Form	9	9	0
Departm	nent o	f the	Treasury

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

6 Open to Public

OMB No. 1545-0047

Inspection

			about Form 990				<i>j</i> 0 <i>v</i> /10	1111990.			pecilo		
	or th	e 2018 calendar year, or tax year begin	nning	, 2	.018, an	nd ending				, 20			
B Ch	eck if ap	C Name of organization						Employer id	entifi	cation numb	er		
		ROOI CAPITAL, INC.											
	Addre chang	e Doing Business As						04-3478					
	Name	change Number and street (or P.O. box if mail is	not delivered to stre	eet address)	Roc	om/suite	E	E Telephone number					
	Initial	return 130 BISHOP ALLEN DRIV	E 2ND FLOO	R			((617) 661-5792					
	Termi	City or town, state or province, country, a	and ZIP or foreign p	ostal code									
	Amen return		309				G	Gross receip	ots \$	22,5	506,	661.	
	Applic	ation F Name and address of principal officer:	WILLIAM	F. FOOTE			н	(a) Is this a gro		urn for	Yes	X No	
	, penui	SAME AS C ABOVE					н	subordinates (b) Are all subord		included?	Yes	No	
1 1	Tax-ex	empt status: X 501(c)(3) 501(c) () 🚽 (insert r	no.) 4947(a	a)(1) or	527				st. (see instruction	ons)		
J	Nebsi	e: ► WWW.ROOTCAPITAL.ORG	, , ,				— н	(c) Group exem	ntion r	number 🕨			
-		f organization: X Corporation Trust	Association	Other ►		I Year of fo		n: 1999 M			ucile:	MA	
	rt I	Summary	Association				matio		Otate	on regar donn	none.		
ΓG		Briefly describe the organization's mission of	r moot oignificant	antivitian Δ N		OFTT OF	CAN	TZATION	тид	۲. T			
		HELPS INCREASE INCOME AND S											
nce		FROM THE FORMAL ECONOMY.		FOR RORAL									
rna													
Governance		Check this box		•	•				1 1	I		10	
Ŭ	3	Number of voting members of the governing	body (Part VI, lin	ie 1a)					3			16.	
ŝ		Number of independent voting members of							4			14.	
Activities &	5	Total number of individuals employed in cale	endar year 2018 ((Part V, line 2a)					5			69.	
cti		Total number of volunteers (estimate if neces	,,						6			18.	
◄	7a	Total unrelated business revenue from Part V	/III, column (C), li	ne 12					7a			0	
	b	Net unrelated business taxable income from	Form 990-T, line	34					7b		21	,751	
								Prior Year		Curre	ent Yea	ar	
e	8	Contributions and grants (Part VIII, line 1h)	COPY FO		1	1,510,91	9.	14,	068,	,743			
nue	9	Program service revenue (Part VIII, line 2g)		9,478,23	7,	850	,854						
Revenue	10	Investment income (Part VIII, column (A), line	ram service revenue (Part VIII, line 2g) Stment income (Part VIII, column (A), lines 3, 4, and 7d) COPY FOR PUBLIC INSPECTION								-5	,818	
			6d, 8c, 9c, 10c, and 11e)					970,49		361	,941		
		Total revenue - add lines 8 through 11 (mus					2	2,072,45	58.	22,	275	,720	
_		Grants and similar amounts paid (Part IX, col						32,73	32.		549	,685	
		Benefits paid to or for members (Part IX, colu							0.			0	
6		Salaries, other compensation, employee ben						8,143,76	58.	8,	569	,288	
		Professional fundraising fees (Part IX, column						<u> </u>			0		
per	h	Total fundraising expenses (Part IX, column (D) line 25)	922,4	406.	••••							
ш		Other expenses (Part IX, column (A), lines 11					1	2,757,74	13.	13.	964	,504	
	18	Total expenses. Add lines 13-17 (must equal	Part IX column	(A) line 25)		••••		0,934,24				,477	
					• • • •	· · · · -		1,138,21				,757	
- s	19	Revenue less expenses. Subtract line 18 from						ng of Current			of Year		
Net Assets or Fund Balances	20	Total aposto (Dart V, line 40)				ľ	-	5,322,21				,790	
Bala		Total assets (Part X, line 16)			• • • •	••••		9,072,08					
et A		Total liabilities (Part X, line 26)				· · · ·		<u>9,072,08</u> 6,250,13				,983	
		Net assets or fund balances. Subtract line 21	1 from line 20	<u></u>			1	0,250,13	×1.	15,	/10,	,807	
Pa		Signature Block											
Und true	er per . corre	alties of perjury, I declare that I have examined th ct, and complete. Declaration of preparer (other that	iis return, including n officer) is based o	accompanying so all information o	chedules of which p	and statemer reparer has a	nts, and nv knov	l to the best o wledae.	fmy	knowledge a	nd beli	ief, it is	
			,				,						
Sig	•												
Her		Signature of officer						Date					
TIEI	C	BRYAN WOLINER		INT	ERIM	CFO & 1	REAS	5.					
		Type or print name and title											
n-··		Print/Type preparer's name	Preparer's signate			Date		Check	if	PTIN			
Paid		SCOTT THOMPSETT	8	The Shampe	N	11/15/2	2019	self-employ	red	P007414	490		
Prep		Firm's name GRANT THORNTON I	ΓP				F	irm's EIN 🕨	36-	-6055558	3		
Use	Uniy	Firm's address > 757 THIRD AVENUE, 9TH F	LOOR NEW YORK,	NY 10017-2013				hone no.	212	2-599-01	L00		
May	the II	RS discuss this return with the preparer show								X Yes		No	
For	Paper	work Reduction Act Notice, see the separate	te instructions									(2018)	

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	ROOT CAPITAL, INC.	04-3478123
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
lue date for iling your	130 BISHOP ALLEN DRIVE 2ND FLOOR	
eturn. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
nstructions.	CAMBRIDGE, MA 02139-3309	

Application	Return	Application		Re	eturn
Is For	Code	Is For		c	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
 The books are in the care of ▶ 130 BISHOP ALLEN Telephone No. ▶ 617 299-2424 If the organization does not have an office or place of b 	I Dusiness ir	Fax No. ► the United States, check this box			
• If this is for a Group Return, enter the organization's for	ur digit Gro	pup Exemption Number (GEN)			
for the whole group, check this box		art of the group, check this box \ldots \blacktriangleright	a	nd attach	
a list with the names and EINs of all members the extensi		11/15 2010			
 I request an automatic 6-month extension of time ur for the organization named above. The extension is X calendar year 20.18 or 	for the ore	panization's return for:			əturn
tax year beginning	20	, and ending,	20		
2 If the tax year entered in line 1 is for less than 12 m Change in accounting period	onths, cheo	ok reason: 🔄 Initial return 📄 Final return	n	 	
3a If this application is for Forms 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the tentative tax, less any			
nonrefundable credits. See instructions.			3a \$;	0.
b If this application is for Forms 990-PF, 990-T,		-			
estimated tax payments made. Include any prior yea			3b \$	<u>; </u>	0.
c Balance due. Subtract line 3b from line 3a. Include		ent with this form, if required, by using EFTPS			
(Electronic Federal Tax Payment System). See instruct			3c \$	<u> </u>	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

Cumulative	e-File History 2018
	FED
Locator:	2549IX
Taxpayer Name:	Root Capital, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	04/26/2019 15:34:55
Acknowledgement Date:	04/26/2019 15:56:44
Status:	Accepted
Submission ID:	04586620191165000000

Fo	orm 990 (2018)	Page 2
P	Part 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:	
	ROOT CAPITAL SEEKS TO INCREASE INCOMES AND STABILIZE EMPLOYMENT FOR	
	FARMERS IN AFRICA, SOUTH-EAST ASIA, AND LATIN AMERICA. ROOT CAPITAL	
	DOES THIS THROUGH A PROVEN CHANNEL: SUPPORT FOR AGRICULTURAL	
	BUSINESSES THAT COLLECT AND MARKET THE CROPS OF THOUSANDS OF FARMERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No

If "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 revenue, if any, for each program service reported.

4a	(Code:) (Expe	nses S	\$ 14	4,687,1	55. includ	ing grai	nts of	6	0.) (Revenue \$	8,212,795.)
	ROOT	CAP	ITAL	PROVII	DES	AGRIC	ULTU	RAL BUS	INESSI	ES W	TH A U	NIQUE	-		_
	COMBI	NAT	ION O	F CAP	ITAL	, TRA	INING	G AND A	CCESS	TO (LOBAL	MARKETS	ТО		
	HELP	THE	M GRO	W. THE	ESE (CORE	ACTIV	/ITIES (COMPR	ISE 2	A THREE	-PRONG			
	STRAT	TEGY	: FIN	ANCE ,	ADV	ISE,	CATAI	LYZE. P	LEASE	REF	ER TO T	HE			
	ORGAN	JIZA'	FION'	S WEBS	SITE	FOR	FURTI	HER INF	ORMAT	ION 2	ND STA	TISTICS	ON		
	PROGF	RAM .	ACCOM	PLISH	MENT	s.									
	FINAN	ICE:	ROOT	CAPI	TAL 1	TYPIC	ALLY	PROVID	ES LOA	ANS 1	RANGING	FROM			

1 11000			0111					11000		101110	111		10 110011	
\$50,000	ТО	\$3	MIL	LION	ТО	RUI	RAL	SMALL	AND	GROWIN	IG I	BUSI	NESSES,	
ESPECIA	LLY	THO	SE	BUSIN	JESS	SES	NOT	' CURRI	ENTLY	REACH	ED	ΒY	COMMERCIA	۱L
LENDERS														

