section A, line 1a, did the organization contingent on the revenues of: 5a X A The organization? 5a X </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | | |
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| contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 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 7 X 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 | | - | | | | | |
| a The organization? 6a X b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 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 7 X 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 | | | on | | | | |
| b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 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 7 X 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 | - | - | | | | 37 | |
| If "Yes" to line 6a or 6b, describe in Part III. If 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 7 X 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 | | | | | | | |
| 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 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | | 6b | | X | |
| not described in lines 5 and 6? If "Yes," describe in Part III 7 X 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 | | - | | | | | |
| 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 | | | | _ | | v | |
| initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 | | | | 7 | | Δ | |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 | | | | | | v | |
| Regulations section 53.4958-6(c)? | | | | 8 | | Δ | |
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Schedule J (Form 990) 2013

Roots of Peace

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.

68-0442399

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred |
|----------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denents | (B)(I)-(D) | in prior Form 990 |
| (1) Heidi Kuhn | (i) | 171,331. | 0. | 0. | 0. | 16,163. | 187,494. | 0. |
| CEO/Founder/President | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) Gary Kuhn | (i) | 172,199. | 0. | 0. | 0. | 10,496. | 182,695. | 0. |
| Executive Director/Secreta | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2013

332112 09-13-13

| Schedule J (Form 990 |) 2013 | Roots | of | Peace |
|----------------------|--------|--------|-----|-------|
| | 12010 | 110000 | ~ - | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

Attach to Form 990.
 Information about Schedule M (Form 990) and its instructions is at www irs gov/form990
 Information about Schedule M (Form 990) and its instructions is at www irs gov/form990
 Employer identification number

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

t

| | Roots of Pea | ce | | | | 68-0 | 442 | 399 | |
|-----|---|--------------------------------------|---|---|--------------|---|---------|--------|-------|
| Pa | rt I Types of Property | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contri amounts repor Form 990, Part VI | ted on | (d) Method of de noncash contribu | etermin | • | s |
| 1 | Art - Works of art | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| | trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | |
| | Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other (Various mater) | Х | 0 | 4,346, | 331. | FMV | | | |
| 26 | Other ► () | | | | | | | | |
| 27 | Other (| | | | | | | | |
| 28 | Other ► () | | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | ization durin | a the tax vear for c | ontributions | | | | | |
| | for which the organization completed Form 82 | | | | 29 | | | | |
| | G 1 | . , | | | I | | | Yes | No |
| 30a | During the year, did the organization receive b | y contributio | on any property rep | ported in Part I, line | es 1 - 28, t | hat it must hold for | | | |
| | at least three years from the date of the initial | | | | | | | | |
| | the entire holding period? | | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | | |
| 31 | | policy that re | equires the review | of any non-standa | rd contrib | utions? | 31 | | Х |
| | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | | | | | | | |
| | contributions? | | • | •• | | | 32a | | х |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization did not report an amount in | column (c) f | or a type of prope | rty for which colum | nn (a) is ch | ecked. | | | |
| | describe in Part II. | | | , | (, | ·, | | | |
| LHA | For Paperwork Reduction Act Notice, see | the Instruc | tions for Form 99 | 0. | | Schedule M | (Form | 990) (| 2013) |

