Form **990**

Return of Organization Exempt From Income Tax
Under section 801(c), 827, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

CMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u> </u>	or the	2010 calendar year, or tax year beginning	enc	dending			
Bc	neck if pplicoble	C Name of organization			D Employer id	entificat	ion number
	Addres change	THE DESMOND TUTU PEACE	FOUNDATION			, 	
	Name change	Doing Business As			1.3	<u>3-409</u>	2458
\vdash	Toman	Number and street (or P.O. box if mail is not def 205 RAST 64TH STREET	vered to street address)	Room/suite 503	E Telephone no		50-5504
T	Amend			, , , , , , , , , , , , , , , , , , , 	G Gross receipts \$		314726.
۳	цении П <u>арр</u> бог	NEW YORK, NY 10021					
_	Pendo Son Son Son Son Son Son Son Son Son So	F Name and address of principal officer:DR.	DADDY CUTTIL		H(a) is this a gro	•	T ☐Yes 🛣 No
				1001	for effiliates		
		205 EAST 64TH STREET, N		021	H(b) Are all affiliat		
			(insert no.) 4947(a)(1)	or 527			. (see instructions)
		x ▶ www. Tutufoundation-usa			H(c) Group exer	mption n	umber 🕨
			sociation 🛣 Other ▶ 501	C L Year	of formation: 19	99 M SI	ate of tegal domicite: NY
P		Summary					
-8	1	Briefly describe the organization's mission or most	significant activities: The	Desmon	d Tutu Pe	eace	
& Governance	1	Foundation was established	d to advance th	e visi	on of Nol	bel I	eace
물 '		Check this box 🕨 📖 if the organization discor					
ĕ		Number of voting members of the governing body				1 - 1	13
Ö		Number of independent voting members of the go	• • • • • • • • • • • • • • • • • • • •			_	13
ණ න		Fotal number of individuals employed in calendar y				-	0
舞		Total number of volunteers (estimate if necessary)				18	Ť
Activities		Total unrelated business revenue from Part VIII, co				78	0.
æ						7b	0.
	D	Net unrelated business taxable income from Form	990-1, King 34		Prior Year	1/0	Current Year
9	١ ا			-	3992	32	314620.
		Contributions and grants (Part VIII, line 1h)	•••••		3334.	0.	0.
Revenue		Program service revenue (Part VIII, tine 2g)			4.	13.	106.
چ		nvestment income (Part VIII, column (A), lines 3, 4					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			2001	0.	0.
	12	Fotal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		3994		314726.
	19	Grants and similar amounts paid (Part IX, column (A), tines 1-3)		1217		10000.
	14 1	Benefits paid to or for members (Part IX, column (A), [ine 4]	. .		0.	0.
₩.	15 :	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1552		0.
Expenses	10a (Sataries, other compensation, employee benefits (Professional fundraising fees (Part IX, column (A), I Total fundraising expenses (Part IX, column (D), lin	ine 11e)	[0.	0.
8	ъ.	Total fundraising expenses (Part IX, column (D), lin	e 25) > 41 4	119.	7.		
Ð	17	Other expenses (Part IX, column (A), lines 11a-11d	111241)		1272	82.	114600.
		Total expenses, Add lines 13-17 (must equal Part I			4042	69.	124600.
		Revenue less expenses. Subtract line 18 from line			-48	60.	190126.
⊨8		nataride loas experises. Cobback mis 10 from mo		Be	ginning of Current		End of Year
Net Assets or Fund Balances	90	Total assets (Part X, line 16)	•••••		1564		344589.
33	94	Total liabilities (Part X, line 26)	****** ********************************	·······	657		63750.
E S	22	Net assets or fund balances. Subtract line 21 from	Fina 20	······	907		280839.
衙	14 II.	Signature Block	W &V				
		ities of perjury, I declare that I have experined this return;	including consensessing cobody	len and other	ente and to the boo	d of my lo	noutedne and heliat it is
		t, and complete. Declaration of preparer (other they differ					in a sond a ann a ann ir ra
008	, correc		i) is based bit all information of t	witten hichara	itas any knowledge	'	
		Signature of other		<u> </u>	Date	25/0	<u> </u>
Sig							
Her	re er	DR. BARRY SMITH, TREAS	URBR				
-		Type or print name and title	·		126		72 697 (S
		Print/Type preparer's name	Preparer's signature		Date &	ect	PTIN
Pal						1-employed	<u></u>
	parer	Firm's name			Firm's E	IN 🛌	
Uso	Caly	Firm's address			1		
_		<u> </u>	Phone n	0			
Ma	y the II	3S discuss this return with the preparer shown abo	ve? (see instructions)				Yes No
				tions.			Form 990 (2010)