4b	(Code:) (Expenses \$	3,488,490. incl	uding grants of \$	460,082.) (Revenue \$	0.)
	ADVISE:	ROOT CAPITAL'S AD	VISORY SERVI	CES PROGRAM F	ROVIDES TAF	- RGETED		
	FINANCIA	L TRAINING TO CUR	RENT AND PRO	SPECTIVE CLIE	NTS SO THEY	AVE HAVE		
	THE FINA	NCIAL MANAGEMENT	SKILLS THEY	NEED TO GROW	AND SUSTAIN	1		
	THEIR BU	SINESSES. ROOT CA	PITAL'S FINA	NCIAL ADVISOR	RY SERVICES	(FAS)		
	ARE DESI	GNED TO PREPARE B	USINESSES WI	TH GROWTH POT	ENTIAL TO			
	QUALIFY	FOR CREDIT, TO SH	EPHERD MORE	PROSPECTIVE C	CLIENTS INTO) OUR		
	PORTFOLI	O, AND TO MITIGAT	E THE RISK O	F LENDING TO	THESE			
	BUSINESS	ES.						

c (C	ode:) (Expenses \$ 1,608,710. including grants of \$ 89,603.) (Revenue \$ 0.)
Ċ₽	TALYZE: ROOT CAPITAL, INC. SEEKS TO CATALYZE A THRIVING
FI	NANCIAL MARKET TO SUPPORT HISTORICALLY UNDERSERVED RURAL SMALL
AN	ID GROWING BUSINESSES. THE PROGRAM'S STRATEGY IS TO:
-	INNOVATE - CONDUCT R&D, STUDY IMPACT AT THE HOUSEHOLD AND
BU	ISINESS LEVELS, AND LOOK FOR WAYS TO INCREASE IMPACT.
_	ACCELERATE - SHARE LEARNING FROM WORK WITH LIKE-MINDED PEERS TO
BU	ILD COMMON STANDARDS AND PRACTICES NECESSARY FOR THE INDUSTRY TO
TH	IRIVE AND SCALE.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ **4e** Total program service expenses ► 19,784,355.

) (Revenue \$

)

ROOT CAPITAL, INC.

-	90 (2018)		F	Page 3
Part	V 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	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)			х
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			х
~	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 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	'		
0	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
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		Х
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		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	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
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	Х	
13	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		v	
4-	foreign investments valued at \$100,000 or more? 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 other assistance to or		v	
4.0	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	40		х
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		v
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		х
20 -	If "Yes," complete Schedule G, Part III	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 22
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

JSA 8E1021 1.000 2549IX 649N 11/15/2019 2:26:47 PM

ROOT CAPITAL, INC.

Part N Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grans or other assistance to or for domestic individuals on Part IX, column (A), line 21 / Yes, "complex Schedule / Arst I and III	Form 9	90 (2018)		F	Page 4
12 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "ves," complete Schedule I, Parts I and III. 12 X 13 Did the organization answer "ves" to Part VII, Soction A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outsanding principal amount of more than \$100,000 as of the last day of the year. It was issued attra was issued attra twas issued attra twassion the during the year? 24a 24b 10 10 the organization invest any noncess to its attra twassion twassion and the attra twassion twassion and the attra twassion twassion attra twassion attr	Part	V Checklist of Required Schedules (continued)			
Part X, column (A), line 21 M*/set, complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VIII. Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, Have assued after December 31, 2022? If "Yes," complete Schedule A X 24a Did the organization invest any proceeds of tax-exempt bond seyond a temporary paried axception? 24a X 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary paried axception? 24d X 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary paried axception? 24d X 2 Did the organization invest any brokeds of tax-exempt bonds beyond a temporary paried axception? 24d X 2 Did the organization area an 'on behall of issuer for bonds outstanding at any time during the year? 24d Zd 2 Did the organization paries an 'on behall of taxuer for bonds outstanding at any time during the year? 24d Zd 2 Did the organization paries an 'on behall of taxuer for bonds outstanding at any time during the year? 24d Zd 2 Did the organization paries that it engaged in an excess benefit transaction with a disqualided person in a prior year, and that the transaction is any anount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustee, key employees, itax's, conceivables				Yes	No
23 Did the organization answer "ver" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization scurrent and former officer. Girectors, trustoes, key employees, and highest componsation effects of the section of the organization may a tax-exempt bond sexue with an outstanding principal anount of more than the organization maintain an accrow account other than a refunding principal anount of more than the organization maintain an accrow account other than a refunding screw at any time during the year? 24a 24 Did the organization maintain an accrow account other than a refunding screw at any time during the year? 24d X 25 Did the organization maintain an accrow account other than a refunding screw at any time during the year? 24d X 25 Did the organization axies an "on behall of" issuer for bonds beyond a temporary period exception" 24d X 25 Section St(clo), S501(clo), 4501(clo), and S01(clo) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of than a secose benefit transaction with a disqualified person of the respin transaction any of the organization avere that it engaged in an excess benefit transaction organizes to any current of former officers, directors, trustees, key employees, highest component on physeos. 25b X 25 Did the organization avere any other sestance to an officer. director, trustee, key employee, and the the transaction with and engualified persons? If "Yes," complete Schedule L, Part I,, and any of these persons? If "Yes," complete Schedule L, Part I,, and any of these persons? If "Yes," complete Schedule L, Part I,, and any of these persons? If "Yes," complete Sch	22				
organization's current and former officers, directors, trustees, key employees, and highest component of any and the vession of the vession			22		X
employees? If 'Ves' complete Schedule J 23 X 24 Did the organization have a tax-exempt bord issue with an outstanding principal around more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes' answer itees 24, 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X c Did the organization maintain an eacrow account other than a refunding excrew at any time during the year? 24d X 25 Section 501(c)(3) 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d Z5 25 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25d X 26 Did the organization aveat that 1 engaged in an excess benefit transaction with a disqualified person of part any amount on Part X. Ine 5, 6, or 22 for receivables from or payables to any current of former officer, director, trustes, key employees, highest compensate employees, or disqualified persons? If 'Yes,' complete Schedule L, Part I 27 X 27 Did the organization aveat not part to a business transaction with or extra benefits complete Schedule L, Part I 27 X 28 A current or former officer, director, trustee, or key employee? 7 Yes,' complete Schedule L, Part I 28a X 29 Did the organization aparty	23	-			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than S100,000 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 25a 24a X b Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization any time during the year? 24d 25a X b is the organization attrifted person during the year? 74d 25a X b is the organization attrifted person during the year? 74d 25a X b is the organization organization any of the organization prior Form 990 or 990-F27 75d 27 M "Yes," complete Schedub L, Part I. 25a X 26 Did the organization organization appet any mount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes, 'complete Schedub L, Part I. 26a 27 Did the organization nappet to a business transaction with one of the following parties (see Schedub L) 27d 28 A current or former officer, director, trust					
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b If "Yes" to line 35a, 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	07 -				
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reportable gaming (gambling) winnings to prize winners?					
JSA Form 990 (2018)		reportable gaming (gambling) winnings to prize winners?			
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 69			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	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	Х	
b	If "Yes," enter the name of the foreign country: ATTACHMENT 1			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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?	7a		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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
	Gross income from members or shareholders			
b	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	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			
2	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

Form 9	990 (2018) ROOT CAPITAL, INC. 04-3478	3123	I	Page 6
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.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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	5		
	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 Q.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14	ł		
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			37
	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 X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		A
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		x
_	one or more members of the governing body?	7a		A
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
•	stockholders, or persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	8a	Х	
a L	The governing body?	8b	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	.)	
			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	
	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	
	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	Х	
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	X	
b	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			v
	with a taxable entity during the year?	16a		X
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?	166		
Section	ion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2	(0)	+: a	04/->
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	01(C)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	oroct	nolic	v ond
19	financial statements available to the public during the tax year.	61851	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record BRYAN WOLLINER 130 BISHOP ALLEN DRIVE 2ND FLOOR CAMBRIDGE, MA 02139-3309 617-299-2424	ls 🕨		
	BRYAN WOLINER 130 BISHOP ALLEN DRIVE 2ND FLOOR CAMBRIDGE, MA 02139-5309 617-299-2424			

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Part VII	Compensation o	of Officers,	Directors,	Trustees,	кеу	Employees,	Hignest	Compensated	Employees,	and
	Independent Con	tractors								
		• • •				B ()///				v

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a c	erson direct	e than c is both cor/trust 요 프	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)JEREMY MINDICH	1.00									
CHAIR	0.	Х		х				0.	0.	0.
(2)PHILIP MARTIN BROWN	1.00									
BOARD MEMBER	0.	x						0.	0.	0.
(3)PEGGY CLARK	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(4) FRANZ COLLOREDO-MANSFELD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(5)DANIEL CRISAFULLI	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(6)MELISSA DANN	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)FUNKE OYEWOLE	1.00									
BOARD MEMBER (THRU 3/2018)	0.	Х						0.	0.	0.
(8)RICK PEYSER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(9)JACK TAYLOR	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10)EUGENE WEIL	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11)SIMON WINTER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12)ANA ZACAPA	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(13)GRANT GUND	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)JAN-MAARTEN MULDER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.

