** PUBLIC DISCLOSURE COPY ** 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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Т

AF	or th	e 2022 calendar year, or tax year beginning and	ending				
B c	Check if pplicab	e: C Name of organization		D Employer identified	cation number		
	Addre	ROOT CAPITAL, INC.					
	Name Chang		04-34781	23			
	Initial		Room/suite	E Telephone number			
	Final returr	215 MAIN SUBEET 2ND ELOOP		617-661-			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	52,823,176.		
	Amer	CAMBRIDGE, MA 02142		H(a) Is this a group re	turn		
	Appli tion	F Name and address of principal officer: WIDDIAM F. FOOTE		for subordinates	? Yes X No		
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> 1</u>	Tax-ex	empt status: $X = 501(c)(3) = 501(c)() (insert no.) = 4947(a)(1)$	or 🗌 527	If "No," attach a	list. See instructions		
	Nebs			H(c) Group exemption			
		f organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 1999 N	I State of legal domicile: MA		
Pa	art I	Summary					
đ	1	Briefly describe the organization's mission or most significant activities: \underline{TO}	ROW RU	RAL PROSPER	ITY AND		
Activities & Governance		BUILD THE RESILIENCE OF FARMING FAMILIES	AROUNI	D THE WORLD.			
srn8	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass			
Š	3				13		
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		13			
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		65			
Viti	6	Total number of volunteers (estimate if necessary)		16			
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		26,267,601.	41,878,138.		
en	9	Program service revenue (Part VIII, line 2g)		7,948,268.	<u>10,474,079.</u> 470,959.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		55,000.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,310,202.	52,823,176.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		996,128.	724,623.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,399,280.	11,335,562.		
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 534, 4		0 005 050	10 000 000		
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,095,850.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,491,258.	22,889,458.		
	19	Revenue less expenses. Subtract line 18 from line 12		14,818,944.	29,933,718.		
Net Assets or			1	ginning of Current Year	End of Year		
sset	20	Total assets (Part X, line 16)		00,873,290.	129,626,012.		
et A: nd F	21	Total liabilities (Part X, line 26)		57,239,501.	56,492,291.		
Ž.	22 21	Net assets or fund balances. Subtract line 21 from line 20		43,633,789.	73,133,721.		
	art II	Signature Block		and and the state of the state	The state of the state of the Physics of the State		
		alties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	nas any knowledge.			

Sign	Signature of officer		Da	ite						
Here	<u>BRYAN WOLINER, CFO & TREAS</u>									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	BRENDA L. BOOTH		11/02/2	23 self-employed P01342395						
Preparer	Firm's name CBIZ MHM, LLC		Fir	m's EIN 26-3753134						
Use Only	Firm's address 500 BOYLSTON STRE	ET								
	BOSTON, MA 02116		Pł	none no.617-761-0600						
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	J2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

Form	990 (2022) ROOT CAPITAL, INC. 04-3478123	Page 2
	t 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	XNo
	prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	XNo
3	If "Yes," describe these changes on Schedule O.	21 NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4	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	4
	revenue, if any, for each program service reported.	•
4a	(Code:) (Expenses \$ 9,741,361. including grants of \$) (Revenue \$ 10,474,0	79 .)
Ĩ	ROOT CAPITAL PROVIDES AGRICULTURAL BUSINESSES WITH A UNIQUE COMBINATI	
	OF CREDIT AND CAPACITY BUILDING. THE ORGANIZATION ALSO CATALYZES CHAN	
	IN THE BROADER SECTOR THROUGH EVALUATION AND SHARED LEARNING. PLEASE	
	REFER TO THE ORGANIZATION'S WEBSITE FOR FURTHER INFORMATION AND	
	STATISTICS ON PROGRAM ACCOMPLISHMENTS.	
	FINANCE: ROOT CAPITAL TYPICALLY PROVIDES LOANS AND LINES OF CREDIT	
	RANGING FROM \$50,000 TO \$4 MILLION TO SMALL AND GROWING BUSINESSES,	
	THAT SOURCE FROM SMALL-HOLDER FARMERS, WITH A FOCUSES ON THOSE	
	BUSINESSES NOT REACHED BY COMMERCIAL LENDERS.	
4b	(Code:) (Expenses \$6, 301, 299. including grants of \$724, 623.) (Revenue \$)
	ADVISE: ROOT CAPITAL'S ADVISORY SERVICES PROGRAM PROVIDES TARGETED	<u></u>
	TRAINING TO CURRENT AND PROSPECTIVE CLIENTS IN TOPICS SUCH AS FINANCI MANAGEMENT, GOVERNANCE, AGRONOMIC CAPACITY, DIGITAL BUSINESS	АЦ
	INTELLIGENCE, CLIMATE RESILIENCE, GENDER EQUITY, AND MORE. ROOT	
	CAPITAL'S FINANCIAL ADVISORY SERVICES ARE DESIGNED TO PREPARE	
	BUSINESSES WITH GROWTH POTENTIAL TO QUALIFY FOR CREDIT, TO SHEPHERD	
	MORE PROSPECTIVE CLIENTS INTO OUR PORTFOLIO, AND TO MITIGATE THE RISK	
	OF LENDING TO THESE BUSINESSES.	
	ROOT CAPITAL'S ADVISORY SERVICES PROGRAM PROVIDES FINANCIAL TRAINING	то
	CLIENTS PRIOR TO RECEIVING A LOAN AND DURING THE LIFE OF THE LOAN AS	
	NEEDED.	
4c	(Code:) (Expenses \$745,504. including grants of \$) (Revenue \$))
	CATALYZE: ROOT CAPITAL SEEKS TO CATALYZE A THRIVING FINANCIAL MARKET	то
	SUPPORT HISTORICALLY UNDERSERVED RURAL SMALL AND GROWING BUSINESSES.	
	THE PROGRAM'S STRATEGY IS TO:	
	1. INNOVATE - CONDUCT R&D, STUDY IMPACT AT THE HOUSEHOLD AND BUSINESS LEVELS, AND LOOK FOR WAYS TO INCREASE IMPACT.	
	LEVELS, AND LOOK FOR WAIS TO INCREASE IMPACT.	
	2. ACCELERATE - SHARE LEARNING FROM WORK WITH LIKE-MINDED PEERS TO	
	BUILD COMMON STANDARDS AND PRACTICES NECESSARY FOR THE INDUSTRY TO	
	THRIVE AND SCALE.	
4d	Other program services (Describe on Schedule O.)	
14	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 16,788,164.	
		0 (2022)
232002	SEE SCHEDULE O FOR CONTINUATION(S)	,
	3	

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 Form 990 (2022)
 ROOT
 CAPITAL,
 INC.

 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		х	
10	If "Yes," complete Schedule D, Part IV	9	<u></u>	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	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 for any	4-	v	
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
47	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 Part IX,	17		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions			
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
232003	12-13-22			(2022)

232003 12-13-22

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 Form 990 (2022)
 ROOT
 CAPITAL,
 INC.

 Part IV
 Checklist of Required
 Schedules
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26	х	
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20	- 23	<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00.		x
00	"Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- v
	Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
07	Part V, line 1	34	X X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
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	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 159		162	
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2022) ROOT CAPITAL, INC. 04-3478	123	Pa	_{age} 5		
Par	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 65		x			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х			
b	If "Yes," enter the name of the foreign country COSTA RICA, KENYA, MEXICO, PERU					
	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		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>		
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		х		
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).	0.0				
	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		х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
-	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				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X		
	If "Yes," see the 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		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.	-	0000			
232005	12-13-22	Form	330	(2022)		