the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule 0. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:	990 (2010)		UTU PEACE FOUNDATION	13-4092458	Page 2
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2? If 'Yes,' describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services or yes. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$		-	-		
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Africa which helps to spread the mission world-wide. (Code:) (Expenses \$ including grants of \$) (Revenue \$)					on
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Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 26489. 4e Total program service expenses Form **990** (2010)

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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? If "Yes," complete Schedule C, Part 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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			3,7
	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,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			₩
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_		Х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		х
	If "Yes," complete Schedule D, Part V	10		Α
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ŭ	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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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, XII, and XIII	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, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	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,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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? If "Yes," complete Schedule G, Part 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? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	00.		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Comparison Seco		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in the contribution or protable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3_Transmittal of Wage and Tax Statements, field for the calendar year ending with or within they war covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2c Note. If the sum of lines 1 and act als greater than 250, you may be required to -6fe, (see instructions) 3b If if we're, it is file all form 990 To for this year? If "No, Provider an explanation in Schedule O 4a An 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 accounts? 4b If "Yes," enter the name of the foreign country, lew as a shark account, securities account, or other financial accounts? 5c Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 5c Was the organization of the organization file Form 8886 1? 5c Was the organization and the organization file Form 8886 1? 5c De one the organization have aimusal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c Was if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c De one the organization selection apprention or the selection of the goods or services provided? 6c Did the organization receive a premium contributions under section 170(c). 6c Did the organization selection apprention organization file for was a scribe foreign period organization organization sele						Yes	No
b Enter the number of Forms W26 included in line 1a. Enter of Irind applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		v
	governing body?	7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following:	8a	Х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 25	
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х
	taxable entity during the year?	16a		Λ
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	16h		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
.0	public inspection. Indicate how you make these available. Check all that apply.	.01		
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	nd fina	ncial	
13	statements available to the public.		liciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizar	ion:	•	
	DR. BARRY SMITH - 212-750-5504			
	205 EAST 64TH STREET, NEW YORK, NY 10021			
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032006 12-21-10

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average		Position		Reportable	Reportable	Estimated			
	hours per	(cl	heck	call.	that	app	ly)	compensation	compensation	amount of
	week	tor						from	from related	other
	(describe hours for	r direc				pa:		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	stee o	nstee			ensat		(W-2/1099-MISC)	(***2/1099***********************************	organization
	organizations	al tru	onal t		loyee	comp		(** =/ *********************************		and related
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	゠	드	ъ	ž	Ξ 5	R			
REVEREND ROBERT V. TAYLOR		,,								0
CHAIRPERSON		Х						0.	0.	0.
PATRICIA A. MCLAGAN		,,								0
IMMEDIATE PAST CHAIRMAN		Х						0.	0.	0.
REV. DR. GEORGE F.REGAS										
IMMEDIATE PAST CHAIRMAN		Х				_		0.	0.	0.
DAVID CATLIN PIERCE, PH D.										
SECRETARY		Х						0.	0.	0.
BARRY SMITH, M.D, PH.D		l								
TREASURER		Х						0.	0.	0.
REV. CANON MICHAEL BATTLE, PH.D		l								
BOARD MEMBER		Х						0.	0.	0.
DONNA BLACKWELL, PH.D		l								
BOARD MEMBER		Х						0.	0.	0.
GLORIA HARTLEY		l								
BOARD MEMBER		Х						0.	0.	0.
CRAIG HATKOFF										
BOARD MEMBER		Х						0.	0.	0.
RABBI IRWIN KULA										
BOARD MEMBER		Х						0.	0.	0.
JUDITH A. MAYOTTE, PH.D									_	_
BOARD MEMBER		Х						0.	0.	0.
TREVOR NEILSON								_	_	_
BOARD MEMBER		Х						0.	0.	0.
ROBERT WHITE										
BOARD MEMBER		Х						0.	0.	0.
						_				