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Form	990	(2018)	

Form 990 (2018)										Page 8
Part VII Section A. Officers, Directors, Tru		y Em	nplo			and H	lig			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s pei lad	ition more rson	e than o is both cor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		tee	ustee			ensated				
(15) PETER BERNARD	24.00	37		v					0	C 100
COO & BOARD MEMBR (6/18-10/18) (16) JAMES BENENSON III	0.	X		Χ				57,277.	0.	6,102.
BOARD MEMBER (AS OF 2/2018)	0.	x						0.	0.	0.
(17) MARY BARTON DOCK	1.00	~						0.	0.	0.
BOARD MEMBER (AS OF 5/2018)	0.	x						0.	0.	0.
(18) C.D. GLIN	1.00	- 21							0.	
BOARD MEMBER (AS OF 5/2018)	0.	x						0.	0.	0.
(19) WILLIAM F. FOOTE	40.00									
PRESIDENT & CEO	0.			X				273,194.	0.	24,602.
(20) JARED CHASE	40.00									
CFO/TREASURER & COO	0.			Х				197,570.	0.	10,577.
(21) NANCY EVERETT	40.00									
GEN. COUNSEL & INTERIM COO	0.			Х				162,895.	0.	19,802.
(22) BRYAN WOLINER	40.00	-								
VP FINANCE & IT, INTERIM CFO	0.			Х				141,867.	0.	19,758.
(23) MARLI PORTH	40.00	-						50.050		5 0 4 2
CHIEF OF STAFF/CLERK	0.			Х				78,053.	0.	5,043.
(24) BRIAN MATTHEW ONIE MILDER EVP OF STRATEGY	40.00	-			v			105 070	0.	01 E01
(25) DARCY SALINGER	40.00				X			185,870.	0.	21,581.
CHIEF CREDIT OFFICER						x		157,081.	0.	6,283.
	0.					21		0.	0.	0,205.
1b Sub-total c Total from continuation sheets to Part VII, Se	oction A		• • •		• •	• • •		1,748,676.	0.	212,171.
d Total (add lines 1b and 1c)	-		• • •	•••	•••	• • •	5	1,748,676.	0.	212,171.
 Total number of individuals (including but not l reportable compensation from the organization Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the s organization and related organizations gree <i>individual</i>. 	er, directo ule J for sud sum of rep eater than	or, or ch ind oortab \$15	tru <i>lividu</i> ble c	istee <i>Jal</i>	e, per <i>If</i>	key e satior	emp n ai	loyee, or highes nd other compens complete Schedu	t compensated sation from the le J for such	Yes No 3 X 4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	ron	n any	un	related organization	on or individual	
for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	le J	for	such	per	son		5 X
Section B. Independent Contractors		a al =		m+		440 - 1		hot rocation data	then \$400.000	£

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 3	e listed above) who received	

Form 990 (2018)							lia	heat Company		(Page 8
Part VII Section A. Officers, Directors		ey Enr	рю			and I	нıg			<u>(continue</u>		
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	s pe d a d	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation fron related organizations	om ar	(F) stimated mount of other npensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	org an	rom the ganizatio nd related ganization	on d
26) JEAN FORRESTER CONTROLLER	40.00					x		148,988.	(o.	22,4	127
27) LUBNA MARIA ELIA SR DIR, US HR & CORP COMPLI	40.00 ANC 0.					x		119,263.		o.	42,9	
28) MICHAEL MCCRELESS SR DIRECTOR OF IMPACT	40.00	-				x		109,335.		o.	14,7	
29) ELICIA CARMICHAEL VP STRATEGY	40.00											
VP_SIRATEGY	0.	_				X		117,283.		0.	18,2	18
		-										
1b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A											
2 Total number of individuals (including but reportable compensation from the organi		hose 12		d at	oov	e) who	o re	eceived more than	\$100,000 of			
3 Did the organization list any former											Yes	
employee on line 1a? If "Yes," complete SFor any individual listed on line 1a, is organization and related organizations	the sum of rep	oortab	le c	om	per	satio	n a	nd other compension	sation from the			X
<i>individual</i>5 Did any person listed on line 1a receiv	e or accrue co	mpen	satio	on f	ron	n any	un	related organizati	on or individual		X	x
for services rendered to the organization? Section B. Independent Contractors	' If "Yes," comple	te Scr	neau	lle J	tor	sucn	per	rson	<u></u>	5		
 Complete this table for your five highest compensation from the organization. Rej year. 												
(A) Name and busine	ss address							(B) Description of se	ervices	(C) Compen		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **>** JSA 8E1055 1.000

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
1a	Federated campaigns	1a					
b	Membership dues	1b					
c	Fundraising events	1c					
d	Related organizations	1d					
e	Government grants (contribut	tions) 1e	1,883,985.				
1a b c f f	All other contributions, gifts,	• ·	12,184,758.				
	and similar amounts not included	·					
g h	Noncash contributions included in Total. Add lines 1a-1f			14,068,743.			
<u> </u>			Business Code	,			
2a	LOAN INTEREST		522298	4,257,370.	4,257,370.		
b	LOAN FEES		522298	1,125,390.	1,125,390.		
c	LOAN GUARANTEES/RECOVERIE	S	522298	2,167,071.	2,167,071.		
d	LOAN MANAGEMENT SERVICES		522298	301,023.	301,023.		
e							
2a b c d f g	All other program service reve						
g	Total. Add lines 2a-2f			7,850,854.			
3		luding divider		205 100			225 12
	and other similar amounts)			225,123.			225,12
4	Income from investment of t Royalties	•		0.			
		(i) Real	(ii) Personal				
6a	Gross rents						
b	Less: rental expenses						
c b	Rental income or (loss)						
d	Net rental income or (loss)			0.			
7a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory						
b	Less: cost or other basis						
	and sales expenses	230,941.					
· ·	Gain or (loss)						
d	Net gain or (loss)		▶	-230,941.			-230,94
8a	Gross income from fundrai						
	events (not including \$						
	of contributions reported on I See Part IV, line 18		0.				
b	Less: direct expenses						
c	Net income or (loss) from fur			0.			
9a	Gross income from gaming See Part IV, line 19		0.				
b	Less: direct expenses						
c	Net income or (loss) from ga	aming activities.	· · · · · · · • •	0.			
10a	Gross sales of inventor returns and allowances	a	1				
b	Less: cost of goods sold						
c	Net income or (loss) from sale Miscellaneous Revenue		Business Code	0.			
44-	CONTRACTUAL REVENUE REIMB		900099	305,727.	305,727.		
11a	MISCELLANEOUS REVENUE		900099	56,214.	56,214.		
D C							
d	All other revenue						
e	Total. Add lines 11a-11d			361,941.			
12	Total revenue. See instruction			22,275,720.	8,212,795.		-5,81

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Form **990** (2018)

ROOT CAPITAL, INC.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus		. All other organization	ns must complete colun	nn (A).
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	F 4 0 6 0 F	F 40 C 0 F		
individuals. See Part IV, lines 15 and 16	549,685.	549,685.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,665,590.	867,151.	701,481.	96,958
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,345,569.	4,344,987.	526,484.	474,098
8 Pension plan accruals and contributions (include	110 000		14 0 41	10 00
section 401(k) and 403(b) employer contributions)	118,293.	92,968.	14,341. 365,783.	10,984
9 Other employee benefits	929,339.	516,101.		47,455
0 Payroll taxes	510,497.	442,125.	20,039.	48,333
1 Fees for services (non-employees):	0.			
a Management	297,047.	84,136.	212,911.	
b Legal	175,093.	5,129.	169,964.	
c Accounting	1/5,093.	5,129.	109,904.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column	1,973,354.	1,498,632.	439,900.	34,822
(A) amount, list line 11g expenses on Schedule O.)	25,786.	8,408.	16,561.	81
Advertising and promotion	123,455.	92,259.	31,196.	01
3 Office expenses	560,492.	60,231.	500,261.	
I4 Information technology	0.		50072011	
IS Royalties	1,037,354.	809,653.	153,682.	74,019
	981,556.	903,032.	36,587.	41,937
7 Travel	,	,		
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	328,327.	327,492.	835.	
20 Interest	1,759,365.	1,759,365.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	113,549.		113,549.	
23 Insurance	85,906.	1,853.	84,053.	
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 O.)				
aALLOWANCE FOR LOAN LOSS	6,406,250.	6,406,250.		
bOTHER DIRECT COSTS	22,792.	486.	22,306.	
cMEMBERSHIP & PUBLICATIONS	74,178.	29,216.	44,962.	
dSHARED COST ALLOCATION		495,736.	-541,241.	45,505
e All other expenses		489,460.	-536,938.	47,478
25 Total functional expenses. Add lines 1 through 24e	23,083,477.	19,784,355.	2,376,716.	922,406
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 Fill if	0			

0.

following SOP 98-2 (ASC 958-720)

Form 990 (2018)

ROOT CAPITAL, INC.

Page	11
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	ROOT CAPITAL, INC.		04-	34/8123
m 990 (:				Page 1
art X	Balance Sheet	ant V		
	Check if Schedule O contains a response or note to any line in this P		•••	
		(A) Beginning of year		(B) End of year
	Ocale and interest becaute	38,211,338.		14,325,029
1	Cash - non-interest-bearing	2,951,425.		25,031,999
2	Savings and temporary cash investments	2,693,118.		3,088,06
3	Pledges and grants receivable, net	2,078,737.		3,088,00
4	Accounts receivable, net	2,070,737.	4	3,013,07
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.	0.	5	
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	
7	Notes and loans receivable, net	191,795.	•	71,92
7 8	Inventories for sale or use	0.	-	
9	Prepaid expenses and deferred charges	498,188.		598,29
-	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 1,520,531.			
b	Less: accumulated depreciation	804,067.	10c	1,141,27
11	Investments - publicly traded securities	210,885.		258,86
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	56,335,906.		42,212,77
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	1,346,752.	15	1,114,89
16	Total assets. Add lines 1 through 15 (must equal line 34)	105,322,211.	16	90,858,79
17	Accounts payable and accrued expenses	1,813,190.	17	2,149,08
18	Grants payable	0.	10	
19	Deferred revenue			2,483,08
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	4,470,218.	21	91,34
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L			125,00
23	Secured mortgages and notes payable to unrelated third parties	0.	1 20	FO 101 CC
24	Unsecured notes and loans payable to unrelated third parties	82,162,749.	24	70,191,66
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	241 726		00.00
	of Schedule D	341,736. 89,072,080.		99,80 75,139,98
26	Total liabilities. Add lines 17 through 25	09,072,000.	26	75,159,90
	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
27		10,654,322.	27	11,134,00
28	Unrestricted net assets Temporarily restricted net assets	5,595,809.	28	4,584,80
29	Permanently restricted net assets	0.	-	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		-	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
	Total net assets or fund balances	16,250,131.	33	15,718,80
33				

ROOT	CAPITAL,	INC.
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Form 9	90 (2018)		Pag	e 12
Part				
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)		275,7	
2	Total expenses (must equal Part IX, column (A), line 25)		83,4	
3	Revenue less expenses. Subtract line 2 from line 1		307,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	16,2	250,1	
5	Net unrealized gains (losses) on investments		5,2	
6	Donated services and use of facilities			0.
7	Investment expenses			0.
8	Prior period adjustments			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	2	271,1	84.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	15,7	18,8	07.
Part				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
			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 it	in		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on			
	separate basis, consolidated basis, or both:			
	Separate basis X 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 oversigl	ht		
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant	-	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain i			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth i	in		
Ju	the Single 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	ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

Form **990** (2018)

SCHEDULE A
(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.