| Part II | Supplemental Information, Provide the information required by Part L lines 30b, 32b, and 33, and whether the organization | | | | | |
|---------|--|--|--|--|--|--|
| | is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete | | | | | |
| | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. | | | | | |
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| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Supplemental Information to Form 990 or 990 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. Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs. gov/ | ZU13 Open to Public | | | |
|--|--|---|--|--|--|
| Name of the organizatio | Roots of Peace | Employer identification number 68-0442399 | | | |
| Form 990, Pa | rt I, Line 1, Description of Organization Mis | sion: | | | |
| that removes | landmines and other war debris from the envi | ronment to | | | |
| reclaim the | land, re-plant the crops and re-build the agr | icultural | | | |
| industry to | help heal families, communities and nations. | ROP is an | | | |
| economic dev | elopment organization that works with familie | s, communities | | | |
| and nations | to plant crops and rebuild agricultural value | chains from | | | |
| "farm to for | k" after removing landmines and other war deb | ris to reclaim | | | |
| land ravaged | by conflict. | | | | |
| ROP is a pos | t-conflict economic development organization | working | | | |
| globally wit | h families, communities and nations to re-pla | nt crops, | | | |
| rebuild "far | m to fork" enterprise and remove landmines an | d other war | | | |
| debris to re | -open ravaged land. | | | | |
| | | | | | |
| Form 990, Pa | rt III, Line 1, Description of Organization M | ission: | | | |
| economic dev | elopment organization that works with familie | s, communities | | | |
| and nations | to plant crops and rebuild agricultural value | chains from | | | |
| "farm to for | k" after removing landmines and other war deb | ris to reclaim | | | |
| land ravaged | by conflict. | | | | |
| ROP is a post-conflict economic development organization working | | | | | |
| globally with families, communities and nations to re-plant crops, | | | | | |
| rebuild "farm to fork" enterprise and remove landmines and other war | | | | | |
| debris to re-open ravaged land. | | | | | |
| | | | | | |

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

with farmers to improve quality and with traders to improve harvesting,

| Schedule O (Form 990 or 990-EZ) (2013) | Page 2 |
|---|---|
| Name of the organization Roots of Peace | Employer identification number 68-0442399 |
| specifically benefit, and to encourage equal opportunitie | s for women, |
| CHAMP is implementing a pilot women's program, focusing o | n home garden |
| and poultry rearing. CHAMP is implementing programs in 16 | provinces in |
| the Eastern, South Eastern, and Southern and Central regi | ons of |
| Afghanistan. | |
| | |
| Form 990, Part III, Line 4d, Other Program Services: | |
| Other program services. | |
| Expenses \$ 421,057. including grants of \$ 0. Revenue | \$ 0. |
| | |
| Form 990, Part VI, Section A, line 2: | |
| Explanation: Heidi Kuhn (founder and CEO) and is married | to Gary Kuhn |
| (Executive Director). Ed Bachand is the brother of Margue | rite Bachand. |
| | |
| Form 990, Part VI, Section B, line 11: | |
| Explanation: ROP will provide the completed Form 990 to o | ur Board of |
| Directors prior to signing and filing with IRS. | |
| | |
| Form 990, Part VI, Section B, Line 12c: | |
| Explanation: ROP has a annual conflict of interest policy | in place and we |
| monitor all hires and procurements to insure we do not ha | ve conflicts of |
| interest that would influence the procurements and hires. | |
| | |
| Form 990, Part VI, Section B, Line 15: | |
| Explanation: CEO & Executive Director salaries are establ | ished and |
| periodically reviewed by independent board members on the | Compensation |
| Committee of the Board. This committee utilizes salary d | ata from surveys |
| and websites of charitable organization watch dog organiz | ations. |
| 332212 09-04-13 Sched | dule O (Form 990 or 990-EZ) (2013) |
| | |

| Schedule O | (Form 990 c | or 990-EZ) | (2013) |
|------------|-------------|------------|--------|
|------------|-------------|------------|--------|

Name of the organization

Roots of Peace

Page 2

The same Compensation Committee of the Board reviews key Personnel salary

and compensation.

Form 990, Part VI, Section C, Line 19:

Explanation: ROP will make our governing documents available via our

website and posting on charitable watch dog organization websites.