Part VII Section A. Officers, Directors, Tr (A)	(B)	ľ	,	((C)	<u></u>		(D)	(E)				_
Name and title	Average	Position						Reportable	Reportable			(F) mated	
	hours per	(c	hecł	call t	that	арр	ly)	compensation	compensation	n		ount of	
	week							from	from related		O [†]	ther	
	(describe	director						the	organizations	3	comp	ensatio	n
	hours for	or di	98			sated		organization	(W-2/1099-MIS	C)		m the	
	related	trustee or	trust		e e	ubeu		(W-2/1099-MISC)			•	nization	
	organizations in Schedule	lual tr	tional		yoldı	yee	_					related	
	O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	ization	S
	, o,	_			×	- 0	_						
													_
1b Sub-total								0.		0.			<u>0.</u>
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
 Total number of individuals (including but compensation from the organization 	not limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100),000 in reportable	Э			0
											١	es N	VО
3 Did the organization list any former officer	, director or tru	stee	e, ke	y em	plo	yee,	or h	nighest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		<u>X</u>
4 For any individual listed on line 1a, is the s		le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				X
and related organizations greater than \$15											4		_
5 Did any person listed on line 1a receive or											_		X
rendered to the organization? If "Yes," cor Section B. Independent Contractors	npiete Scheaui	e J i	or s	ucn _i	pers	son _.					5		
1 Complete this table for your five highest or	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation fro	om	
(A)								(B)			(C)		
Name and business	s address							Description of s	services	С	ompens	sation	
2 Total number of independent contractors		ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 in compensation from the organ	ization >				(0					Earm Q	00 (00	10)

		,		TOTO PEACE	FOUNDATI	ON	13-4092	458 Page 9
Ра	rt VI	III Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	t c c e f	a Federated campaigns b Membership dues c Fundraising events d Related organizations d Government grants (contribut f All other contributions, gifts, gran similar amounts not included abo g Noncash contributions included in lines t Total. Add lines 1a-1f	1b	314620. 93762.	314620.			
Program Service Revenue	2 a k c c	a	enue	Business Code				
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties	dividends, inter	est, and proceeds	106.	106.		
	t c	a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)		(ii) Personal				
	7 a	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	8 8	d Net gain or (loss)	of 1c). See a					
Oth	9 a	Less: direct expenses	draising events ctivities. See a	>				
	10 a	Description Less: direct expenses Net income or (loss) from game Gross sales of inventory, less and allowances Less: cost of goods sold	ning activities returns a	>				
	C	Net income or (loss) from sale Miscellaneous Revenu	es of inventory					
		d All other revenue						
	46	Total Add lines 11a-11d			31/726	106	0	0

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	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			g	
-	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	10000.	10000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	2577.		1288.	1289.
14	Information technology				
15	Royalties				
16	Occupancy	93762.	14064.	42193.	37505.
17	Travel	1883.	753.	377.	753.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3776.	1079.	1295.	1402.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)	0000		0000	
а	PROFESSIONAL FEES	9283.		9283.	
b	REPAIRS & MAINENANCE	1177.		1177.	
С	BANK & PAYROLL CHARGES	1132.		879.	253.
d	PROGRAM CONSULTANTS	593.	593.	105	
е	DUES & SUBSCRIPTIONS	342.		125.	217.
f	All other expenses	75.	0.5.4.0.0	75.	
25	Total functional expenses. Add lines 1 through 24f	124600.	26489.	56692.	41419.
26	Joint costs. Check here ▶ ☐ if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					Farms 990 (0010)