6 2022.05000 ROOT CAPITAL, INC. 413495_1

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	3	103	
	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 on Schedule O.					
Ŀ.		416	13			
	,,, _,, _	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any o	ther			v
_	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					.,
	of officers, directors, 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 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one c	or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	ionuo Codi	<u> </u>			
		lenue Cout	. ,		Yes	No
10-	Did the examination have lead chapters, branches, or affiliates?			10a	163	X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
				10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filir	ng the form?	11a	X	
	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	•	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," descril	be			
	on 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 indepe	ndent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a				
104				16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104		
b		-	pation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			401		
	exempt status with respect to such arrangements?			16b		
200					77.0	77 3
			ЈС, ГЬ, GА	<u>, LL</u>		
17	List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, CO				availa	ble
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and			s only)	avalla	
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply.			s only)	avalla	
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	d 990-T (se on Schedu	ection 501(c)(3) ule O)			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply.	d 990-T (se on Schedu	ection 501(c)(3) ule O)			
Sec 17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	d 990-T (se on Schedu	ection 501(c)(3) ule O)			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, contract on the section of the s	d 990-T (se <i>on Schedu</i> nflict of inte	ection 501(c)(3) <i>Ile O)</i> erest policy, an			
17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Image: The section of the se	d 990-T (se <i>on Schedu</i> nflict of inte	ection 501(c)(3) <i>Ile O)</i> erest policy, an			
17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Image: The section of the public inspection of the present with the section of the present with the section of the present with the section of the present with the organization of the present with the organization of the present with the organization is the organization of the present with the organization of the organization of the present with the organization of the o	d 990-T (se <i>on Schedu</i> nflict of inte	ection 501(c)(3) <i>Ile O)</i> erest policy, an			
17 18 19 20	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. \boxed{X} Own website $$ Another's website \boxed{X} Upon request $$ Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's booms BRYAN WOLLINER - (617) 661-5792	d 990-T (se <i>on Schedu</i> nflict of inte	ection 501(c)(3) <i>Ile O)</i> erest policy, an	d finan		(202

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ROOT CAPITAL, INC	•

Form 990 (CAPITAL,		04-3478123	Page 6
Part VI	Governance, Mar	nagei	ment, and Dis	closure.	For each "Yes" response to lines 2 through 7b below, and for a "No" res	sponse
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.						
	Check if Schedule O c	ontains	s a response or no	ote to any li	ne in this Part VI	Χ

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

Yes No

Form 990 (2022) ROC	OT CAPITAL, INC.	04-3478123	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Inc	dependent Contractors								
Check if Schedule O cont	tains a response or note to any line in this Part VII								
Section A. Officers, Directors, Tru	istees, Key Employees, and Highest Compensate	ed Employees							
		calendar year ending with or within the organization' s or organizations), regardless of amount of compens	,						

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	-ustee ee ee lot itrust		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related			
	below	dual ti	ıtiona		nploy	st cor yee	-	1000 NEO		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gamzanene
(1) WILLIAM FOOTE	40.00									
CEO & FOUNDER	0.00			Х				309,652.	0.	15,025.
(2) FRANCES REID	40.00									
COO & PRESIDENT	0.00			Х				278,219.	0.	19,708.
(3) BRYAN WOLINER	40.00									
CFO & TREASURER	0.00			Х				225,908.	0.	31,345.
(4) JEAN FORRESTER	40.00									
CONTROLLER & VP INVESTOR RELATIONS	0.00					X		200,424.	0.	28,218.
(5) DARCY SALINGER	40.00									
CHIEF CREDIT OFFICER	0.00					X		218,027.	0.	8,721.
(6) SCOTT MCDONALD	40.00									
CHIEF EXTERNAL AFFAIRS OFFICER	0.00				Х			199,335.	0.	8,863.
(7) ANGELA PROSEK	40.00									
SR. DIR., INST. PHILATHROPY/PARTNERS	0.00					X		159,561.	0.	29,292.
(8) GINA TRIESTE	40.00									
CHIEF PEOPLE OFFICER	0.00					X		158,963.	0.	28,459.
(9) BENJAMIN WITKOP	40.00									
SR. DIR., GLOBAL LENDING/INNOVATION	0.00					X		155,893.	0.	9,041.
(10) MARLI PORTH	40.00							105 001		0 - 000
CHIEF OF STAFF/CLERK	0.00			Х				126,091.	0.	27,636.
(11) ANA ZACAPA	1.00								•	•
CHAIR	0.00	X						0.	0.	0.
(12) JACK TAYLOR	1.00							0	0	0
VICE CHAIR (THROUGH MARCH 2022)	0.00	Х						0.	0.	0.
(13) EUGENE WEIL	1.00							0	0	0
BOARD MEMBER (THROUGH MARCH 2022)	0.00	Х						0.	0.	0.
(14) GRANT GUND	1.00	37						0	0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) JAN-MAARTEN MULDER	1.00	37						0	0	0
BOARD MEMBER	0.00	A						0.	0.	0.
(16) MARY BARTON DOCK	1.00	v							•	
BOARD MEMBER (17) C.D. GLIN	0.00	^						0.	0.	0.
BOARD MEMBER (THROUGH MARCH 2022)	1.00	х						0.	0.	0.
232007 12-13-22	0.00	Δ	I		I	I		0.	0.	Form 990 (2022)

8

232007 12-13-22

Form 990 (2022)

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Form	990	(2022

ROOT CAPITAL, INC.

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A)	(B)			(0	C)			(D)	(E)	(F)	
	Name and title	Average	(1)		Pos				Reportable	Reportable	Estimated	d
		hours per	box	, unles	ss per	rson i	than d is both	n an	compensation	compensation	amount o	of
		week		cer an	d a d	irecto	or/trus	tee)	from	from related	other	
		(list any	ector						the	organizations	compensat	
		hours for related	or dir	e			ated		organization	(W-2/1099-MISC/	from the	
		organizations	ustee	trust		Ð	bens		(W-2/1099-MISC/	1099-NEC)	organizatio	
		below	ual tr	ional		ploye	t com		1099-NEC)		and relate organizatio	
		line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatio	115
(18)	LINDSAY BOLGER	1.00	_	-	0	\geq	<u> </u>	<u> </u>				
BOAR	D MEMBER	0.00	х						0.	0		0.
(19)	MARISSA WESELY	1.00										
BOAR	D MEMBER	0.00	х						0.	0		0.
(20)	KEN BARTELS	1.00										
BOAR	D MEMBER	0.00	х						0.	0	.	0.
(21)	MARIO FERNANDEZ	1.00										
BOAR	D MEMBER	0.00	Х						0.	0		0.
(22)	SALAH GOSS	1.00										
BOAR	D MEMBER	0.00	Х						0.	0	•	0.
(23)	MACANI TOUNGARA	1.00										
BOAR	D MEMBER	0.00	Х						0.	0	•	0.
(24)	SOPHIE ROMANA	1.00										
	D MEMBER	0.00	Х						0.	0	•	0.
(25)	SCOTT AMERO	1.00										
	D MEMBER	0.00	Х						0.	0	•	0.
	HANS MUZOORA	1.00										
BOAR	D MEMBER	0.00	Х						0.	0		0.
	Subtotal								2,032,073.	0		
	Total from continuation sheets to Part VI								0.	0		0.
d	Total (add lines 1b and 1c)								2,032,073.	0	. 206,30	.8
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable		0.1
	compensation from the organization										No.	21
											Yes	No
3	Did the organization list any former officer,											v
	line 1a? If "Yes," complete Schedule J for s										3	X
4	For any individual listed on line 1a, is the su										4 X	
-	and related organizations greater than \$150										4 X	
5	Did any person listed on line 1a receive or a								•	ual for services	5	Х
Sec	rendered to the organization? <i>If</i> "Yes," corr tion B. Independent Contractors	piete Scheaule	<u> </u>	or su	icn į	bers	son .					21
1	Complete this table for your five highest co	mpensated ind	lene	nder	nt co	ontr	acto	rs tł	nat received more than \$	100 000 of compens	ation from	
•	the organization. Report compensation for	-										
	(A)	ine calendar ye		- TGIII	<u>g</u> n		51 111		(B)		(C)	
	Name and business	address							Description of se	ervices	Compensation	ı
CBI	Z MHM, LLC											
500	BOYLSTON STREET, BOST	'ON, MA	02	11	6				AUDIT AND TAX	ζ į	130,87	/1.
	Total number of independent contractors "		ot 10-	nitor	l to	the		tod	abovo) who received	ro than		
2	Total number of independent contractors (in \$100,000 of compensation from the organized strength of the organized strength	•	JL III	mec	10	tnos 1		.eu	abovej who received mo			

Form **990** (2022)