OMB No. 1545-0047 6 Я 0

	► Go to www.irs.gov/Form990 for instructions and the latest information.								
		he organization						Employer identifi	
		CAPITAL, I						04-34781	
Par					rganizations must c			,	
	orga				is: (For lines 1 through	-	-		
1	_				ion of churches desc				
2					. (Attach Schedule E				
3			-	-	rganization described				(iii) Entor the
4			me, city, and sta		conjunction with a hos	spital des			(III). Enter the
5					a college or universit	y owned	d or opera	ated by a governme	ntal unit described in
		section 170(I	b)(1)(A)(iv). (C	omplete Part II.)		-	·		
6		A federal, sta	ate, or local gov	vernment or gover	nmental unit describe	d in sect	ion 170(b)	(1)(A)(v).	
7	Х	An organizat	ion that norma	Illy receives a sub	stantial part of its su	pport fro	om a gove	ernmental unit or fro	om the general public
		described in	section 170(b)	(1)(A)(vi). (Comple	ete Part II.)				
8		A community	r trust describe	d in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9		An agricultura	al research org	anization describe	ed in section 170(b)(1)(A)(ix) (operated in	n conjunction with a	land-grant college
		-	or a non-land-g	grant college of ag	riculture (see instruct	ions). Ei	nter the na	me, city, and state of	f the college or
4.0		university:	a.a. 4h 1	h			f		in face and an
10		receipts from support from acquired by t	activities relat gross investm he organization	ed to its exempt f ent income and un n after June 30, 19	ore than 331/3 % of its unctions - subject to on related business tax 975. See section 509	certain e able inco (a)(2). (C	xceptions, ome (less s Complete F	and (2) no more tha section 511 tax) from Part III.)	n 331/3 % of its
11		U	0		sively to test for publi				arm and the purpose
12		-	-	-		-			ee section 509(a)(3).
									nes 12e, 12f, and 12g.
-				-				-	-
а					, supervised, or contr	-			
			-		regularly appoint or e		ajonty of t	ne directors or truste	es or the
h			-	-	e Part IV, Sections A		with ito o	upported organization	an(a) by baying
b					ed or controlled in co				
			-		rganization vested in Sections A and C.	ine sam	e persons		age the supported
с		-		-	ng organization opera	ted in co	annection	with and functional	ly integrated with
U					s). You must comple				iy integrated with,
d			-		porting organization of				ted organization(s)
ũ			-		ization generally mus	-			
			•	• •	mplete Part IV, Sect	•		•	
е			-		a written determinatio				I, Type III
			•		ionally integrated sup			••••••	
f	En	ter the numbe	er of supported	organizations					
g	Pro	ovide the follo	wing informatio	n about the suppo	orted organization(s).				
	(i) N	ame of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10			(v) Amount of monetary	(vi) Amount of other support (see
					above (see instructions))		ur governing ment?	support (see instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
. ,									
Tota	I								
For P	aper	work Reduction	Act Notice, see the	Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2018

Page 2

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,221,264.	6,528,783.	8,283,243.	11,510,919.	14,068,743.	47,612,952.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	7,221,264.	6,528,783.	8,283,243.	11,510,919.	14,068,743.	47,612,952.
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)						6,095,088.
6	Public support. Subtract line 5 from line 4						41,517,864.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4.	7,221,264.	6,528,783.	8,283,243.	11,510,919.	14,068,743.	47,612,952.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	152,280.	94,009.	108,868.	112,649.	225,123.	692,929.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1			37,635.			37,635.
11	Total support. Add lines 7 through 10						48,343,516.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	55,044,957.
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (li	ne 6, column (f)) divided by line	11, column (f)).		14	85.88%
15	Public support percentage from 2017	Schedule A, Pa	art II, line 14			15	85.17 %
16a	331/3% support test - 2018. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization q						
b	33 1/3% support test - 2017. If the org	ganization did n	ot check a box c	on line 13 or 16	a, and line 15 i	s 331/3 % or moi	re, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶∟
17a	10%-facts-and-circumstances test - 2	2018. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization					-	•
	Part VI how the organization meets t	he "facts-and-c	circumstances" te	est. The organi	zation qualifies	as a publicly s	upported
	organization						▶∟
b	10%-facts-and-circumstances test - 2	2017. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	anization meets	s the "facts-and	l-circumstances	" test, check tl	nis box and st	op here.
	Explain in Part VI how the organizati supported organization				-		
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513 .						
4	Tax revenues levied for the						
	organization'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						
~	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6.	(1)			(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	ation's first, seco	nd, third, fourth,	or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15		, column (f), divid	ded by line 13. colu	mn (f))		. 15	%
	Public support percentage for 2018 (line 8					-	
16		()				16	%
16	Public support percentage from 2017 Sche	edule A, Part III, li	ne 15	<u></u>	<u></u>	16	%
16 Sec	Public support percentage from 2017 Sche tion D. Computation of Investmen	edule A, Part III, li t Income Per	ne 15				
16 Sec 17	Public support percentage from 2017 Sche tion D. Computation of Investmen Investment income percentage for 2018 (lin	edule A, Part III, li t Income Per ne 10c, column	ne 15 centage (f), divided by line	13, column (f))		17	%
16 Sec 17 18	Public support percentage from 2017 Sche tion D. Computation of Investmen Investment income percentage for 2018 (lin Investment income percentage from 2017	edule A, Part III, li t Income Per ne 10c, column Schedule A, Part	ne 15 centage (f), divided by line t III, line 17	13, column (f))		17 18	%
16 Sec 17 18	Public support percentage from 2017 Sche tion D. Computation of Investmen Investment income percentage for 2018 (lii Investment income percentage from 2017 331/3% support tests - 2018. If the org	edule A, Part III, li t Income Per ne 10c, column Schedule A, Part ganization did n	ne 15 centage (f), divided by line t III, line 17 ot check the boy	13, column (f)) c on line 14, and	l line 15 is mor	17 18 e than 331/3%,	% and line
<u>16</u> Sec 17 18 19a	Public support percentage from 2017 Sche tion D. Computation of Investmen Investment income percentage for 2018 (lin Investment income percentage from 2017 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th	edule A, Part III, li t Income Per- ne 10c, column Schedule A, Part ganization did n is box and sto	ne 15 centage (f), divided by line t III, line 17 tot check the boy p here. The organic	13, column (f)) c on line 14, and anization qualifies	l line 15 is mor s as a publicly	17 18 e than 331/3%, supported organ	% % and line nization . ►
<u>16</u> Sec 17 18 19a	Public support percentage from 2017 Sche tion D. Computation of Investmen Investment income percentage for 2018 (lin Investment income percentage from 2017 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th 331/3% support tests - 2017. If the organisation	edule A, Part III, li t Income Per- ne 10c, column Schedule A, Part ganization did n is box and sto anization did not	ne 15 centage (f), divided by line t III, line 17 ot check the box p here. The organ check a box on	13, column (f)) c on line 14, and anization qualifies line 14 or line 19	l line 15 is mor as a publicly a, and line 16 is	17 18 e than 331/3 %, supported orgar more than 331.	% % and line nization . ►
<u>16</u> Sec 17 18 19a	Public support percentage from 2017 Sche tion D. Computation of Investmen Investment income percentage for 2018 (lin Investment income percentage from 2017 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th	dule A, Part III, li t Income Per ne 10c, column Schedule A, Part ganization did n is box and sto anization did not this box and s	ne 15 centage (f), divided by line t III, line 17 ot check the box p here. The org check a box on top here. The or	13, column (f)) c on line 14, and anization qualifies line 14 or line 19 ganization qualifie	I line 15 is mor as a publicly a, and line 16 is as as a publicly	17 18 e than 331/3 %, supported organ s more than 331, supported organ	nization . ► /3 %, and nization ►

Page **4**

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

04-3478123

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2018

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Schedu	le A (Form 990 or 990-EZ) 2018		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Vaa	Na
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		14	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instrue		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organi	g trust or	n Nov. 20, 1970 (expla	,
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (as instructions) 	6		
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount	• •	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			Guirent real
2	Amounts paid to perform activity that directly furthers exen		ed	
-	organizations, in excess of income from activity		64	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
-	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			A (Form 990 or 990-EZ) 2

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Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II -	OTHER INCOM	E			ATTACHMENT	L
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER REVENUE			37,635.			37,635.
TOTALS		=	37,635.			37,635.

Schedule B

(101111 330, 330 EE,]	
or 990-PF)	
Department of the Treasury	
Internal Revenue Service	

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

18

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

04-3478123

ROOT CAPITAL, INC.

Organization type (check one):

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

ganization ROOT CAPITAL, INC.		Employer identification number 04-3478123
Contributors (see instructions). Use duplicate copie	s of Part I if additional space is	needed.
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ 1,700,000	Person X Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$1,508,188	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$1,167,990	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$1,041,977	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$1,000,000	Person X Payroll Noncash ∴ Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$699,159	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Schedule B (Form 990, 99	,	/ \
Name of organization	ROOT	CAPITA

Part I

(a) No.

(a) No.

(a) No.

(a)

No.

(a) No.

(a) No.

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2

1

-	s (Form 990, 990-EZ, or 990-PF) (2018) organization ROOT CAPITAL,INC.		Employer ide 04-34	ntification numbe
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions Type of	(d) of contribution
7		\$6	513,913. (Complete noncash c	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions Type	(d) of contribution
8		\$5	593,040. (Complete noncash c	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions Type	(d) of contribution
9		\$	500,000. (Complete noncash c	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions Type of	(d) of contribution
10		\$	Person Payroll Noncas (Complete noncash c	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions Type	(d) of contribution
11		\$3	Person Payroll Noncas (Complete noncash c	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions Type	(d) of contribution
		\$3	B13,000. (Complete noncash c	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	Page 2
nployer identification	number
04-3478123	

rganization ROOT CAPITAL, INC.		Employer identification number 04-3478123
Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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) (2018)

PAGE 29

Part I

(a)

No.