Pa	rt X	Balance Sheet				<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		14778.	2	132922.
	3	Pledges and grants receivable, net		141667.	3	211667.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors				
		employees, and highest compensated employees. Co	mplete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as define				
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of section 50	11(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line		156445.	16	344589.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		63750.	18	63750.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete Part IV			21	
≝	22	Payables to current and former officers, directors, trus	tees, key employees,			
Liabilities		highest compensated employees, and disqualified per	T T T T T T T T T T T T T T T T T T T		00	
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated th			23	
	24	Unsecured notes and loans payable to unrelated third	T	1982.	24	0.
	25	Other liabilities. Complete Part X of Schedule D		65732.	25	63750.
	26	Total liabilities. Add lines 17 through 25	Y11-1-	03732•	26	03730.
			and complete			
ĕ		lines 27 through 29, and lines 33 and 34.		69382.	07	109508.
<u>la</u> n	27	Unrestricted net assets		21331.	27	171331.
Fund Balances	28	Temporarily restricted net assets		21331•	28	1/1331•
pur	29	Permanently restricted net assets			29	
Ę		Organizations that do not follow SFAS 117, check h	nere ▶			
Ō	00	complete lines 30 through 34.			20	
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipme	T		31	
Net Assets or	32	Retained earnings, endowment, accumulated income,		90713.	32	280839.
_	33	Total net assets or fund balances		156445.	33	344589.
	34	Total liabilities and net assets/fund balances		130443.	34	344309.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			26.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			$\frac{00.}{26.}$			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>907</u>	<u>13.</u>			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	<u>808</u>	<u> 39.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				Ш			
				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				
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}$			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b					
			Form	990 (2010)			

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. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE DESMOND TUTU PEACE FOUNDATION

Employer identification number 13-4092458

Pai	τı	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:.) See inst	tructions.				
The o	organ	ization is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
3				tal service organization of		in section	170(b)(1)	Δ)(iii).					
4		•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter t	the hospita	l's nam	ne.
-		city, and state				pital acco		0	(~)(-)() -)(.,. <u>L</u>	ino moopita	i o man	.0,
5				benefit of a college or ur	nivoreity o	wood or or	poratod by	a govern	montal uni	t doscrib	od in		
5		-			iiversity of	wiled of op	berated by	a governi	nemai um	i describ	eu III		
_			(b)(1)(A)(iv). (Comple										
6	v			ent or governmental unit									
7	X			eives a substantial part o	of its supp	ort from a	governme	ntal unit o	or from the	general	public desc	cribed i	n
			b)(1)(A)(vi). (Comple										
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
		income and u	inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after June :	30, 197	7 5.
		See section	509(a)(2). (Complete	Part III.)									
10		An organizati	on organized and op	perated exclusively to tes	st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that											
	describes the type of supporting organization and complete lines 11e through 11h.												
	a Type I b Type II c Type III - Functionally integrated d Type III - Other												
е													
_	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).												
f			-	ten determination from t		_				/(α)(1) 01	00011011001	σ(ω)(<u>-</u>).	
•		ū	ganization, check th	de le eur		•			. III				
~									owina nor				. —
g		_		organization accepted an			-					Yes	Na
				irectly controls, either al								res	No
				n described in (i) above?									<u> </u>
				person described in (i) o							11g(iii)		
h		Provide the fo	ollowing information	about the supported org	ganization	(s).							
				/iii) Typo of	l				(,,!) (a	46.0			
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio		(vii) Ar	nount o	f
	orga	ınization		(described on lines 1.0		sted in your document?	organizat (i) of your		(i) organiz U.S.	ed in the	sup	port	
				above or IRC section			.,,						
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<u> </u>								
Гotа	l												