232008 12-13-22

			Check if Schedule O	conta	ains a res	oonse	or note to any line	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns		1a	1					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			•					
, G		с	Fundraising events			;					
ar A			Related organizations			1					
s, G mils			Government grants (contr				948,201.				
r Si		f	All other contributions, gifts,	grant	s, and						
but the			similar amounts not included	l abov	re 1f		40,929,937.				
d O		g	Noncash contributions included in	lines 1	a-1f 1 ç	\$					
an So		h	Total. Add lines 1a-1f					41,878,138.			
							Business Code				
e	2	a	LOAN INTEREST				900099	5,896,738.	5,896,738.		
e rvic		b	LOAN GUARANTEES AND	RECOVERIES		900099	3,049,734.	3,049,734.			
Se		с	LOAN FEES				900099	1,527,607.	1,527,607.		
Program Service Revenue		d									
ogr B		е									
Ъ		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					10,474,079.			
	3	;	Investment income (includ	ding o	dividends	, intere	est, and				
			other similar amounts)					286,146.			286,146.
	4	ŀ	Income from investment of tax-exempt bond pro				roceeds				
	5	,									
					(i) R	eal	(ii) Personal				
	6	i a	Gross rents	6a							
		b	Less: rental expenses \dots	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss)) <u></u> (
	7	'a	Gross amount from sales of		(i) Secu		(ii) Other				
			assets other than inventory	7a	184	,813.					
		b	Less: cost or other basis								
anı				7b		0.					
ther Revenue		С	Gain or (loss)	7c	184	,813.					
Re			Net gain or (loss)					184,813.			184,813.
her	8	а	Gross income from fundraisi	ng ev	ents (not						
Ð			including \$		of						
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from								
	9	a	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from			ies					
	10	a	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	s of inven	tory					
S	_						Business Code				
Miscellaneous Revenue	11	a									
llan		b									
Sev		C									
Mis			All other revenue								
			Total. Add lines 11a-11d					52,823,176.	10474070		470.050
	- 12		Total revenue. See instruction	DUS				JZ,0ZJ,1/0.	10474079.	0.	470,959.

232009 12-13-22

413495_1

Form **990** (2022)

 Form 990 (2022)
 ROOT CAPITAL, INC.

 Part VIII
 Statement of Revenue

Check here

232010 12-13-22

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Benefits paid to or for members Compensation of current officers, directors, 76,644. 1,064,280. 1,307,836. 166,912. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 8,074,936. 5,438,546. 2,379,016. Other salaries and wages Pension plan accruals and contributions (include 190,065. 154,669. 11,139. section 401(k) and 403(b) employer contributions) 720,959. 940,498. 203,669. Other employee benefits 822,227. 524,840. 267,100. Payroll taxes Fees for services (nonemployees): Management 173,581. 159,634. 13,947. Legal 156,894. 35,864. 121,030. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,439,172. 376,957. 2,830,129. column (A), amount, list line 11g expenses on Sch 0.) 22,575. 19,186. 2,824. Advertising and promotion 343,699. 195,916. 147,758. Office expenses _____ 194,958. 785,876. 402,697. 1. Information technology Royalties 54,863. 329,979. 390,331. Occupancy 471,562. 1,221,093. 237,534. 1 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... 550,007. 550,007. Conferences, conventions, and meetings 931,925. 931,925. Interest Payments to affiliates 211,812. 197,558. 14,254. Depreciation, depletion, and amortization 110,568. 10,151. 100,417. Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 1,875,003. 1,875,003. ALLOWANCE FOR LOAN LOSS LOAN ORIGINATION COSTS 514,130. 514,130. 25,919. 25,783. 52,099. PRINTING & PUBLICATIONS All other expenses 22,889,458. 16,788,164. 5,566,798. Total functional expenses. Add lines 1 through 24e

ROOT CAPITAL, INC. Part IX Statement of Functional Expenses

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

Form 990 (2022)

2

3

4 5

6

7 8

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10

11

а

b

С

d

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f

g

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14 15

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19

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21

22

23

24

а

b

С d

е

25 26

Do not include amounts reported on lines 6b.

Grants and other assistance to domestic organizations

organizations, foreign governments, and foreign

individuals. See Part IV, lines 15 and 16

and domestic governments. See Part IV, line 21

Grants and other assistance to domestic individuals. See Part IV, line 22

Grants and other assistance to foreign

7b, 8b, 9b, and 10b of Part VIII.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

(A)

Total expenses

19,444.

705,179.

(C) Management and general expenses

(B)

Program service expenses

19,444.

705,179.

(D) Fundraising expenses

257,374.

24,257.

15,870.

30,287.

14,000.

6,385.

5,489.

12,935.

565.

25.

Х

534,496.

11

413495 1

397.

12 2022.05000 ROOT CAPITAL, INC.

	n 990 (/ rt X	ROOT CAPITAL,		04-3478123 Page 11			
Га				line is this Dest V			
		Check if Schedule O contains a response or not	e to an	Vilne in this Part X		<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash pap interact bearing			31,156,880.	1	16,281,302.
	2			4,438,283.	2	32,145,096.	
	3	Savings and temporary cash investments			9,669,388.	3	13,950,011.
	4	Pledges and grants receivable, net			320,707.	4	1,400,699.
		Accounts receivable, net Loans and other receivables from any current or			520,707.	4	1,400,000.
	5	-		, ,			
		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	•			5	
	0	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
ets						8	
Assets	8	Inventories for sale or use Prepaid expenses and deferred charges			499,707.	9	505,014.
		Land, buildings, and equipment: cost or other	 I I		455,707.	3	505,014.
	lua	basis. Complete Part VI of Schedule D	102	1 394 470.			
	h	Less: accumulated depreciation			430,199.	10c	216,808.
	11	Investments - publicly traded securities			225,977.	11	20,410,790.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line -	53,595,627.	13	43,951,676.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	536,522.	15	764,616.		
	16	Total assets. Add lines 1 through 15 (must equa			100,873,290.	16	129,626,012.
	17	Accounts payable and accrued expenses	1,895,827.	17	2,122,131.		
	18	Grants payable				18	, ,
	19	Deferred revenue			529,373.	19	853,761.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F			1,889,714.	21	1,235,918.
Ś	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	e perso	ons	100,000.	22	100,000.
Ë	23	Secured mortgages and notes payable to unrela	ted thi	d parties		23	
	24	Unsecured notes and loans payable to unrelated	I third p	parties	52,824,587.	24	52,180,481.
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			57,239,501.	26	56,492,291.
		Organizations that follow FASB ASC 958, che	ck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	17,686,180.	27	49,343,064.		
Ba	28	Net assets with donor restrictions	25,947,609.	28	23,790,657.		
pun		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ē		and complete lines 29 through 33.					
ŝ	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or eq		30			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Ne	32	Total net assets or fund balances			43,633,789.	32	73,133,721.
	33	Total liabilities and net assets/fund balances	<u></u>		100,873,290.	33	129,626,012. Form 990 (2022)

Form 990 (2022)

Form	990 (2022) ROOT CAPITAL, INC.	04-	-3478123	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,82	3,1	76.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,88	9,4	58.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,93	3,7	18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,63	3,7	89.
5	Net unrealized gains (losses) on investments	5	-43	3,7	86.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	73,13	<u>3,7</u>	21.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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 oversight of the				
	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 on Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			37	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			37	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

SCH	EDU	JLE	Α

(Form 990)

<u>Total</u>

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
2022
Open to Public

Department of the Treasury Internal Revenue Service				At Go to www.irs.gov/	Open to Public Inspection					
Nan	ne of	the organizati		ele te transieigen					Employer	identification number
		0		CAPITAL,	INC.					4-3478123
Pa	rt I	Reason			(All organizations must c	omplete tł	nis part.) S	ee instructior		1 51/0125
					For lines 1 through 12, cl					
					on of churches described			4 \/ A \/:\		
1	\square)(1/0(b)(I)(A)(I).		
2	\mathbb{H}				Attach Schedule E (Form					
3	\square	•	•	· · · ·	anization described in se					
4			-	ation operated in col	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(III). Enter	the hospital's name,
		city, and stat								
5		•	•		llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv).(Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	ion that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8		A community	v trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10		An organizati	ion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and ι	unrelated busi	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	Ifter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	ion organized	and operated exclusi	ively to test for public sat	ety. See	section 50	09(a)(4).		
12		-	•	-	ively for the benefit of, to	•			rry out the	purposes of one or
		-	-		d in section 509(a)(1) o				-	
					f supporting organization					
а		7			upervised, or controlled					aivina
				-	gularly appoint or elect a	• • • •	-			
				complete Part IV, Se		majority c				pporting
b					or controlled in connect	ion with it	e supporte	ad organizatio	n(c) by bay	vina
D.					anization vested in the sa			•		•
			-			ame perso	ns mai co	Introl of mana	ge the supp	Joned
_		¬ ~	. ,	st complete Part IV,						
С			-		g organization operated				lly integrate	a with,
		7). You must complete F					
d			-		oorting organization oper				-	
					ation generally must sat				an attentiv	/eness
	_	_			nplete Part IV, Sections					
е			•		written determination from			Туре I, Туре	II, Type III	
					nally integrated supportir	ng organiz	ation.			
		er the number		•						
g				n about the supporte		(iv) is the ora	anization listed	(6	
		 (i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see i		(vi) Amount of other support (see instructions)
		organization	•		above (see instructions))	Yes	No	Support (See I	1311100113)	

Schedule A	Form	990	2022
Schedule A	FOILIT	990) 2022

ROOT CAPITAL, INC.