ROOTS OF PEACE

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

| | - | | uningen activities. One instanti | | | | |
|-----------------|----------|--|---|-------------------------------|--------------------|------------|--------------------|
| | | Gross sales or receipts from all bu | | | | | 417. ₀₀ |
| | 2 | Interest | | | | 2 | |
| Deceinte | 3 | Dividends | | | | 3 4 | 00 |
| Receipts | | | | | | 4 5 | 00 |
| from Other | 6 | Gross royalties Gross amount received from sale | | | | 6 | 00 |
| Sources | | Other income | | ሮፑፑ ሮጥል | • דידאידאידיי 2 | 7 | 26,900. oc |
| Sources | | Total gross sales or receipts from | | | | 8 | 27,317.00 |
| | 9 | Contributions, gifts, grants, and si | | • | | 9 | 27,517.00 |
| | 10 | Disbursements to or for members | | | | 10 | 00 |
| | 11 | Compensation of officers, director | s and trustees | SEE STA | ͲΕΜΕΝͲ 3 | 11 | 370,189.00 |
| | 12 | Other salaries and wages | | | | | ,361,664.00 |
| Expenses | 13 | Interest | | | | 13 | 46,129.00 |
| and | 14 | Taxes | | | | 14 | 120,121.00 |
| Disburse- | 15 | Rents | | | | 15 | 468,696.00 |
| ments | 16 | Depreciation and depletion (See in | istructions) | | • | 16 | 19,500.00 |
| | 17 | Other Expenses and Disbursemen | ts | SEE STA | TEMENT 4 • | | ,160,980.00 |
| | | Total expenses and disbursement | | | | | ,547,279.00 |
| Schedu | | - | Beginning of ta | | | of taxable | |
| Assets | | | (a) | (b) | (C) | | (d) |
| 1 Cash | | F | | 590,577. | | • | 999,265. |
| 2 Net ac | counts | s receivable | | 1,440,266. | | • | 1,592,169. |
| | | ceivable | | | | • | |
| | | | | 155,680. | | • | 98,720. |
| | | state government obligations | | | | • | |
| 6 Investi | nents | in other bonds | | | | • | |
| 7 Investi | nents | in stock | | | | • | |
| 8 Mortga | age loa | ans | | | | • | |
| 9 Other i | nvesti | ments | | | | • | |
| 10 a Dep | reciab | le assets | 39,000. | | 39,00 | | |
| b Less | s accu | mulated depreciation (| 19,500.) | 19,500. | (39,000 | •) | |
| 11 Land | | | | | | • | |
| 12 Other a | assets | STMT 5 | | 117,947. | | • | 417,052. |
| 13 Total a | ssets | | | 2,323,970. | | | 3,107,206. |
| Liabilities | | | | | | | |
| 14 Accou | nts pa | yable | | 623,956. | | • | 1,214,842. |
| | | s, gifts, or grants payable | | | | • | |
| | | otes payable | | | | • | |
| 17 Mortga | ages p | ayable | | 1 100 100 | | • | 1 440 005 |
| 18 Other I | iabiliti | es STMT 6 | | 1,176,162. | | | 1,440,295. |
| | | or principle fund | | | | • | |
| | | tal surplus. Attach reconciliation | | | | • | |
| | | nings or income fund | | 523,852. | | • | 452,069. |
| | | es and net worth | and a star with the second star | 2,323,970. | | | 3,107,206. |
| Schedu | ie N | 1-1 Reconciliation of income p | er books with income per retu ıle if the amount on Schedule L | | s than \$50 000 | | |
| 1 Noting | omo - | | | $3 \cdot > 7$ Income recorded | | | |
| | | per books | | | | • | |
| 2 Federa | | me tax pital losses over capital gains | | not included in th | | | |
| | | recorded on books this year | | 8 Deductions in this | me this year | • | |
| | | corded on books this year not | | | and line 8 | | |
| | 20216 | COLUCU ON DOURS LINS YEAR HUL | | J TOTAL AUU III 7 2 | | ····· | |

deducted in this return

6 Total. Add line 1 through line 5

<71,783.>

•

022

10 Net income per return.

Subtract line 9 from line 6

<71,783.

| Form 199 Cash | Contributions of \$5000 or More Included on Part I, Line 3 | S | tatement 1 |
|---|---|-----------------|----------------------|
| Contributor's Name | Contributor's Address | Date of Gift | Amount |
| Ace Foundation | 990 A Street, Suite 402 San Rafael, CA 94901 | 12/31/13 | 465,400. |
| Bank of America Charitable Foundation | 990 A Street, Suite 402 San Rafael, CA 94901 | 12/31/13 | 5,000. |
| Conde Nast | 990 A Street, Suite 402 San Rafael, CA 94901 | 12/31/13 | 12,000. |
| Diane Ruth | 260 California Drive Yountville, CA 94599 | 12/31/13 | 25,000. |
| Eleanor Coulson and Mary Seymour | 990 A Street, Suite 402 San Rafael, CA 94901 | 12/31/13 | 5,000. |
| Melissa Haertsch Freelance Writer | 990 A Street, Suite 402 San Rafael, CA 94901 | 12/31/13 | 10,000. |
| Network for Good | 990 A Street, Suite 402 San Rafael, CA 94901 | 12/31/13 | 9,763. |
| William Price | 990 A Street, Suite 402 San Rafael, CA 94901 | 12/31/13 | 50,000. |
| USAID | 1300 Pennsylvania Avenue, NW Washington, DC 20523 | 12/31/13 | 13,381,377. |
| Total Included on Line 3 | | | 13,963,540. |
| Form 199 | Other Income | S | tatement 2 |
| Description | | | Amount |
| Miscellaneous income Change in exchange rate | | | <14,070.> 40,970. |