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	194239.	917518.	1230002.	399296.	314620.	3055675.
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	194239.	917518.	1230002.	399296.	314620.	3055675.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1143780.
6	Public support. Subtract line 5 from line 4.						1911895.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	194239.	917518.	1230002.	399296.	314620.	3055675.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	174.	2687.	3463.	113.	106.	6543.
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						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						3062218.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•					
	organization, check this box and stor	here			•		▶ □
Sed	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	62.43 %
	Public support percentage from 2009					15	60.93 %
	33 1/3% support test - 2010.If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2009.If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					-	
b	10% -facts-and-circumstances tes						
~	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
		dia not oncon a	20.000000000000000000000000000000000000	<u>., , </u>	, 5110011 1110 000 0	555	

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support	low, piedoc com	oloto i art II.,				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and		, ,	. ,	` '	,	.,
membership fees received. (Do not						
include any "unusual grants.")						
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 b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						<u> </u>
		#10007	() 0000	(1) 0000	() 0040	(0.T.)
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						>
Section C. Computation of Public					г г	
15 Public support percentage for 2010 (lin					15	<u>%</u>
16 Public support percentage from 2009					16	<u>%</u>
Section D. Computation of Inves					I. . I	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2010. If the c	-					
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2009. If the o	-					
line 18 is not more than 33 1/3%, chec			•		•	
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	<u></u> ▶∟

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

Schedule of Contributors

OMB No. 1545-0047

13-4092458

Department of the Treasury Internal Revenue Service

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

THE DESMOND TUTU PEACE FOUNDATION

Name of the organization **Employer identification number**

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

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

THE DESMOND TUTU PEACE FOUNDATION

13-4092458

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CATHERINE E WASHINGTON TRUST	\$50000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	FETZER INSTITUTE	\$10000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	MAI FAMILY TRUST	\$150000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE DESMOND TUTU PEACE FOUNDATION

13-4092458

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
002452 10 22		\$Sahadula B /Earm 0	90 990-F7 or 990-PF) (2010)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

THE DESMOND TUTU PEACE FOUNDATION

13-4092458

Part III	Exclusively religious, charitable, etc., in	ndividual contributions to section	on 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing
	Part III, enter the total of exclusively religion	ous, charitable, etc., contributions	s of
(a) No.	\$1,000 or less for the year. (Enter this inf	ormation once. See instructions.)	> \$
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	-		
(a) No. from	(h) Duwnses of sift	(a) Hop of wift	(d) Decembrance have sift in hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
-		(e) Transfer of gift	t
		.,	
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			_
(a) No. from	415	()11 ()6	(1) 5
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	4.5		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
F		(e) Transfer of gift	<u> </u>
		(c) Iransier of gill	•
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
Ī			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

THE DESMOND TUTU PEACE FOUNDATION

Employer identification number 13-4092458

Par	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir	ne 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	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
			Yes No
Par	rt II Conservation Easements. Complete if the o	rganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiza	ation (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form	of a conservation 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 st		
d	Number of conservation easements included in (c) acquired	d after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation e	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	
9	In Part XIV, describe how the organization reports conserva	ation easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
_	conservation easements.	(4 : 11: : : 17	NI 0: 11 A 1
Par	organizations Maintaining Collections		other Similar Assets.
	Complete if the organization answered "Yes" to Forn		
1a	If the organization elected, as permitted under SFAS 116 (A	•	
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tr		al gain, provide
	the following amounts required to be reported under SFAS		
	, , , , , , , , , , , , , , , , , , , ,		
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2010