04-3478123 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14068743.	21446858.	14688149.	<u>26267601.</u>	<u>41878138.</u>	118349489
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	14068743.	21446858.	<u>14688149.</u>	26267601.	<u>41878138.</u>	118349489
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)						19407252.
	Public support. Subtract line 5 from line 4.						98942237.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018 14068743.	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	14068743.	21440000.	14088149.	2020/001.	410/0130.	110349409
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	225 122	272 774	112 065	40 075	296 146	1040202
	and income from similar sources	225,123.	3/3,//4.	113,965.	49,275.	286,146.	1048283.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						119397772
	Total support. Add lines 7 through 10						,336,323.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th	, ,	/	fourth or fifth toy a			, 550, 525.
13	organization, check this box and sto	-					
Sec	ction C. Computation of Public					•••••••••••••••••••••••••••••••••••••••	
	Public support percentage for 2022 (14	82.87 %
	Public support percentage from 2021					15	70.84 %
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						V
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on I				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

12531102 143399 413495

Schedule A (Form 990) 2

ROOT CAPITAL, INC.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 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						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or least from the onto 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 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Invest						
17	Investment income percentage for 20	022 (line 10c. colur	mn (f), divided by I	ine 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					· · · ·	
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2021. If the						
Ň	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
		and not oneon a	557 011 1110 14, 19		110 DUA and SEE III		ule A (Form 990) 2022
23202	3 12-09-22		16			Scheu	aie A (i 0111 330) 2022
31	102 143399 413495				T CAPITAL	, INC.	41349

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

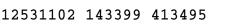
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.
- **10a** 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 line 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.)

232024 12-09-22



17 2022.05000 ROOT CAPITAL, INC.

Schedule A (Form 990) 2022	ROOT	CAPITAL,	INC.
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1

Pa	Int IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
ŧ	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
k	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
Se	ction C. Type II Supporting Organizations			
			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).

Section D	. All 1	Гуре III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*.

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a d	overnmental entity	(see instructions)	
---	--	---	-------------------------	-------------------	--------------------	--------------------	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- b Did the activities described on line 2a, above, 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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

12531102 143399 413495

2022.05000 ROOT CAPITAL, INC.

Yes No

Part V	Type II	Non-Fund	ctionally In	tegrated 509	(a)(3) Sup	oorting (Organizations
Schedule A	(Form 990) 2022	ROOT	CAPITAL,	INC.		

ROOT	CAPITAL,	INC

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E. (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)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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).

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022 ROOT

Par	t V Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations (continu	<u>led)</u>				
Secti	on D - Distributions				Current Year			
_1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3				
4	Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022			
_1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
C	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							

Schedule A (Form 990) 2022

Schedule A (Form	990) 202
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Section D, lines 5, 6, and 8; and Part V, 5 (See instructions.)	Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	· · · · · · · · · · · · · · · · · · ·
232028 12-09-22	Schedule A (Form 990) 202

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

04 - 3478123

•		
-		
Department o	f the Treasury	

(Form 990)

Schedule B

Internal Revenue Service

Name of the organization

Organization type (check one):

ROOT CAPITAL, INC.

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 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

X 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), 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 for an *exclusively* set in the set of the set of the parts unless to the set of the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Schedule I	B (Form	990)	(2022)
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Name of organization

Part I

Page 2 Employer identification number

ROOT CAPITAL, INC.

04-3478123 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Name, address, and ZiF + 4	\$ <u>2,800,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>5,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>25,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$941,894.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ <u>1,500,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

24 2022.05000 ROOT CAPITAL, INC.

Schedule I	B (Form	990)	(2022)
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Name of organization

Page **2** Employer identification number

ROOT CAPITAL, INC. _

04-3478123

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$1,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll OKANDALION Person Payroll OKANDALION (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupient Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

413495_1

ROOT C	CAPITAL, INC.	(04-3478123	
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
—		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

223453 11-15-22

12531102 143399 413495

26 2022.05000 ROOT CAPITAL, INC.

Schedule B (Form 990) (2022)

Page 3 Employer identification number

Name of organization

ROOT CAPITAL , INC . Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (04 - 3478123 (8) or (10) that total more than \$1,000 for the year
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (
from any one contributor. Complete columns (a) through (e) and the following line entry. For organizati completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (E Use duplicate copies of Part III if additional space is needed.	tions
(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, and ZIP + 4 Relation	nship of transferor to transferee
(a) No. from Part I (b) Purpose of gift (c) Use of gift (c)	(d) Description of how gift is held
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4 Relation	nship of transferor to transferee
(a) No. from (b) Purpose of gift (c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4 Relation	nship 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, and ZIP + 4 Relation	nship of transferor to transferee
223454 11-15-22	Schedule B (Form 990) (2022