Total to Form 199, Part II, line 7

26,900.

Roots of Peace

Roots of Peace

68-0442399

| Form 199 Compensation of Officers, | Directors and Trustees | Statement 3 |
|--|-------------------------------------|--------------|
| Name and Address | Title and Average Hrs Worked/Wk | Compensation |
| Heidi Kuhn 990 A Street, No. 402 San Rafael, CA 94901 | CEO/Founder/President 40.00 | 187,494. |
| Gary Kuhn 990 A Street, No. 402 San Rafael, CA 94901 | Executive Director/Secreta 40.00 | 182,695. |
| Ann Laurence 990 A Street, No. 402 San Rafael, CA 94901 | Treasurer 1.00 | 0. |
| Charley Ansbach 990 A Street, No. 402 San Rafael, CA 94901 | Board Member 1.00 | 0. |
| Edward Bachand 990 A Street, No. 402 San Rafael, CA 94901 | Board Member 1.00 | 0. |
| Chris Benziger 990 A Street, No. 402 San Rafael, CA 94901 | Board Member 1.00 | 0. |
| Diane Baker 990 A Street, No. 402 San Rafael, CA 94901 | Board Member 1.00 | 0. |
| Noel Brown 990 A Street, No. 402 San Rafael, CA 94901 | Board Member 1.00 | 0. |
| Ashraf Haidari 990 A Street, No. 402 San Rafael, CA 94901 | Board Member 1.00 | 0. |
| Jan Hartake 990 A Street, No. 402 San Rafael, CA 94901 | Board Member 1.00 | 0. |
| Tor Kenward 990 A Street, No. 402 San Rafael, CA 94901 | Board Member 1.00 | 0. |

| Roots of Peace | | 68-0442399 |
|--|-------------------------|------------|
| Scooter Simmons 990 A Street, No. 402 San Rafael, CA 94901 | Board Member 1.00 | 0. |
| Tom Tully 990 A Street, No. 402 San Rafael, CA 94901 | Board Member 1.00 | 0. |
| Victor Carvajal 990 A Street, No. 402 San Rafael, CA 94901 | Chief of Party 40.00 | 0. |
| Peter Dickrell 990 A Street, No. 402 San Rafael, CA 94901 | Chief of Party 40.00 | 0. |
| Herschel Weehs 990 A Street, No. 402 San Rafael, CA 94901 | Chief of Party 40.00 | 0. |

Total to Form 199, Part II, line 11

370,189.

| Form 199 | Other Expenses | Statement 4 |
|---|---|-------------|
| Description | | Amount |
| Program Supplies Miscellaneous Fundraising gifts Dues and subscriptions Pension plan contributions Other employee benefits Legal fees Accounting fees Other professional fees Other professional fees Office expenses Travel Conferences and conventions Insurance All other expenses | ram Supplies ellaneous raising gifts and subscriptions ion plan contributions r employee benefits l fees unting fees r professional fees ce expenses el erences and conventions rance | |
| Total to Form 199, Part II, lin | ne 17 | 12,160,980. |