13

(a) No.

14

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a) Na	

(a) No.

from

Part I

		\$	
(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
		\$	

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

(b)

Description of noncash property given

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

Name of organization ROOT CAPITAL, INC.

04-3478123

(c)

FMV (or estimate)

(See instructions.)

Employer identification number

(d)

Date received

Name of or	ganization ROOT CAPITAL, INC.			Employer identification number
Part III	<i>Exclusively</i> religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the	omplete columns (a) through (e) and f <i>exclusively</i> religious, charitable, etc		
	Use duplicate copies of Part III if addit			e instructions.) ► 5
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transi	fer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation:	ship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transi		ship of transferor to transferee
		IU ZIF + 4		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transi	fer of gift	
	Transferee's name, address, ar	Transferee's name, address, and ZIP + 4 Relatio		ship 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, ar	nd ZIP + 4	Relations	ship of transferor to transferee
ISA				Schedule B (Form 990, 990-EZ, or 990-PF) (2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

PAGE 31

Page 4

SCHEE	DULE	D
(Form	990)	

T

nnlomontal Financial Statements **c**...

	SCHEDULE D (Form 990) Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047		
(Fo),	2018	
			12b.		
Department of the Treasury ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.			nation	Open to Public Inspection	
	e of the organization	P 00 to 1111.10.901		Employer identifica	
ROC	OT CAPITAL, IN	IC.		04-347812	23
Pa	rt Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at er	nd of year			
2	Aggregate value o	f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	t end of year			
5	Did the organizati	on inform all donors and donor	advisors in writing that the assets held	in donor advised	
	funds are the orga	nization's property, subject to the	e organization's exclusive legal control?		Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writing that grant fu	unds can be used	
			fit of the donor or donor advisor, or for a		
_	conferring imperm	issible private benefit?		<u></u>	Yes No
Pa		tion Easements.			
		_	"Yes" on Form 990, Part IV, line 7.		
1		•	e organization (check all that apply).		
		n of land for public use (e.g., rec	·	of a historically im	
		of natural habitat	Preservation	of a certified histor	ric structure
_		n of open space			
2	-		eld a qualified conservation contribution in		
		ast day of the tax year.			End of the Tax Year
a				2a	
b	-	-	S	2b	
c			historic structure included in (a)	2c	
d			c) acquired after 7/25/06, and not on a	24	
•		-		2d	ization during the
3		valion easements modified, trai	nsferred, released, extinguished, or termin	lated by the organ	ization during the
4	tax year ►	where property subject to conce	ervation easement is located		
4 5			garding the periodic monitoring, inspect	ion handling of	
5	-		sements it holds?	-	
6			cting, handling of violations, and enforcing con		
U		nours devoted to monitoring, inspec	sing, handling of violations, and enforcing con	iservation easements	during the year
7	Amount of expens	es incurred in monitoring inspec	ting, handling of violations, and enforcing c	onservation easem	ents during the year
•	►\$	• •	ang, nanaling of violations, and emotering of	onservation casem	chis during the year
8			2(d) above satisfy the requirements of secti	on 170(h)(4)(B)(i)	
•					
9			conservation easements in its revenue and		
•		•	of the footnote to the organization's financ	•	
		ounting for conservation easeme	•		
Pa			of Art, Historical Treasures, or Othe	r Similar Assets.	1
			"Yes" on Form 990, Part IV, line 8.		
1a	If the organization works of art, hist	n elected, as permitted under Si orical treasures, or other simila	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, edu	revenue statement cation, or researc	t and balance sheet h in furtherance of
	public service, pro	vide, in Part XIII, the text of the f	oothote to its financial statements that des	scribes these items.	
b	works of art, hist public service, pro	orical treasures, or other similar vide the following amounts related to the following amounts rela	•	cation, or researc	h in furtherance of
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		▶\$	
	(ii) Assets include	d in Form 990, Part X		▶\$	

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included on Form 990, Part VIII, line 1. а b Assets included in Form 990, Part X.....

Schedule D (Form 990) 2018

▶\$_

▶\$

ROOT CAPITAL, INC.

04-3478123

Scher	dule D (Form 990) 2018	, i 0/11 i		C .						01 51	0125	Page 2
	rt III Organizations Maintaini	ng Colle	ections of	Art Histo	rical Tre	asure	s or	Other	Similar A	ssets (continue	
3	Using the organization's acquisition											
5	collection items (check all that app							101101	ing that a	ile a sigi	inicant ut	50 01 113
а	Public exhibition	· y /·		d		or exch	ande	progra	ms			
b	Scholarly research			e	Other		•					
c	Preservation for future gene	rations		•								
4	Provide a description of the organ		collection	s and expl	ain how t	they fu	rther	the or	nanization'	s exemp	t nurnose	in Part
7	XIII.	nzation o	00110001011			incy ru			gamzation	o oxomp		, in r art
5	During the year, did the organization	on solicit	or receive	donations o	fart hist	orical tr	reasu	res or	other simil	ar		
Ū	assets to be sold to raise funds rath									_	Yes	No
Pa	rt IV Escrow and Custodial A					or game	attori					
i u	Complete if the organiza			es" on For	m 990. F	Part IV.	line	9. or r	eported a	n amour	nt on For	m
	990, Part X, line 21.					u,		0, 0	op 0110 0 0			
1a	Is the organization an agent, truste	e. custo	dian or oth	er intermed	liarv for c	ontribu	tions	or othe	r assets no	t		
	included on Form 990, Part X?										Yes	X No
b	If "Yes," explain the arrangement i	n Part XI	II and com	plete the fo	llowina tat	ole:	•••					
					5					Amount		
с	Beginning balance						1c					
	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a								stodial	account lia	bility?	X Yes	No
b	If "Yes," explain the arrangement i											X
	rt V Endowment Funds.											
	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990, F	Part IV,	, line	10.				
	· · · · · ·	(a) Cu	rrent year	(b) Pric	r year	(c) Tw	/o year	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance											
b	Contributions											
c	Net investment earnings, gains,											
U	and losses											
Ь	Grants or scholarships											
e	Other expenditures for facilities											
U	and programs											
f	Administrative expenses											
a	End of year balance.											
2	Provide the estimated percentage			end halanc	e (line 1a	columr	າ (ລ))	held as				
a	Board designated or quasi-endown			%	e (inte rg,	oolann	(u))					
b	Permanent endowment	%		_								
с	Temporarily restricted endowment	►	%									
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%.								
3a	Are there endowment funds not in	the poss	ession of t	he organiza	ation that	are hel	ld and	d admir	nistered for	the		
	organization by:										Y	es No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organi	zations liste	ed as require	ed on Sch	edule R	R?				3b	
4	Describe in Part XIII the intended u			ation's endo	wment fur	nds.						
Ра	rt VI Land, Buildings, and Equ	uipment		'aa" an Fai			مال	110		000 0	rt V line	10
	Complete if the organize	ation and		r other basis	(b) Cost				See FOrm		Book valu	
	Description of property			stment)		ther)	asis		eciation	(0		
1a	Land											
b	Buildings											
С	Leasehold improvements					82,3			38,476.			3,923.
d	Equipment					11,50			03,439.			8,069.
e	Other	<u></u>				326,62			37,341.			9,283.
Tota	I. Add lines 1a through 1e. (Column	ı (d) mus	t equal For	m 990, Part	X, colum	n (B), lii	ne 10	c.)			1,14	1,275.
							_	_		Sched	ule D (Forn	n 990) 2018

JSA 8E1269 1.000 2549IX 649N 11/15/2019 2:26:47 PM Part VII

Page 3 **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests

(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LOANS RECEIVABLE	42,212,773.	FMV
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	42,212,773.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT LIABILITY	95,969.
(3) OTHER LIABILITIES	3,834.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	99,803.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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ROOT	CAPITAL,	INC.
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Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	14,530,381.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
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	-7,745,339.
3	Subtract line 2e from line 1	3	22,275,720.
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.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	22,275,720.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	15,061,705.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
_	Donated services and use of facilities		
a h			
b	Prior year adjustments 2b Other losses 2c	1	
C L		1	
d		2e	143,843.
e	Add lines 2a through 2d Subtract line 2e from line 1	3	14,917,862.
3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a			
b		4c	8,165,615.
с 5	Add lines 4a and 4b	4C 5	23,083,477.
-	Yill Supplemental Information.	J	20,000,11,1
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV,	art V, li	ne 4; Part X, line

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

ESCROW AND CUSTODIAL ARRANGEMENTS

SCHEDULE D, PART IV, LINE 2B

AT TIMES, ROOT CAPITAL CO-LENDS WITH OTHER ORGANIZATIONS AND ADMINISTERS THE ENTIRE LOAN. CREDIT COUNSELING AND DEBT MANAGEMENT SERVICES ARE PROVIDED BY THE CO-LENDER. IN MANY LOCATIONS, ROOT CAPITAL BEARS THE RESPONSIBILITY TO CREATE A TRIANGULATED PARTNERSHIP BETWEEN THE CO-LENDER, BORROWER, AND COMMERCIAL BUYER. THIS CREATES AN ADDED MEASURE OF SECURITY FOR ROOT CAPITAL'S CLIENTS BY ENSURING THAT THEIR PRODUCTS CAN BE SOLD AT A FAIR PRICE, AND HELPS BUYERS CONTRIBUTE TO THE LOCAL ECONOMIES.

THE ESCROW FUNDS REPRESENT A TIMING DIFFERENCE BETWEEN REPAYMENTS FROM BORROWERS AND TRANSFER OF FUNDS DUE TO CO-LENDING PARTNERS. THE ESCROW ACCOUNT IS ALSO USED WHEN A BUYER PAYS ROOT CAPITAL THE FULL AMOUNT OF THE MONEY OWED TO A SUPPLIER/BORROWER. ROOT CAPITAL DEDUCTS THE PRINCIPAL AND INTEREST OWED ON ITS LOAN AND FORWARDS THE REMAINING BALANCE TO THE SUPPLIER/BORROWER.