2022.05000 ROOT CAPITAL, INC. 413495_1

27

(Form 990) 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. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 20222 Open to Public Inspection Name of the organization Cord CAPITAL, INC. Employer identification number 04-3478123 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete 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 end of year (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	601		Supplement	al Financial Statements		OMB No. 1545-0047	
Part III, Ine 5, 7, 8, 9, 0, 111, 115, 116, 116, 117, 120, 120. Constructions Attach for provide a constructions and the latest information. Description of the regulations and the latest information. Description of the regulation of the regulations and the latest information. Name of the organization sources Workshow and the latest information. Creanization answered 'Yes' on Form 900, Part IV, line 6. Englistic information answered 'Yes' on Form 900, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of constructions to (funng year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of constructions in writing that the assets held in donor advised funds (b) Funds and other accounts 4 Aggregate value of construction in writing that the assets held in donor advised funds (b) Funds and other accounts 5 De the organization inform at grantee, donor, and donor advised in writing that the assets held in donor advised funds (b) Funds and other accounts 6 De the organization inform at grantee, donor, and donor advised in the grant funds on the advised funds (b) Funds and other accounts 7 Proposed of conservation casements. Complete if the organization in answered 'Yes' on form 990, Part IV, line 7. (b) Preservation of a cortexion on asset the t		(Form 990) Complete if the organization answered "Yes" on Form 990,					
Integration Go to envolving.gov/Tom990 for instructions and the latest information. Impection Name of the organization ROOT CAPITAL, INC. Employee (destification number 0.4 - 3 47.812.3 Organization arraweed 'Yes' on Form 980, Part N, line 0. (a) Conor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Conor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Conor advised funds (b) Funds and other accounts 3 Aggregate value of agents from (during year) (a) Conor advised funds (b) Funds and other accounts 4 Aggregate value of agents from (during year) (a) Conor advised funds (b) Funds and other accounts 5 Dot the organization inform all grantess, durons, and donor advisors in writing that grant funds can be used only for dramation environs of the service of a draw or purpose confiring important lands are importantion assements. (b) Peer IV, line 7. 1 Periopositio of conservation Easements. (c) Peer advisors in writing that grant funds conservation assements weaks and approximation and analysis. (c) Peer IV, line 7. 1 Periopositio of conservation Easements. (c) Peer IV (wing * Orgen Peer IV, line 7. (Peeriopositis in the proget is advisors in writing that grant funds	•					Open to Public	
ROOT CAP TALL TNC. Cold 34781233 [ent] Organizations Minishining Doors Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 980, Part W, Ine 8. (a) Donor advised funds (b) Funds and other accounts. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts. (c) mystel if the organization inform year 2 Aggregate value at end of year (a) Donor advised funds (b) Funds and other accounts. (b) Funds and other accounts. 3 Aggregate value at end of year (c) Donor advised funds (c) Part		Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Perter Organizations Meintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answerd 'Yes' on Form 980, Part IV, line 8. 1 Total number at and of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (puring year) (a) Aggregate value of contributions to (puring year) (b) Funds and other accounts 3 Aggregate value of contributions to (puring year) (b) Funds and other accounts (b) Funds and other accounts 4 Aggregate value of contributions to (puring year) (b) Funds and other accounts (b) Funds and other accounts 5 Dot the organization inform all donors and donor advisos in writing that grant funds can be used only for charatable purposes and not for the barefit of the donor of donor advisor, or for any other purpose confiring importantial to fund can be used only for charatable purposes and not fast bore purpose confiring important inform all grantes, donors, and donor advisos in writing that grant funds can be used only for conservation tassements. Complete if the organization answered 'Yea' on Form 960, Part IV, line 7. 1 Perosecution of accompact base memores. Complete if the organization answered 'Yea' on Form 960, Part IV, line 7. 1 Perosecution of accompact base memores. (b) Fast accompact base data base of the organization in the data organization accompact base data base of the tax year. 2 Complete lines 2a through 2 if the organization held a qualified conserv	Nam	e of the organizati					
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a Aggregate value of grants from (during year) b Aggregate value at end of year b D dt he organization inform all donos advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donos, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of onor advisor, or for any other purpose conferring importantiable purposes and not for the benefit of the donganization answered "Ves" on Form 990, Part IV, Ine 7. Part IV Conservation Easements held by the organization (heck all that apply) Preservation of a historically important land area Preservation of parts that habitat Preservation of parts page C complete inthe organization held a qualified conservation contribution in the form of a conservation easements b D total accessed trough 2d if the organization held a qualified conservation contribution in the form of a conservation easements C number of conservation easements included in (a) Number of conservation easements included in (b) capculed attra-luly 252.006, and not on a historic structure lated in the National Register Number of conservation easements included in (c) capculed attra-luly 252.006, and not on a historic structure lated in the National Register Number of conservation easements included in (b) capculed attra-luly 252.006, and not on a historic structure lated in the national Register Number of conservation easements liculated in the organization in the conservation easements during the year Number of econservation easements included in (b) capculed attra-luly 252.006, and not on a historic structure lated in the national Register Number of conservation easements and the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year D cose the	1						
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are the organization's property, subject to the organization's exclusive legal control? Wes No 6 Did the organization inform all grantese, donors, and donor advisor, or for any other purpose conterring mpoemissible private benefit? No 7 Purpose(g) of conservation essements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Improve the public use (for example, recreation or education) Preservation of and for public use (for example, recreation or education) Preservation of a for public use (for example, recreation or education) Preservation of a for public use (for example, recreation or education) Preservation of a for public use (for example, recreation or education) Preservation of a for public use (for example, recreation or education) Preservation of a for public use (for example, recreation or education) Preservation of a for public use (for example, recreation or education) Preservation of a for public use (for example, recreation or education) Preservation of a conservation easements Preservation of a conservation easements Preservation of a conservation easements Preservation education	_			writing that the assets held in donor advised fu	nds		
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Impermissible preliable benefit? Yes No Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a lostorically important land area Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements included in (c) acquired after July 25,2000, and not on a 1 Total arcmage restricted by conservation easements 2a 2 Complete lines 2a through 2d if the National Federal field bistoric structure included in (a) 2c 3 Number of conservation easements included in (a) acquired after July 25,2000, and not on a 2c 1 Number of conservation easements included in (a) acquired after July 25,2000, and not on a 2c 4 Number of conservation easements included in (b) acquired after July 25,2000, and not on a 2c 1 Number of conservation easements included in (a) acquired after July 25,2000, and not on a 2c 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d 2 Number of states where property subject to conservation easements is holds? 5c 3 Dees the organization have	6						
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art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X Chapter of the form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included in Form 990, Part	b	· •			ce sheet work	s of	
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 	-	-					
(ii) Assets included in Form 990, Part X \$		provide the followi	ing amounts relating to these items:				
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 FASB ASC 958 relating to these items: a Bevenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X the for Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022		(i) Revenue inclu	ded on Form 990, Part VIII, line 1				
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22	-	.,					
a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ 232051 09-01-22 \$	2				, provide		
b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22	а	-		-	\$		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22							
						dule D (Form 990) 2022	
	232051	09-01-22					

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		PITAL, INC						04-34			ige 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	on, and other record	s, check	any of the	following that	t make s	ignificant ι	use of its			
а	Public exhibition	d		Loan or eve	hange progra	am					
b	Scholarly research	e			nange progra						
c	Preservation for future generations	e e	, <u> </u>								
4	Provide a description of the organization's co	lections and explain	how th	ev further th	ne organizatio	n's exer	mot purpo	se in Part	XIII		
5	During the year, did the organization solicit o	-		•	-				A		
Ŭ	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran								_		
	reported an amount on Form 990, Pai			, ei gainzaile				, . . , .			
1a	Is the organization an agent, trustee, custodi	an or other intermed	iarv for	contribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in Part XIII								_		
			C C						Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						. 1 f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for (escrow or cu	ustodial acco	unt liabil	lity?	X	Yes		No
	If "Yes," explain the arrangement in Part XIII.									X	
Par	t V Endowment Funds. Complete i										
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Four	years l	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance										
2	Provide the estimated percentage of the curr			g, column (a)) held as:						
a	Board designated or quasi-endowment		_%								
D	Permanent endowment	% %									
С	Term endowment The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse	•	tion the	t are hold a	ad administo	rod for th					
Ja	organization by:	ssion of the organiza		it are neiu ai					Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		ccumulate	ed	(d) Bool	k value)
1a	Land										
	Buildings										
	Leasehold improvements			7	0,167.		36,2	97.	33	3,87	70.
	Equipment			2	8,882.		25,0			8,85	
	Other			1,29	5,421.	1,	116,3	34.	179	9,08	37.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0c.)				216	5,80)8.

Schedule D (Form 990) 2022

232052 09-01-22

Part VII Investments - Other Securities.
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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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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	43,951,676.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	43,951,676.	

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. (Colu	mn (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

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Sche	edule D (Form 990) 2022 ROOT CAPITAL, INC.		3478123 Page 4
Pa	rt 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.		
1	Total revenue, gains, and other support per audited financial statements	1	49,372,330.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	J (
b	Donated services and use of facilities 2b 303 ,	998.	
С			
d	Other (Describe in Part XIII.)	058.	
е	Add lines 2a through 2d		-3,450,846.
3	Subtract line 2e from line 1	3	52,823,176.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		52,823,176.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Retur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		10 000 200
1	Total expenses and losses per audited financial statements	1	19,872,398.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а		998.	
b			
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		202.000
е	······································		303,998.
3	Subtract line 2e from line 1	3	19,568,400.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а		050	
b	Other (Describe in Part XIII.)		2 201 050
С	Add lines 4a and 4b		3,321,058.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	22,889,458.
ra	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART 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	Α	BUYER	PAYS	ROOT	CAPITAL	THE	FULL	AMOUNT	OF	THE
232054 09-01-22												Schedule D	(Forn	n 990) 2022
							3	31						

2022.05000 ROOT CAPITAL, INC.

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.

PART X, LINE 2:

ROOT CAPITAL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE COMBINED FINANCIAL STATEMENTS.

ROOT CAPITAL HAS DETERMINED THAT ITS STATUS AS A TAX EXEMPT ENTITY AND ITS DETERMINATIONS AS TO ITS INCOME BEING RELATED AND UNRELATED ARE NOT UNCERTAIN TAX POSITIONS WITHIN THE MEANING OF GENERALLY ACCEPTED ACCOUNTING PRINCIPLES FOR ITS OPEN TAX YEARS. ROOT CAPITAL'S FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

ROOT CAPITAL OPERATES ON AN EXEMPT BASIS WHEN SUCH TREATMENT IS AVAILABLE IN ITS VARIOUS LOCATIONS OF OPERATION IN ACCORDANCE WITH LOCAL LAWS. ACCORDINGLY, INCOME TAX DISCLOSURES HAVE BEEN EXCLUDED GIVEN THEIR LIMITED AMOUNTS IN THE COMBINED FINANCIAL STATEMENTS.

32

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PROVISION FOR LOAN LOSS

INTEREST EXPENSE

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XII, LINE 4B - OTHER ADJUSTMENTS:

232055 09-01-22

Schedule D (Form 990) 2022

-2,379,979.