	t III Organizations Maintaining C	ollections of A				r Othe	ar Simi	lar Asse			
3	Using the organization's acquisition, accessic										
3	(check all that apply):	on, and other record	15, CHEC	K arry or trie	Tollowing that	l ale a Si	igrillicari	t use of its	Collection	iteiii	5
_	`	_	. \Box								
а	Public exhibition	C			hange progra	ıms					
b	Scholarly research	€	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							oose in Par	t XIV.		
5	During the year, did the organization solicit or								7	_	7
_	to be sold to raise funds rather than to be ma								Yes		<u>No</u>
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered "	'Yes" to	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia								7	_	7
	on Form 990, Part X?							L	⊻ Yes		No
b	If "Yes," explain the arrangement in Part XIV α	and complete the fo	ollowing	table:							
									Amount		
С	Beginning balance										
d	Additions during the year										
	Distributions during the year										
f											
2a	Did the organization include an amount on Form 990, Part X, line 21?								Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Par		the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0.				
	·	(a) Current year	(b) F	rior year	(c) Two years	s back	(d) Three	years back	(e) Four	/ears	back
1a	Beginning of year balance	•		•							
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
	End of year balance										
_	Provide the estimated percentage of the year	and balance hold a			1						
2		end balance neld a									
	Board designated or quasi-endowment	0/	_%								
	Permanent endowment	%									
	Term endowment				and a do 1 1 1		L	4:_			
за	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are neld a	ına aamınıste	rea for ti	ne organ	lization	Г.	v - 1	N1 -
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
	If "Yes" to 3a(ii), are the related organizations								3b		
	Describe in Part XIV the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Description of investment	(a) Cost or o			t or other		ccumula		(d) Book	value	е
		basis (investi	ment)	basis	(other)	dep	oreciatio	n			
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
		1						1 -		_	_

Schedule D (Form 990) 2010

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

	ND TUTU PEACE FO	DUNDATION	13-4092458 Page 3
Part VII Investments - Other Securities	See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation: f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total . (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value		od of valuation: f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X,	line 15.		
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Pai			
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(++) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footn	note to the organization's financial stateme	nts that reports the organization's liabili	
032053 12-20-10			Schedule D (Form 990) 2010

Pa	rt XI Reconciliation of Change in Net Assets from Form 9	90 to Audited Fi	nancial St	atements	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		314726.
2	Total expenses (Form 990, Part IX, column (A), line 25)				124600.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				190126.
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				0.
10	Excess or (deficit) for the year per audited financial statements. Combine line				190126.
	rt XII Reconciliation of Revenue per Audited Financial Sta			r Return	
1	Total revenue, gains, and other support per audited financial statements			1	314726.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b					
С					
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				314726.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		4a			
b					
c				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			···	314726.
Pa	rt XIII Reconciliation of Expenses per Audited Financial St				
1	Total expenses and losses per audited financial statements				124600.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а		2a			
b					
С					
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				124600.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
	Other (Describe in Part XIV.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18				124600.
	rt XIV Supplemental Information	,		-	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9;	Part III lines 1a and	4· Part IV line	es 1b and 2b	Part V line 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	•			
,	,,,,		- ,		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Inspection

ivam	e of the organization					Employer identifi	cation number
THI	E DESMOND TUT	U PEACE	FOUNDATI	ON		13-409245	8
Pa	rt I General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organ	nization answered "	∕es"
	to Form 990, Par						
1	=	-		ds to substantiate the amount of the gr			
	grantees' eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gra	nts or assistar	nce? X	Yes L No
2	For grantmakers. Desc	ribe in Part V the	e organization's _l	procedures for monitoring the use of gr	ant funds outs	side the United Stat	es.
_							
3				an be duplicated if additional space is n			
	(a) Region	(b) Number of offices	(c) Number of employees.	(d) Activities conducted in region (by type) (e.g., fundraising, program		vity listed in (d)	(f) Total expenditures
		in the region	agents, and	services, investments, grants to		gram service, e specific type	for and
		In the region	employees, agents, and independent contractors	recipients located in the region)		ce(s) in region	investments
			in region	resipionie iesaisa in inc region,			in region
3 a	Sub-total	0	0				0.
	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0				0.
				· · · · · · · · · · · · · · · · · · ·			