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

SCHEDULE D, PART X, LINE 2

ROOT CAPITAL FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT Schedule D (Form 990) 2018

ROOT CAPITAL, INC.

Part XIII Supplemental Information (continued)

OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

ROOT CAPITAL IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. ROOT CAPITAL HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. ROOT CAPITAL HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. IN ADDITION, ROOT CAPITAL HAS NOT RECORDED A PROVISION FOR INCOME TAXES AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS INCOME ACTIVITIES.

RECONCILIATION OF REVENUE

 SCHEDULE D, PART XI, LINE 2D

 PROVISION FOR LOAN LOSS:
 \$(6,406,250)

 INTEREST EXPENSE:
 &(1,759,365)

 FOREIGN CURRENCY EXCHANGE GAIN (LOSS):
 271,184

 TOTAL
 \$(7,894,431)

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Part XIII Supplemental Inf	ROOT CAPITAL, INC.	04-3478123	Page 5
RECONCILIATION OF EXPEN	· · ·		
SCHEDULE D, PART XII, I			
PROVISION FOR LOAN LOSS			
	\$1,759,365		
INTEREST EXPENSE:	ŞI, 759, 365		
TOTAL	\$8,165,615		

SCHEDULE F State			nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047
(For	m 990)				"Yes" on Form 990, Part IV,		2018
	ment of the Treasury	►G	io to <i>www.irs.go</i>		to Form 990. nstructions and the latest inf	ormation.	Open to Public Inspection
	I Revenue Service of the organization		-			Employer identi	
ROO	r capital, in	IC.				04-3478	123
Part		formation o Part IV, line 14		Outside the	United States. Compl	ete if the organization	answered "Yes" or
	assistance, the gragrants or assistance	antees' eligibili æ?	ty for the grant	ts or assistanc	substantiate the amount of e, and the selection criteri	a used to award the	X Yes No
	outside the United		rait v the org		becauses for monitoring f	ine use of its grains a	
3	Activities per Reg	on. (The follov	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	, , , , , , , , , , , , , , , , , , ,	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	SUB-SAHARAN AFRIC	A	2.	24.	PROGRAM SERVICES	LOAN DISBURSEMENTS	25,821,075.
(2)	SOUTH AMERICA		1.	13.	PROGRAM SERVICES	LOAN DISBURSEMENTS	34,339,830.
(3)	CENTRAL AMERICA/C	ARIBBEAN	1.	18.	PROGRAM SERVICES	LOAN DISBURSEMENTS	26,953,903.
(4)	NORTH AMERICA		1.	7.	PROGRAM SERVICES	LOAN DISBURSEMENTS	5,078,772.
(5)	EAST ASIA AND THE	PACIFIC	0.	0.	PROGRAM SERVICES	LOAN DISBURSEMENTS	4,813,680.
(6)	SUB-SAHARAN AFRIC	A	0.	0.	PROGRAM SERVICES	LENDING/ADVISORY	3,157,822.
(7)	SOUTH AMERICA		0.	0.	PROGRAM SERVICES	LENDING/ADVISORY	1,861,536.
(8)	CENTRAL AMERICA/C	ARIBBEAN	0.	0.	PROGRAM SERVICES	LENDING/ADVISORY	1,333,383.
(9)	NORTH AMERICA		0.	0.	PROGRAM SERVICES	LENDING/ADVISORY	378,404.
<u>(10)</u>	SOUTH AMERICA		0.	0.	GRANTMAKING	LENDING/ADVISORY	250,000.
<u>(11)</u>	CENTRAL AMERICA/C	ARIBBEAN	0.	0.	GRANTMAKING	LENDING/ADVISORY	167,685.
<u>(12)</u>	NORTH AMERICA		0.	0.	GRANTMAKING	LENDING/ADVISORY	102,000.
<u>(13)</u>	EAST ASIA AND THE	PACIFIC	0.	0.	GRANTMAKING	LENDING/ADVISORY	30,000.
<u>(14)</u>							
<u>(15)</u>							
<u>(16)</u>							
(17)							
3a	Subtotal		5.	62.			104,288,090.
b	Total from sheets to Part I	continuation					

c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 8E1274 1.000 2549IX 649N 11/15/2019 2:26:47 PM

5.

62.

104,288,090.

Schedule F (Form 990) 2018 Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SUB-SAHARAN AFRICA	AGRICULTURAL	20,000.	WIRE			
(2)		SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(3)		SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(4)		SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(5)		SOUTH AMERICA	AGRICULTURAL	20,000.	WIRE			
(6)		SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(7)		SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(8)		SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(9)		SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(10)		SOUTH AMERICA	AGRICULTURAL	20,000.	WIRE			
(11)		SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(12)		SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(13)		SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(14)		CENT. AMERICA/CARIBBEAN	AGRICULTURAL	15,000.	WIRE			
(15)		CENT. AMERICA/CARIBBEAN	AGRICULTURAL	15,000.	WIRE			
(16)		SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

Schedule F (Form 990) 2018

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►

ROOT CAPITAL, INC.

ROOT CAPITAL, INC. Schedule F (Form 990) 2018

1	Part IV, line 15, for an (a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
	òrġanization	section and EIN (if applicable)		grant	` cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	AGRICULTURAL	20,000.	WIRE			
(2)			SUB-SAHARAN AFRICA	AGRICULTURAL	20,000.	WIRE			
(3)			SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(4)			NORTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	AGRICULTURAL	20,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	AGRICULTURAL	7,632.	WIRE			
(7)			SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(8)			SOUTH AMERICA	AGRICULTURAL	15,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	AGRICULTURAL	20,000.	WIRE			
(10)			SUB-SAHARAN AFRICA	AGRICULTURAL	29,900.	WIRE			
(11)			SUB-SAHARAN AFRICA	AGRICULTURAL	20,000.	WIRE			
(12)			NORTH AMERICA	AGRICULTURAL	87,000.	WIRE			
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

Schedule F (Form 990) 2018

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
0)							
1)							
2)							
3)							
4)							
5)							
6) Z)							
7) 8)							

Schedule F (Form 990) 2018

ROOT CAPITAL, INC.

Page	4

Sched	ule F (Form 990) 2018		Page 4
Part	V 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 separately 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; don't file with Form 990)	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)	X Yes	No 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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page 5 **Supplemental Information** Part V 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 (see instructions). PROCESS FOR MONITORING USE OF GRANTS SCHEDULE F, PART I, LINE 2 ROOT CAPITAL IS RESPONSIBLE FOR THE ACTIONS OR INACTIONS OF ITS SUBRECIPIENTS AS STIPULATED UNDER THE AGREEMENTS. THE MONITORING OF SUBRECIPIENTS IS AN EXTREMELY IMPORTANT PART OF SUBPROJECT MANAGEMENT TO ENSURE THAT THE SUBGRANTEE IS PERFORMING IN ACCORDANCE WITH THE AGREEMENT, STANDARD OPERATING PROCEDURE AND IN FURTHERANCE OF THE PROJECT OBJECTIVES. A VARIETY OF TOOLS ARE UTILIZED TO MONITOR SUBGRANTEES. THESE INCLUDE: - TIMELY AND THOROUGH REVIEW OF FINANCIAL AND PROGRAMMATIC SUBGRANTEE REPORTS - PERIODIC AND ON-SITE VISITS - REGULAR AND ONGOING COMMUNICATION WITH SUBGRANTEE - INTERNAL AND/OR EXTERNAL AUDITS PATHFINDER CONDUCTS PRE-AWARD AND PERIODIC RISK ASSESSMENTS OF THE SUBRECIPIENTS.

DEPENDING ON THE RESULTS, A MONITORING PLAN TOGETHER WITH AN APPROPRIATE MECHANISM FOR FUNDING, FINANCIAL AND PROGRAMATIC MANAGMENT AND MONITORING IS FORMULATED.

ACCOUNTING METHOD USED SCHEDULE F, PART I, LINE 3, COLUMN (F) THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE ACCRUAL BASIS OF ACCOUNTING.

(Forr	EDULE J n 990)	For certain Officers, Dire Cor ► Complete if the organizatio ►	ISation Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line : Attach to Form 990. 990 for instructions and the latest information	23.	OMB No. 1545-0047				
-	Revenue Service	, i i i i i i i i i i i i i i i i i i i		Employer identification			n		
	CAPITAL,			04-3478123					
Part		ns Regarding Compensation		01 51/0125					
Fall	Question	is Regarding compensation				Yes	No		
	990, Part VII, First-cla Travel fo Tax inde Discretio	Section A, line 1a. Complete Part III to liss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th ement or provision of all of the ex	by by ded any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, ch me organization follow a written policy responses described above? If "No," com	g these items. personal use nal residence on fees auffeur, chef) egarding payment iplete Part III to	1b				
2	Did the ora:	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all					
2	-		D/Executive Director, regarding the items	-					
					2				
3	Indicate which organization's related organ X Comper X Indepen	h, if any, of the following the filing organs CEO/Executive Director. Check all that	hization used to establish the compensati at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract X Compensation survey or study X Approval by the board or compensation	ods used by a art III.					
4	During the ye organization of	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing					
а			ayment?		4a		Х		
			ntal nonqualified retirement plan?		4b		Х		
С	Participate in	, or receive payment from, an equity-ba	ased compensation arrangement?		4c		Х		
			rovide the applicable amounts for each it	em in Part III.					
5	For persons I		rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue	any					
а		5			5a		Х		
	Any related o				5b		Х		
6	For persons I compensation	isted on Form 990, Part VII, Section A, n contingent on the net earnings of:	, line 1a, did the organization pay or accrue	-					
					6a		Х		
b					6b		X		
	If "Yes" on lin	e 6a or 6b, describe in Part III.							
7			n A, line 1a, did the organization proves		7	Х			
8			paid or accrued pursuant to a contract the						
	to the initia	I contract exception described in I	Regulations section 53.4958-4(a)(3)? I	f "Yes," describe					
					8		Х		
9			low the rebuttable presumption proced		9				
							•		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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 on 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 aren't listed on Form 990, Part VII.