-3,321,058.

-941,079.

Schedule D (Form 990) 2022 ROOT CAPITAL, INC. Part XIII Supplemental Information (continued)	04-3478123 Page 5
PROVISION FOR LOAN LOSS	2,379,979.
INTEREST EXPENSE	941,079.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	3,321,058.
	Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	tes –	OMB No. 1545-0047
(Form 990)	Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	action 2022 Open to Public Inspection Employer identification number 04-3478123 omplete if the organization answered "Yes" on s grants and other assistance, d the grants or assistance? of its grants and other assistance outside the e is needed.) gion (e) If activity listed in (d) is a program service, describe specific type is or and investments		
Department of the Treasury	Gotow	www.ire.gov/Eorm	Attach to Form 990.	nformation		
Name of the organization	40107	ww.iis.govn om				
	NC				01-3179	21 2 2
Charles and the reserver and the interverse in the reserver is not reserver in the reserver in the reserver is not reserver in the reserver in the reserver is not reserver in the reserver i						
•	0		6		,	X Yes No
-	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
(a) Region	offices	employees, agents, and independent contractors	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a pro describe	gram service, specific type	expenditures for and investments
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	GRANTMAKING			113,956.
						,
NORTH AMERICA	0	0	GRANTMAKING			101 001.
SOUTH AMERICA	0	0	GRANTMAKING			176 600
						1,0,000.
CHD CAUADAN AFDICA	0	0	CD ANTIMA KITNO			280 222
SUB-SANARAN AFRICA	0	0	GRANIMARING			205,222.
EAST ASIA AND THE						24,400
	U	0	GRANTMAKING			24,400.
CENTRAL AMERICA AND						
THE CARIBBEAN	1	26	PROGRAM SERVICES	LOAN DISBUR	SEMENTS	47,019,550.
EAST ASIA AND THE						
PACIFIC	0	0	PROGRAM SERVICES	LOAN DISBUR	SEMENTS	5,835,083.
NORTH AMERICA		9	PROGRAM SERVICES	LOAN DISBUR	SEMENTS	
3 a Subtotal	2	35				61,452,287.
b Total from continuation sheets to Part I	2	21				115,264,464.
c Totals (add lines 3a						,,
and 3b)	4	56				176,716,751.

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

Schedule F (Form 990) 2022

232071 10-17-22

Schedule F (Form 990) Part I Continuation	ROOT CAP	ITAL, IN sper Region	C • I• (Schedule F (Form 990), Part I, line (<u>04-34781</u>	23 Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	1	16	PROGRAM SERVICES	LOAN DISBURSEMENTS	68,538,982
SUB-SAHARAN AFRICA	1	5	PROGRAM SERVICES	LOAN DISBURSEMENTS	38,211,980
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	1,742,453
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	266,221
NORTH AMERICA	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	356,553
SOUTH AMERICA	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	2,283,724
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	3,864,551

04-01-22

12531102 143399 413495

ROOT CAPITAL, INC.

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

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)
		CENTRAL AMERICA						
		AND THE CARIBBEAN	AGRICULTURAL	20,000.	WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	AGRICULTURAL	20,000.	WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	AGRICULTURAL	20,000.	WIRE	0.		
		CENTRAL AMERICA						
			AGRICULTURAL	20,000.	WIRE	٥.		
		CENTRAL AMERICA						
			AGRICULTURAL	10,000.	WIRE	٥.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	AGRICULTURAL	13,956.	WIRE	٥.		
		EAST ASIA AND THE						
		PACIFIC	AGRICULTURAL	7,400.	WIRE	٥.		
		EAST ASIA AND THE						
		PACIFIC	AGRICULTURAL	6,200.	WIRE	0.		
2 Enter total number of	recipient organization	ns listed above that are r	ecognized as charities by the			I		
			or counsel has provided a sec					С
3 Enter total number of	other organizations of	or entities						44

Schedule F (Form 990) 2022

Page 2

Schedule F (Form 990)					Page 2			
Part II Continuation o	Grants and Other Assistance to Organizations or Entities Outside the							
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	AGRICULTURAL	53,001.	WIRE	0.		
		NORTH AMERICA	AGRICULTURAL	15,000.	WIRE	0.		
		NORTH AMERICA	AGRICULTURAL	23,000.	WIRE	0.		
		SOUTH AMERICA	AGRICULTURAL	7,000.	WIRE	0.		
		SOUTH AMERICA	AGRICULTURAL	20,000.	WIRE	0.		
		SOUTH AMERICA	AGRICULTURAL	11,200.	WIRE	0.		
		SOUTH AMERICA	AGRICULTURAL	10,000.	WIRE	0.		
		SOUTH AMERICA	AGRICULTURAL	20,000.	WIRE	0.		
		SOUTH AMERICA	AGRICULTURAL	20,000.	WIRE	0.		

Schedule F (Form 990)					Page 2			
Part II Continuation o	Grants and Other Assistance to Organizations or Entities Outside the			United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	AGRICULTURAL	20,000.	WIRE	0.		
		SOUTH AMERICA	AGRICULTURAL	20,000.	WIRE	0.		
		SOUTH AMERICA	AGRICULTURAL	20,000.	WIRE	0.		
		SOUTH AMERICA	AGRICULTURAL	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	AGRICULTURAL	10,000.	WIDE	0.		
			AGATCOLIORAL	10,000.	WIKE			
		SUB-SAHARAN AFRICA	AGRICULTURAL	5,500.	WIRE	0.		
		SUB-SAHARAN		E 500	NTDE			
		AFRICA	AGRICULTURAL	5,500.	WIKE	0.		
		SUB-SAHARAN AFRICA	AGRICULTURAL	5,500.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AGRICULTURAL	5,500.	WIRE	٥.		

Schedule F (Form 990)	ROOT	CAPITAL, INC	•		04-34	78123		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA	AGRICULTURAL	5,500.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AGRICULTURAL	6,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AGRICULTURAL	8,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AGRICULTURAL	5,500.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AGRICULTURAL	5,500.	WIRE	0.		+
		SUB-SAHARAN		10.000				
		AFRICA	AGRICULTURAL	12,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	AGRICULTURAL	12,000.	WIDE	0.		
		AF NICA	RGUTCOLIUKAL	12,000.	WIND	· ·		+
		SUB-SAHARAN AFRICA	AGRICULTURAL	12,000.	WIRE	0.		
						· · ·		1
		SUB-SAHARAN AFRICA	AGRICULTURAL	12,000.	WIRE	0.		
		1	1	,	1			<u> </u>