Roots of Peace

68-0442399

| Form 199 | Other Assets | | Statement | 5 |
|---|-------------------|------------------------------|--------------------------|-----|
| Description | | Beg. of Year | End of Yea | ar |
| Pledges and Grants Receivable Prepaid Expenses and Deferred Ch Deposits | narges | 50,000. 61,947. 6,000. | 257,70 149,78 9,56 | 35. |
| Total to Form 199, Schedule L, 1 | line 12 | 117,947. | 417,05 | 52. |
| Form 199 0 | Other Liabilities | | Statement | 6 |
| Description | | Beg. of Year | End of Yea | ar |
| Line of credit Deferred Revenue | | 400,000. 776,162. | 500,00 940,29 | |
| Total to Form 199, Schedule L, 1 | line 18 | 1,176,162. | 1,440,29 | 95. |
| Form 199 | Fund Balances | | Statement | 7 |
| Description | | Beg. of Year | End of Yea | ar |
| Unrestricted Assets Temporarily Restricted Assets | | 473,852. 50,000. | 194,36 257,70 | |
| Total to Form 199, Schedule L, 1 | line 21 | 523,852. | 452,06 | 59. |

____ __

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

| State Charity Registration Number: CT 112987 | | Check if: | | | |
|--|---|-------------------|--|----------------------|----|
| | | Change of address | | | |
| ROOTS OF PEACE Name of Organization | | Amended report | | | |
| 990 A STREET, NO. 402 Address (Number and Street) | Co | orporate o | or Organization No. 2075199 | | |
| SAN RAFAEL, CA 94901 City or Town, State and ZIP Code | Fe | ederal Em | ployer I.D. No. 68-0442399 | | |
| | ENEWAL FEE SCHEDULE (11 Cal. Co k Payable to Attorney General's Regis | | | | |
| Gross Annual Revenue Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | e |
| Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 | | \$50 \$75 | Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million | \$19 \$22 \$30 | 25 |
| PART A - ACTIVITIES | | I | | | |
| For your most recent full accounting po Gross annual revenue 18 . 4 | eriod (beginning 01/01/2013 475,496. Total assets \$ | | ng <u>12/31/2013</u>)list: 107,206. | | |
| PART B - STATEMENTS REGARDING ORGA | NIZATION DURING THE PERIOD OF T | THIS REI | PORT | | |
| | stions below, you must attach a separ Please review RRF-1 instructions for i | | | | |
| 1. During this reporting period, were there an | ny contracts, loans, leases or other finan | icial trans | sactions between the organization | Yes | No |
| and any officer, director or trustee thereof any financial interest? | either directly or with an entity in which | any suc | h officer, director or trustee had | | x |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | | | x | |
| 3. During this reporting period, did non-progr | ram expenditures exceed 50% of gross | revenues | s? | | x |
| 4. During this reporting period, were any orga with the Internal Revenue Service, attach a | | , fine or j | udgment? If you filed a Form 4720 | | x |
| 5. During this reporting period, were the serv If "yes," provide an attachment listing the | | • | · · | | x |
| 6. During this reporting period, did the organ name of the agency, mailing address, cont | | ıg? If so, | provide an attachment listing the SEE STATEMENT 8 | х | |
| During this reporting period, did the organ the number of raffles and the date(s) they | | ses? If "y | /es," provide an attachment indicating | | x |
| Does the organization conduct a vehicle d operated by the charity or whether the org | | | | | x |
| 9. Did your organization have prepared an au principles for this reporting period? | | e with ge | nerally accepted accounting | х | |
| Organization's area code and telephone number | 415) 455-8008 | | | | |
| Organization's e-mail address GARY@ROOTS | SOFPEACE.ORG | | | | |
| I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete. | | | | | |
| HEII | | | EO & FOUNDER | | |
| Signature of authorized officer Printed | d Name | Title | e Date | | |

| Form RRF-1 | Information Regardi | ng Government | Funding | Statement | 8 |
|------------|---------------------|---------------|---------|-----------|---|
| | Part B, | Line 6 | | | |

United States Department of Agriculture 1400 Independence Avenue, SW Washington, DC 20250 Phone: (202)720-2791

USAID 1300 Pennsylvania Avenue, NW Washington, DC 20523 Phone: (202) 712-4810

United States Department of Defense 1400 Defense Pentagon Washington, DC 20301 Phone: (703) 571-3343

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

ROOTSOF20130001

Version Number: 1.1

FinCEN Form 114 OMB Control Number: 1506-0009 Effective January 1, 2014

Filing Name ROOTS OF PEACE

Submission Type NEW

PIN NOT REQUIRED

Check here \boxed{X} if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before June 30th of the year immediately following the calendar year being reported. The June 30th filing date may not be extended.