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 o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
WILLIAM F. FOOTE	(i)	273,194.	0.	0.	11,000.	13,602.	297,796.	0.
1 ^{PRESIDENT & CEO}	(ii)	0.	0.	0.	0.	0.	0.	0.
JARED CHASE	(i)	197,570.	0.	0.	7,454.	3,123.	208,147.	0.
2 ^{CFO/TREASURER & COO}	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIAN MATTHEW ONIE MILD	(i)	173,803.	0.	12,067.	7,484.	14,097.	207,451.	0.
SEVP OF STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
NANCY EVERETT	(i)	158,203.	4,692.	0.	6,880.	12,922.	182,697.	0.
GEN. COUNSEL & INTERIM COO	(ii)	0.	0.	0.	0.	0.	0.	0.
DARCY SALINGER	(i)	157,081.	0.	0.	6,283.	0.	163,364.	0.
5 ^{CHIEF CREDIT OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
JEAN FORRESTER	(i)	148,988.	0.	0.	5,479.	16,948.	171,415.	0.
6 ^{CONTROLLER}	(ii)	0.	0.	0.	0.	0.	0.	0.
BRYAN WOLINER	(i)	134,829.	7,038.	0.	5,836.	13,922.	161,625.	0.
7 ^{VP FINANCE & IT, INTERIM CFO}	(ii)	0.	0.	0.	0.	0.	0.	0.
LUBNA MARIA ELIA	(i)	119,263.	0.	0.	34,206.	8,770.	162,239.	0.
8 SR DIR, US HR & CORP COMPLIANC	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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.

NONFIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

THE FOLLOWING INDIVIDUALS RECEIVED NONFIXED PAYMENTS IN 2018:

NANCY EVERETT \$4,692

BRYAN WOLINER \$7,038

NONFIXED PAYMENTS REPRESENT BONUSES IN RECOGNITION OF THE ADDITIONAL

REPORTING REQUIREMENTS FOR BOTH THE INTERIM COO AND CFO.

SCHEDULE L (Form 990 or 990-EZ) Co Department of the Treasury Internal Revenue Service	omplete if the o	rganization a 28b, or 28c ► At	Sactions With Interested Persons hization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, bb, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. w.irs.gov/Form990 for instructions and the latest information.							OMB No. 1545-0047			
Name of the organization								Employe	er identif	ication	numbe	er	
ROOT CAPITAL, INC.								04	-3478	123			
							501(c)(29) orgar 25a or 25b, or Fo				line 4	0b.	
1 (a) Name of disqualified person		(b) Relatio		etween organiza	disqualified perse ation	on and	(c) De	scriptio	n of trans	action		H) Correcte
(1)													
(2)													
(3)													
(4)													
(5)													
(6)2 Enter the amount of													
Part II Loans to and/o Complete if the organization rep	organization a	answered "Ye	es" on				ne 38a or Form 9	90, Pa	rt IV, li	ne 26;	or if tl	he	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan			(f) Balance due	(g) Ir	I) In default? (h) Approved by board or committee?				(i) Written agreement?		
			То	From				Ye	s No	Yes	No	Yes	No
(1) RICK PEYSER	BOARD MEMBER	INVESTMENT	Х		25,	000.	25,000).	X		Х	Х	
(2) JACK TAYLOR	BOARD MEMBER	INVESTMENT	Х		100,	000.	100,000).	X		Х	Х	
(3)													
(4)													
(5)									_				
(6)													
(7)									_				
(8)													
(9) (10)													
Fotal Part III Grants or Assis Complete if the					990. Part IV	•	\$ 125,00 7.	0.					
(a) Name of interested person	(b) Relationshi	p between intere the organizatior	ested (c				(d) Type of assistance		(e) Purpo	se of as	sistanc	e
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
	1												
(7)													
(8)													

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	-	aring of ization's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

LOANS TO ROOT CAPITAL, INC.

SCHEDULE L, PART II

TWO BOARD MEMBERS EXTENDED LOANS TO ROOT CAPITAL, INC. THESE LOANS ARE DOCUMENTED IN A WRITTEN AGREEMENT BETWEEN THE ORGANIZATION AND THE BOARD MEMBERS AND THE TERMS ARE NEGOTIATED AT ARM'S LENGTH, AND INDEPENDENTLY FROM THE INDIVIDUAL'S ROLE AT ROOT CAPITAL. THESE LOANS ARE MADE WITHIN THE USUAL PARAMETERS OFFERED TO ALL INVESTORS.

SCHEDULE O (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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ROOT CAPITAL, INC.

04-3478123

ORGANIZATION'S MISSION, CONTINUED FORM 990, PART III, LINE 1 THROUGH A UNIQUE COMBINATION OF CAPITAL, TRAINING, AND ACCESS TO GLOBAL

MARKETS, ROOT CAPITAL HELPS AGRICULTURAL BUSINESSES INCREASE FARMER INCOMES, WHICH IN TURN IMPROVES FOOD SECURITY, EMPOWERS WOMEN, CONSERVES

ECOSYSTEMS, AND ENCOURAGES THE NEXT GENERATION OF FARMERS.

PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED

FINANCE

FORM 990, PART III, LINE 4A

MOST ROOT CAPITAL LOANS CAN BE CATEGORIZED AS FOLLOWS:

1) LINES OF CREDIT, WHICH ARE USED BY BORROWERS TO COVER COSTS OF PURCHASING RAW PRODUCT FROM THEIR FARMER SUPPLIERS. THESE LINES OF CREDIT HAVE TERMS OF UP TO ONE YEAR AND ARE GENERALLY ORIENTED AROUND A HARVEST OR PRODUCTION CYCLE.

2) FIXED-ASSET LOANS WITH TERMS OF UP TO SEVEN YEARS FOR INVESTMENT IN EQUIPMENT AND INFRASTRUCTURE.

3) GENERAL WORKING CAPITAL LOANS WITH TERMS FROM ONE TO SEVEN YEARS.

ROOT CAPITAL ASSESSES PROSPECTIVE CLIENTS AND EVALUATES THEM ON A SERIES OF FINANCIAL, SOCIAL, AND ENVIRONMENTAL CRITERIA. SOCIAL CRITERIA INCLUDE

Employer identification number

PRICES PAID TO SUPPLIERS, EMPLOYEE WAGES, AND WORKING CONDITIONS, AND COMPANY SUPPORT FOR SOCIAL PROGRAMS SUCH AS TRAINING AND MEDICAL CARE. ENVIRONMENTAL CRITERIA INCLUDE SOIL AND WATER MANAGEMENT, THE IMPACT OF THE BUSINESS ON THE SURROUNDING COMMUNITY, AND STANDARDS FOR PRODUCT HANDLING AND PROCESSING.

ROOT CAPITAL'S LENDING SUPPORTS SUSTAINABLE ENVIRONMENTAL PRACTICES THAT PROTECT RURAL ECOSYSTEMS. CROPS PROCESSED AND MARKETED BY ROOT CAPITAL CLIENTS INCLUDE WILD-HARVESTED PRODUCTS SUCH AS NUTS AND NATIVE PLANTS FOR OILS, AGRO-FORESTRY CROPS SUCH AS SHADE-GROWN COFFEE AND COCOA, AND FARM-GROWN FRUITS AND VEGETABLES.

LENDING OFFICERS STAY ENGAGED WITH CLIENTS THROUGHOUT THE TERM OF EACH LOAN, AND ROOT CAPITAL'S FINANCIAL ADVISORY SERVICES PROGRAM PROVIDES TRAINING AS NEEDED.

ADVISORY PROGRAMS

FORM 990, PART III, LINE 4B

THOUGH FINANCIAL MANAGEMENT TRAINING IS THE CORE OFFERING OF THE ORGANIZATION'S ADVISORY PROGRAM, ROOT CAPITAL ALSO PROVIDES COMPLIMENTARY NON-FINANCIAL SERVICES, SUCH AS PARTNERSHIP-BASED TRAINING IN AGRONOMY.

ROOT CAPITAL PROVIDES TRAINING TO OUR CLIENTS ON FINANCIAL MANAGEMENT, AGRONOMIC PLANNING AND MONITORING, LOAN APPLICATION SUPPORT, FINANCIAL INSTITUTION (FI) ADVISORY AND MOBILE TECHNOLOGY.

CATALYZE

FORM 990, PART III, LINE 4C

THROUGH INDUSTRY ASSOCIATIONS SUCH AS THE ASPEN NETWORK OF DEVELOPMENT ENTREPRENEURS AND THE GLOBAL IMPACT INVESTMENT NETWORK, ROOT CAPITAL PLAYS A LEADERSHIP ROLE IN BUILDING THE ENABLING ENVIRONMENT FOR RURAL SMALL AND GROWING BUSINESS FINANCE.

AS A NON-PROFIT COMMITTED TO ALLEVIATING RURAL POVERTY, ROOT CAPITAL SEEKS TO MAXIMIZE THE POSITIVE SOCIAL AND ENVIRONMENTAL IMPACT OF OUR WORK. ECONOMIC, COMMUNITY, AND ENVIRONMENTAL SUSTAINABILITY ARE ALL PART OF OUR CORE VALUES.

ECONOMIC SUSTAINABILITY - ROOT CAPITAL CLIENTS LINK SMALL-SCALE FARMERS TO MARKETS THAT CAN OFFER HIGHER AND MORE STABLE PRICES THAN THEY HAVE HISTORICALLY RECEIVED. ROOT CAPITAL CLIENTS ALSO GENERATE EMPLOYMENT INCLUDING MANAGERS, ACCOUNTANTS, AGRICULTURAL EXTENSION STAFF, DRIVERS, AND WORKERS AT PROCESSING PLANTS.