ROOT	CAPITAL, INC	•		04-34	78123		Page 2
f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9)	
(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
	SUB-SAHARAN						
	AFRICA	AGRICULTURAL	20,000.	WIRE	0.		
	SUB-SAHARAN						
	AFRICA	AGRICULTURAL	14,872.	WIRE	0.		
	SUB-SAHARAN						
	AFRICA	AGRICULTURAL	14,878.	WIRE	0.		
	SUB-SAHARAN						
	AFRICA	AGRICULTURAL	20,000.	WIRE	0.		
	SUB-SAHARAN						
	AFRICA	AGRICULTURAL	20,000.	WIRE	0.		
	SUB-SAHARAN		20,000	WIDE	0		
	AFRICA	AGRICOLTORAL	20,000.	WIRE	0.		
		ACPTCIIL TIPAL	12 000	WIDE	0		
	III NI CA	NONTCOLLONAL	12,000.		••		
		AGRICULTURAL	10 000	WIRE	0		
		AGRICULTURAL	10,000.	WIRE	0.		
	f Grants and Other (b) IRS code section and EIN (if applicable)	F Grants and Other Assistance to Organization (b) IRS code section (c) Region and EIN (if applicable) SUB-SAHARAN SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA	(b) IRS code section and EIN (if applicable)(c) Region(d) Purpose of grantSUB-SAHARAN AFRICASUB-SAHARAN AFRICAAGRICULTURALSUB-SAHARAN AFRICAAGRICULTURALSUB-SAHARAN AFRICAAGRICULTURALSUB-SAHARAN AFRICAAGRICULTURALSUB-SAHARAN AFRICAAGRICULTURALSUB-SAHARAN AFRICAAGRICULTURALSUB-SAHARAN AFRICAAGRICULTURALSUB-SAHARAN AFRICAAGRICULTURALSUB-SAHARAN AFRICAAGRICULTURALSUB-SAHARAN AFRICAAGRICULTURALSUB-SAHARAN AFRICAAGRICULTURALSUB-SAHARAN AFRICAAGRICULTURALSUB-SAHARAN AFRICAAGRICULTURAL	f Grants and Other Assistance to Organizations or Entities Outside the United States. (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA AGRICULTURAL 20,000. SUB-SAHARAN AFRICA AGRICULTURAL 14,872. SUB-SAHARAN AFRICA AGRICULTURAL 14,878. SUB-SAHARAN AFRICA AGRICULTURAL 20,000. SUB-SAHARAN AFRICA AGRICULTURAL 12,000. SUB-SAHARAN AFRICA AGRICULTURAL 12,000. SUB-SAHARAN AFRICA AGRICULTURAL 10,000.	Image: Contrast and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 3 and ElN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement SUB-SAHARAN AFRICA AGRICULTURAL 20,000. WIRE WIRE SUB-SAHARAN AFRICA AGRICULTURAL 14,872. WIRE WIRE SUB-SAHARAN AGRICULTURAL 14,878. WIRE WIRE SUB-SAHARAN AGRICULTURAL 20,000. WIRE SUB-SAHARAN AGRICULTURAL 14,878. WIRE SUB-SAHARAN AGRICULTURAL 20,000. WIRE SUB-SAHARAN AGRICULTURAL 12,000. WIRE SUB-SAHARAN AGRICULTURAL 10,000. WIRE SUB-SAHARAN AGRICULTURAL 10,000. WIRE	If Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, Ine 1 (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash grant (g) Amount of non-cash cash disbursement (g) Amount of non-cash assistance SUB - SAHARAN AFRICA AGRICULTURAL 20,000. WIRE 0. SUB - SAHARAN AFRICA AGRICULTURAL 14,972. WIRE 0. SUB - SAHARAN AFRICA AGRICULTURAL 14,978. WIRE 0. SUB - SAHARAN AFRICA AGRICULTURAL 14,978. WIRE 0. SUB - SAHARAN AFRICA AGRICULTURAL 20,000. WIRE 0. SUB - SAHARAN AFRICA AGRICULTURAL 12,000. WIRE 0. SUB - SAHARAN AFRICA AGRICULTURAL 12,000. WIRE 0. SUB - SAHARAN AFRICA AGRICULTURAL 10,000. <td>C Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) (g) Amount of (g) Manner of (g) Amount of cash disbursement of Cash</td>	C Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) (g) Amount of (g) Manner of (g) Amount of cash disbursement of Cash

			Schedu	ıle F (Form 990) 2022

41

(e) Manner of

cash disbursement

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

(d) Amount of

cash grant

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

ROOT CAPITAL, INC.

(b) Region

04-3478123

(f) Amount of

noncash assistance (g) Description of

noncash assistance

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

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? 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? <i>If</i> "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
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

ROOT CAPITAL, INC. Schedule F (Form 990) 2022

Part V Supplemental Information

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.

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

DEPENDING ON THE RESULTS, A MONITORING PLAN TOGETHER WITH AN APPROPRIATE

MECHANISM FOR FUNDING, FINANCIAL AND PROGRAMATIC MANAGMENT AND MONITORING

IS FORMULATED.

PART I, LINE 3:

THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE ACCRUAL BASIS OF

ACCOUNTING.

232075 10-17-22

SCHEDULE I (Form 990)		Gov	rants and Oth vernments, an ete if the organization	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury		Compi	ete il the organization	Attach to Forn		it iv, line 21 of 22.		Open to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization	ROOT CAPI	TAL, INC.						Employer identification number $04 - 3478123$
Part I General Info	rmation on Grants a	nd Assistance						
criteria used to awa	ard the grants or assis	stance?				for the grants or assis		
		-	ations and Domestic be duplicated if addition			anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and addr or gover	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE CHAIN COLLABORA 133 FEDERAL WALK KENNETT SQUARE, PA		47-1643022	501(C)(3)	19,444.	0.			DEVELOPMENT OF REPORTING AND EVALUATIONS
			anizations listed in the					

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

ROOT CAPITAL, INC.

04-3478123

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Provide the information					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

- PERIODIC AND ON-SITE VISITS

- REGULAR AND ONGOING COMMUNICATION WITH SUBGRANTEE

DEPENDING ON THE RESULTS, A MONITORING PLAN TOGETHER WITH AN APPROPRIATE

MECHANISM FOR FUNDING, FINANCIAL AND PROGRAMATIC MANAGMENT AND MONITORING

IS FORMULATED.

Schedule I (Form 990)

SCI	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງງ)
		Compensated Employees		20	22	
Dopor	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatior	1	Employer id	dentificatio	on nui	nber
		ROOT CAPITAL, INC.	04-3	47812	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		nal use			
	Travel for com					
		ation and gross-up payments				
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2	0	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indianto which if or	w, of the following the exception used to establish the componentian of the exception's				
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization of the second sec				
		ation of the CEO/Executive Director, but explain in Part III.	JIT LO			
	X Compensation					
		ompensation consultant X Compensation survey or study				
	X Form 990 of o		ommittee			
			oninintee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
		eive payment from a supplemental nonqualified retirement plan?				X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	'n			
	contingent on the re	evenues of:				
а	The organization?			5a		X
	Any related organiz					x
	If "Yes" on line 5a c	r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the n	0				
						X
b	Any related organiz			<u>6b</u>		X
_		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_	v	
-		ies 5 and 6? If "Yes," describe in Part III		7	X	
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			v
•				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	2022

04-3478123

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) WILLIAM FOOTE	(i)	309,652.	0.	0.	12,200.	2,825.	324,677.	0.	
CEO & FOUNDER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) FRANCES REID	(i)	273,219.	5,000.	0.	11,163.	8,545.	297,927.	0.	
COO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) BRYAN WOLINER	(i)	220,908.	5,000.	0.	9,336.	22,009.	257,253.	0.	
CFO & TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JEAN FORRESTER	(i)	195,424.	5,000.	0.	8,402.	19,816.	228,642.	0.	
CONTROLLER & VP INVESTOR RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DARCY SALINGER	(i)	213,027.	5,000.	0.	8,721.	0.	226,748.	0.	
CHIEF CREDIT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) SCOTT MCDONALD	(i)	194,335.	5,000.	0.	3,000.	5,863.	208,198.	0.	
CHIEF EXTERNAL AFFAIRS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) ANGELA PROSEK	(i)	154,561.	5,000.	0.	5,485.	23,807.	188,853.	0.	
SR. DIR., INST. PHILATHROPY/PARTNERS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) GINA TRIESTE	(i)	153,963.	5,000.	0.	6,451.	22,008.	187,422.	0.	
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) BENJAMIN WITKOP	(i)	150,893.	5,000.	0.	6,243.	2,798.	164,934.	0.	
SR. DIR., GLOBAL LENDING/INNOVATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) MARLI PORTH	(i)	121,091.	5,000.	0.	5,284.	22,352.	153,727.	0.	
CHIEF OF STAFF/CLERK	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

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.

PART I, LINE 7:

ANY NON-FIXED BONUS PAYMENTS ARE APPROVED BY THE PRESIDENT AND COO. THE

CEO'S BONUS IS APPROVED BY THE BOARD OF DIRECTORS.