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

Schedule F (Form 990) 2010

recipient who rec	ceived more than \$5	,000. Check this box if r	Outside the United States o one recipient received mo				90, Part IV, line 15, fo	
Part II can be du 1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CAPE TOWN SOUTH	TO PROMOTE THE ACTIVITIES OF PEACE-MAKING, RECONCILIATION,	10000.	WIRE TRANSFER	0.		
	the grantee or couns	el has provided a section	e recognized as charities by ton 501(c)(3) equivalency lette	er			Schei	dule F (Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	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, 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? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 THE DESMOND TUTU PEACE FOUNDATION	13-4092458	Page 5
Part V Supplemental Information		
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3	s, column (f) (accounting	method);
Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number		
Also complete this part to provide any additional information.	1 // 11	
7 100 complete tille part to provide any additional information.		
Schedule F, Part I, Line 2: AVAILABLE UPON REQUEST.		
bonoutie 1, 1410 1, 1110 1, 11111111111111 of on higher		
Part II Column (d).		
Part II, Column (d):		
Dowies CARE MOUNT COUNTY AFRICA		
Region: CAPE TOWN SOUTH AFRICA		
(1) Decrease of Greek TO DROWOTH THE ACTUATION OF DRACE M	3 77 7370	
(d) Purpose of Grant: TO PROMOTE THE ACTIVITIES OF PEACE-M	AKING,	
		_
RECONCILIATION, CONFLICT RESOLUTION AND LEADERSHIP TRAININ	G. FUNDS AR	.E
BEING USED TO BUILD A PEACE CENTER (BUILDING).		

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE DESMOND TUTU PEACE FOUNDATION

Employer identification number 13-4092458

Pai	rt I Types of Property				•			
	•	(a) Check if applicable	(b) Number of contributions or items contributions	(c) Noncash contributio amounts reported or Form 990, Part VIII, line	noncash contrib	etermin		s
1	Art - Works of art		nterns contributed	1 om 990, Fait viii, iiile	: Ig			
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 ► (IN-KIND CONTR)	X	1	93762	. MARKET VALU	JE		
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1-2	8 that it must hold for			
	at least three years from the date of the initial			•				
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?							<u>X</u>
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell none	eash			
	contributions?					32a		X
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 column (a)	is checked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) ((2010)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** 13-4092458 THE DESMOND TUTU PEACE FOUNDATION Form 990, Part I, Item K, Other Organization Type: 501(c)(3) Form 990, Part I, Line 1, Description of Organization Mission: prize winner Archbishop Emeritus of Cape Town Desmond M. Tutu, to create opportunities for future young leaders to learn skills in leadership, peace and reconcilliation. Form 990, Part VI, Section B, line 11: EACH BOARD MEMBER IS GIVEN A COPY OF THE RETURN PRIOR TO FILING AND IS GIVEN TIME TO REVIEW THE RETURN INDEPENDENTLY. AFTER THE INDIVIDUAL BOARD MEMBERS HAVE REVIEWED THE RETURN ON THERE OWN ALL THE BOARD MEMBERS MEET EITHER IN PERSON OR VIA PHONE TO DISCUSS ANY QUESTIONS OR CONCERNS THEY MAY HAVE. THE RETURN IS THEN FILED. Form 990, Part VI, Section B, Line 12c: THE POLICY IS DISTRIBUTED ONCE A YEAR TO ALL BOARD MEMBERS AND EACH MEMBER IS ASKED TO SIGN AND RETURN THE POLICY TO THE CHAIR OF THE GOVERNACE COMMITTEE. Form 990, Part VI, Section B, Line 15a: AVAILABLE UPON REQUEST. Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 990, Part VI, LINE 1a, 1b

AMENDED- The number of board members was corrected from 15 to 13.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

	Schedule O (Form 990 or 990-EZ) (2010)							
Name of the organization	тнг	DESMOND	ווייוויי	DEACE	FOUNDATION		Employer identification number 13-4092458	
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