ROOT CAPITAL WORKS WITH UNIQUE BUYERS OF AGRICULTURAL AND OTHER SUSTAINABLE PRODUCTS WORLDWIDE INCLUDING COMPANIES SUCH AS COOPERATIVE COFFEES, ANDEAN NATURALS, GEPA, STARBUCKS, KEURIG GREEN MOUNTAIN, AND EQUAL EXCHANGE.

COMMUNITY SUSTAINABILITY - FARMER ASSOCIATIONS ENCOURAGE PARTICIPATORY

DECISION-MAKING AND ARE A SOURCE OF COMMUNITY OWNERSHIP AND PRIDE. THEY ALSO STEM MIGRATION TO URBAN AREAS BY MAKING TRADITIONAL AGRICULTURAL ACTIVITIES MORE VIABLE. SOCIAL IMPACT INCLUDES STABILIZING INCOMES IN RURAL COMMUNITIES AND CREATING NEW ECONOMIC OPPORTUNITIES FOR WOMEN, INDIGENOUS PEOPLES AND OTHER MARGINALIZED GROUPS.

ENVIRONMENTAL SUSTAINABILITY - ROOT CAPITAL CLIENTS TYPICALLY PROVIDE FARMERS WITH TRAINING IN SUSTAINABLE PRODUCTION TO AVOID DEFORESTATION, REDUCE CHEMICAL USE, IMPROVE WATER AND SOIL MANAGEMENT, AND OTHERWISE PROTECT THE HEALTH OF RURAL ECOSYSTEMS.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE FORM 990 WAS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM WITH INFORMATION PROVIDED BY MANAGEMENT. THE FORM 990 IS REVIEWED BY THE CONTROLLER, CHIEF FINANCIAL OFFICER AND PRESIDENT. PRIOR TO FILING, THE COMPLETE FORM 990 IS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS WITH OPPORTUNITY FOR QUESTIONS, COMMENTS, OR EDITS. THE BOARD OF DIRECTORS IS GIVEN 10 DAYS TO REVIEW AND COMMENT ON THE FORM 990. ANY CHANGES ARE INCORPORATED IN THE FINAL FORM 990 WHICH IS FILED WITH THE IRS.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

ALL ROOT CAPITAL BOARD MEMBERS AND EMPLOYEES PARTICIPATE IN AN ANNUAL TRAINING ON ROOT CAPITAL'S CODE OF ETHICS, WHICH INCLUDES A CONFLICT OF

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Schedule O (Form 990 or 990-EZ) 2018							
Name of the organization	Employer identification number						
ROOT CAPITAL, INC.	04-3478123						

INTEREST POLICY. DIRECTORS AND OFFICERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR, WHICH IS REVIEWED BY ROOT CAPITAL'S GOVERNANCE, RISK MANAGEMENT & COMPLIANCE (GRC) TEAM, AND VETTED WITH LEGAL COUNSEL IF NEEDED. IF IT IS NECESSARY TO REVIEW OR CLEAR A CONFLICT RELATED TO THE CURRENT WORK OR ACTIVITY OF ROOT CAPITAL, THAT CONFLICT IS BROUGHT BEFORE THE GOVERNANCE COMMITTEE OF THE BOARD. IF THE DIRECTOR WITH THE CONFLICT SERVES ON THE GOVERNANCE COMMITTEE, S/HE IS RECUSED FROM THE CONVERSATION. THE GOVERNANCE COMMITTEE ENSURES THAT ANY BUSINESS DECISION THAT COULD BE AFFECTED BY THE PARTICULAR CONFLICT IS CONSIDERED OBJECTIVELY BY THE ROOT CAPITAL TEAM AND IS IN THE BEST INTEREST OF THE ORGANIZATION. THE GOVERNANCE COMMITTEE'S CONVERSATION AND DECISION WITH RESPECT TO THE CONFLICT IS RECORDED IN THE MINUTES OF THE MEETING AND SHARED WITH THE WHOLE BOARD IN THE SUBSEQUENT QUARTERLY BOARD BOOK.

ALL ROOT CAPITAL PERSONNEL ARE TRAINED ON THE CONFLICT OF INTEREST POLICY IN THE COURSE OF ITS ANNUAL CODE OF ETHICS WORKSHOPS. BEFORE THESE WORKSHOPS, ROOT CAPITAL'S CONFLICT OF INTEREST POLICY IS SHARED WITH THE PARTICIPANTS AND, AFTER THE TRAINING, PARTICIPANTS ARE ASKED TO SIGN AN ACKNOWLEDGEMENT FORM ATTESTING THAT THEY HAVE READ THE POLICIES AND COMPLETED THE TRAINING.

COMPENSATION REVIEW PROCESS

FORM 990, PART VI, LINE 15

JSA

PER DELEGATION OF THE FULL BOARD OF DIRECTORS EACH YEAR, THE ROOT CAPITAL BOARD OF DIRECTORS' GOVERNANCE COMMITTEE REVIEWS THE CEO'S PERFORMANCE AND COMPENSATION ANNUALLY AND RECOMMENDS A SALARY FOR APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD. THIS POWER IS DELEGATED TO THE EXECUTIVE COMMITTEE BY THE BOARD SINCE THE FIRST QUARTER BOARD MEETING OCCURS PRIOR TO SALARY ADJUSTMENTS EACH YEAR. THE CEO'S SALARY RECOMMENDATION IS SUPPORTED BY A COMPENSATION STUDY PERFORMED BY AN OUTSIDE COMPENSATION EXPERT EVERY TWO YEARS. DOCUMENTATION OF THE DELIBERATION AND DECISION IS FILED IN THE CEO'S PERSONNEL FOLDER.

COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE CEO OF THE ORGANIZATION USING THE RESULTS OF A COMPENSATION SURVEY CONDUCTED ON AN ANNUAL BASIS.

PUBLIC DISCLOSURE

FORM 990, PART VI, LINE 19

ROOT CAPITAL MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE, WWW.ROOTCAPITAL.ORG. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION FINANCIAL STATEMENTS ARE MADE AVAILABLE IN ITS ANNUAL REPORT. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

OTHER CHANGES IN NET ASSETS FORM 990, PART XI, LINE 9 FOREIGN CURRENCY EXCHANGE GAIN/(LOSS): \$271,184

Schedule O (Form 990 or 990-EZ) 2018							
Name of the organization	Employer identification number						
ROOT CAPITAL, INC.	04-3478123						
	ATTACHMENT 1						
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES							

KENYA

COSTA RICA

SENEGAL

PERU

JSA

MEXICO

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

	ATTACHME	ENT 3
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GRANT THORNTON 75 STATE STREET #13 BOSTON, MA 02109	AUDIT AND TAX	149,093.
OPEN CAPITAL ADVISORS NAUTICA CENTER, ROYAL ROAD BLACK RIVER MAURITIUS	CONSULTING	221,100.
FORCE OPTIMIZED LLC 2173 SALK AVE, SUITE 250	CONSULTING	435,970.

CARLSBAD, CA 92008

OMB No. 1545-0047

Open to Public

Inspection

8

2

Employer identification number

04-3478123

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

Part I

ROOT CAPITAL, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	-				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
_(4)					
(5)					
(6)					
		1			

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled iity?
						Yes	No
(1) ROOT CAPITAL, MEXICO, A.C. MA. ADELINA FLORES NO. 20 COLO CHIAPA, MX	PRGM SUPPORT	MX	N/A	N/A	ROOT CAPITAL	x	
(2) ASOCIACION ACCDER AV. CAMINO REAL 348 TERRA EL P LIMA, PE	PRGM SUPPORT	PE	N/A	N/A	ROOT CAPITAL	x	
(3) ROOT CAPITAL, GUATEMALA, A.C. 22 AVENIDA 3-87 ZONA 3, EDIFIC QUETZALTENAGO, GT	PRGM SUPPORT	GT	N/A	N/A	ROOT CAPITAL	x	
	_						
(5)	_						
(6)	_						
(7)	_						

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) nortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging tner?	(k) Percentage ownership
		, , , , , , , , , , , , , , , , , , , ,		,			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
· · ·												
(7)												
	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(controll entity
(1)								Yes N
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

04-3478123

Schedule R (Form 990) 2018

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No
1 [During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?			
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
b(Gift, grant, or capital contribution to related organization(s)				1b	X
	Gift, grant, or capital contribution from related organization(s)				1c	X
	Loans or loan guarantees to or for related organization(s)				1d	X
e L	oans or loan guarantees by related organization(s)				1e	X
f[Dividends from related organization(s)				1f	X
g S	Sale of assets to related organization(s)				1g	X
	Purchase of assets from related organization(s)				1h	X
iΕ	Exchange of assets with related organization(s).				1i	X
	_ease of facilities, equipment, or other assets to related organization(s)				1j	X
					1k	X
	Lease of facilities, equipment, or other assets from related organization(s)				11	
	Performance of services or membership or fundraising solicitations for related organization(s)				1m	
	Performance of services or membership or fundraising solicitations by related organization(s).				1n	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10	X
0.0	Sharing of paid employees with related organization(s)			•••••		
рF	Reimbursement paid to related organization(s) for expenses				1p	Х
	Reimbursement paid by related organization(s) for expenses				1q	Х
	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)				1r 1s	X X
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	red relationships and trans	action thres		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of amoun		
(1)	ROOT CAPITAL AC - MEXICO	P	89,891.	FMV		
(2)	ASOCIACION ACCDER	P	1,344,713.	FMV		
(3)	ROOT CAPITAL AC - GUATEMALA	P	25,631.	FMV		
(4)						
(5)						
(6)						
164			Scl	hedule R (Fo	orm 9	90) 2018

JSA 8E1309 1.000

Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man	(j) eral or aging iner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018	Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
FOREIGN CONTROLLED SUBSIDIARIES	
THE ROOT CAPITAL FORM 990 PRESENTS THE CONSOLIDATED INFORMATION OF ITS	
FOREIGN CONTROLLED SUBSIDIARIES (AS DISCLOSED IN SCHEDULE R, PART II)	
THEREBY REPORTING THE ORGANIZATION'S WORLDWIDE ACTIVITIES CONSISTENTLY	
WITH ITS AUDITED FINANCIAL STATEMENTS.	