This report filed late for the following reason (Check only one):

| a. | Forgot to file |
|----|---|
| b. | Did not know that I had to file |
| c. | Thought account balance was below reporting threshold |
| d. | Did not know that my account qualified as foreign |
| e. | Account statement not received in time |
| f. | Account statement lost (Replacement requested) |
| g. | Late receiving missing required account information |
| h. | Unable to obtain joint spouse signature in time |
| i. | Unable to access BSA E-filing system |
| z. | Other (please provide explanation below) |
| | |
| | |

FinCEN Form 114

Department of the Treasury OMB no. 1506-0009 (Rev. September 2013)

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return Do not use previous editions of this form

ROOTSOF20130001

1 This report is for calendar year ended 12/31 2013 Amended

Filer information Part I

| 2 Type of filer | | | | | | | | | | | | | |
|--|---------------------------------------|--------------------------------------|--|----------|-------------|------------------|------------|-----------------------------|---|---------------|------------------------------|---------|--------|
| a 🗌 Individual b 💭 Partnership c 🛣 Corporation d 💭 Consolidated e 💭 Fiduciary or other - Enter type | | | | | | | | | | | | | |
| 3 U.S. Taxpayer Identification Number 3a TIN type | | | 4 Foreign identification (Complete only if item 3 is not applicable) | | | | | | | e) 5 | 5 Individual's date of birth | | |
| 6804423 | SSN/ITIN | N a Type: Passport Foreign TIN Other | | | | | | | | MM/DD/YYYY | | | |
| <u>If filer has no</u> | X EIN | | | | | | | | _ | | | | |
| <u>number c</u> | | b Number c | | | | Country of Issue | | | | | | | |
| 6 Last name o | | | | | 7Fi | 7 First name | | | 8 | Middle initia | al 8a - | Suffix | |
| ROOTS O | | | | | | | | | | | | | |
| 9 Mailing address (number, street, and apt. or suite no.) | | | | | | | | | | | | | |
| 990 A STREET | | | | | | | | | | | | | |
| 10 City | 1. | 1 State | 12 ZII | P/Postal | Code | 13 Country | | | | | | | |
| SAN RAF | | CA | 949 | 01 | USA | | | | | | | | |
| 14 a) Does the filer have a financial interest in 25 or more financial accounts? Yes Enter number of accounts Do not complete Part II or Part III, but maintain records of the information. No X b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts? Yes Enter number of accounts Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority. No X Part II Information on financial account(s) owned separately 15 Maximum value of account during calendar year 15a Amount 16 Type of account a Bank b Securities c Other - Enter type below | | | | | | | | | | | | | |
| 17 Name of financial institution in which account is held | | | | | | | | | | | | | |
| 18 Account nur | mber or other designation | n 19 Mailing a | address (| numbe | er, street, | apt. or | suite no.) | of financ | ial instituti | ion in wł | nich account | is held | |
| 20 City 21 State | | | if known 22 Foreigr | | | n posta | l code, if | known 23 | , | | | | |
| Signature 44a Check here X if this report is completed by a third party prep | | | | | | | | complete | the third | party pr | eparer sectio | on. | |
| | | | | | | | | 46 Da | Date (MM/DD/YYYY) This date will auto-fill when the FBAR is electronically signed | | | | |
| Third Party Preparer | 47 Preparer's last name CONNER CPA | e 48 First na TONETT | 8 First name ONETTA | | | 50 Che | | 51 TIN | 75198 | 51; | a TIN type SSN/ITIN | ХР | |
| | 52 Contact phone no. | 52a Ext. | a Ext. 53 Fir | | s name | | | 54 Firm's TIN 95-4557617 | | 54; | a TIN type | EI | N |
| Use Only | (626) 403-68 | | HARRINGTON (apt. or suite no.) 56 City | | | GROU | | 95-4 57 State | - | 7 P/Postal | Code | 59 Co | oreign |
| | | | VD., SUPASADI | | | ENA | | | 9110 | | | | unu y |

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000. See instructions for definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN Form 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, for failure to supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFB 1010 350. The Social Security number will be used as a or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350. The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 60 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P.O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy. 323141 10-30-13 Rev 5.7 - 6/3/2013