Schedule J (Form 990) 2022

SCHEDULE L		Tra	insaction	s V	Vith	Interested	Persons			ON	1B No. 1	545-004	47	
(Form 990)	Complete if t	he or	28b, or 28c, o	r For	m 990-	on Form 990, Part I EZ, Part V, line 38a 90 or Form 990-EZ.		27, 28	Ba,	0	2	D2		
Department of the Treasury Internal Revenue Service	Go	to ww				ructions and the late	est information.				specti		iic	
Name of the organization	n								-	identi		on nu	mber	
David L. Frances F			TAL, INC						4-3478123					
						on 501(c)(4), and sec								
1			Relationship betv			irt IV, line 25a or 25b	, or Form 990-EZ, Pa	rt v, IIr	16 40	D.	(d)	Corre	cted?	
(a) Name of disqual	ified person	(~)	person and or			(c) Description of trans	sactior	ו		Ye		No	
											+	+		
											+	-		
2 Enter the amount o									•					
section 4958 3 Enter the amount o						anization								
	1 tax, 11 arry, 0111	ine 2,		Suby		Janization			Ψ					
Part II Loans to	and/or Fror	n Int	erested Pers	ons.	i .									
	-					Part V, line 38a or F	orm 990, Part IV, line	e 26; o	r if th	e orgai	nizatio	n		
reported ar (a) Name of	<u>amount on For</u> (b) Relatio		, Part X, line 5, 6 (c) Purpose	1	2. oan to or	(e) Original	(f) Polonoo duo	(a)	In	(h) App	proved	(i) \/	/ritten	
interested person	with organ		of loan	fron	n the zation?	principal amount	(f) Balance due	default? by t		by boa	by board or committee?		ment?	
				То	From		-			Yes	No	Yes	No	
JACK TAYLOR	BOARD	ME	INVESTME	X		100,000.	100,000.		Х		Х	Х		
													<u> </u>	
													<u> </u>	
Total						\$	100,000.							
			efiting Intere											
(a) Name of intere	<u> </u>		vered "Yes" on F		,	(c) Amount of	(d) Type	of		(0)	Purp	000 0		
(a) Name of intere	sted person		(b) Relationship interested pers the organiza	on an		assistance	assistand				assista		1	
		_												
									-+					
		1							1					

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

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

232131 11-01-22

ROOT	CAPITAL,	INC
TOOT	CALIAD,	TIAC

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 (e) Sharing of organization's revenues? Ves No Image: Sharing of transaction Image: Sharing of transactiter of transaction Image: Sharing of transaction</

Part V Supplemental Information.

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JACK TAYLOR

(B) RELATIONSHIP WITH ORGANIZATION: BOARD MEMBER

(C) PURPOSE OF LOAN: INVESTMENT

PART II

A BOARD MEMBER EXTENDED A LOAN TO ROOT CAPITAL, INC. THIS LOAN IS

DOCUMENTED IN A WRITTEN AGREEMENT BETWEEN THE ORGANIZATION AND THE

BOARD MEMBER AND THE TERMS ARE NEGOTIATED AT ARM'S LENGTH, AND

INDEPENDENTLY FROM THE INDIVIDUAL'S ROLE AT ROOT CAPITAL. THE LOAN IS

MADE WITHIN THE USUAL PARAMETERS OFFERED TO ALL INVESTORS.

Schedule L (Form 990) 2022

232132 11-01-22

51 2022.05000 ROOT CAPITAL, INC. SCHEDULE O (Form 990)

Name of the organization

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



04 - 3478123

ROOT CAPITAL, INC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH A UNIQUE COMBINATION OF CAPITAL, TRAINING, AND ACCESS TO GLOBAL

MARKETS, ROOT CAPITAL HELPS AGRICULTURAL BUSINESSES INCREASE FARMER

INCOMES, EMPOWERS WOMEN, CONSERVES ECOSYSTEMS, AND CREATES

OPPORTUNITIES FOR THE NEXT GENERATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MOST ROOT CAPITAL LOANS CAN BE CATEGORIZED AS FOLLOWS:

1) LINES OF CREDIT, WITH TENORS OF ONE TO THREE YEARS AND ARE USED FOR WORKING CAPITAL TO FINANCE THE COST OF PURCHASING AND PROCESSING RAW MATERIAL SOURCED FROM SMALLHOLDER FARMERS.

2) TERM LOANS, GRANTED FROM TIME TO TIME, WITH MAXIMUM TENORS OF SEVEN

YEARS ARE PROVIDED IN CONNECTION WITH THE WORKING CAPITAL FINANCING TO

FINANCE CERTAIN FIXED ASSET PURCHASES AND INVESTMENTS, INCLUDING

EQUIPMENT, INFRASTRUCTURE IMPROVEMENTS, AND AGRICULTURAL INPUTS.

ROOT CAPITAL ASSESSES PROSPECTIVE CLIENTS AND EVALUATES THEM ON A

SERIES OF FINANCIAL, SOCIAL, AND ENVIRONMENTAL CRITERIA. SOCIAL

CRITERIA INCLUDE 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.

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

Schedule O (Form 990) 2022

52

Employer identification number
04-3478123
PRACTICES
D BY ROOT
COCOA, AND
<u> </u>

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THOUGH FINANCIAL MANAGEMENT TRAINING IS THE CORE OFFERING OF THE

ORGANIZATION'S ADVISORY PROGRAM, ROOT CAPITAL ALSO PROVIDES

COMPLEMENTARY NON-FINANCIAL ADVISORY SERVICES TO HELP BUSINESSES

OVERCOME DIFFERENT CHALLENGES AND POSITION THEM FOR GREATER IMPACT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH INDUSTRY ASSOCIATIONS 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.

COMMUNITY	SUSTAINABILITY	- FARMER	ASSOCIATIONS	ENCOURAGE	PARTICIPATOR	Y
232212 10-28-22					Schedule O (F	orm 990) 2022
			53			
12531102 1433	99 413495		2022.05000	ROOT CAPITA	L, INC.	413495_1

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
ROOT CAPITAL, INC.	04-3478123
DECISION-MAKING AND ARE A SOURCE OF COMMUNITY OWNERSHIP AN	D PRIDE,

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.

FORM 990, PART VI, SECTION B, 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. ANY CHANGES ARE INCORPORATED IN THE FINAL FORM 990 WHICH IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, 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 INTEREST POLICY. DIRECTORS AND OFFICERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR. 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. THE GOVERNANCE COMMITTEE'S CONVERSATION AND DECISION WITH RESPECT TO THE CONFLICT IS RECORDED IN THE MINUTES OF THE MEETING AND SHARED WITH THE FULL BOARD.

ALL ROOT CAPITAL PERSONNEL ARE TRAINED ON THE CONFLICT OF INTEREST POLICY. ROOT CAPITAL'S CONFLICT OF INTEREST POLICY IS SHARED WITH THE PARTICIPANTS AND PARTICIPANTS ARE ASKED TO SIGN AN ACKNOWLEDGEMENT FORM ATTESTING THAT THEY HAVE READ THE POLICIES AND COMPLETED THE TRAINING. 232212 10-28-22

FORM 990, PART VI, SECTION B, LINE 15:

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. THE CEO'S SALARY RECOMMENDATION IS SUPPORTED BY A COMPENSATION STUDY PERFORMED AT LEAST EVERY TWO YEARS AS INFORMED BY PEER COMPENSATION DATA AVAILABLE THROUGH PUBLIC FILINGS.

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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: 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

FORM 990, PART VI, SECTION C, 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'S FINANCIAL STATEMENTS ARE MADE AVAILABLE ON ITS WEBSITE. 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.

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FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

232212 10-28-22

413495_1

Schedule O (Form 990) 2022 Name of the organization	Employer identification number
ROOT CAPITAL, INC.	04-3478123
PROGRAM SERVICE EXPENSES	2,373,379.
MANAGEMENT AND GENERAL EXPENSES	374,185.
FUNDRAISING EXPENSES	14,000.
TOTAL EXPENSES	2,761,564.
TRANSLATION SERVICES:	
PROGRAM SERVICE EXPENSES	65,793.
MANAGEMENT AND GENERAL EXPENSES	2,772.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	68,565.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,830,129.

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

ROOT CAPITAL, INC.

Part I 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

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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ROOT CAPITAL, MEXICO, A.C.							
MA. ADELINA FLORES NO. 20 COLO					ROOT CAPITAL,		
CHIAPA, MEXICO	PROGRAM SUPPORT	MEXICO			INC.	X	
ASOCIACION ACCDER							
AV. CAMINO REAL 348 TERRA EL P					ROOT CAPITAL,		
LIMA, PERU	PROGRAM SUPPORT	PERU			INC.	X	
					1		

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

Schedule R (Form 990) 2022

2022 Open to Public Inspection

Employer identification number

04-3478123

Schedule R (Form 990) 2022 ROOT CAPITAL, INC.

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.

		,		1					1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	ю
											+
	-										
	1										
	1										
	4										

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	(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	512(b contr	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2022 ROOT CAPITAL, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)	_		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1 h		_
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ROOT CAPITAL, MEXICO, A.C.	Р	872,021.	FMV
(2) ASOCIACION ACCDER	Р	1,915,218.	FMV
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2022 ROOT CAPITAL, INC.

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	(f) Share of total income	(g) Share of end-of-year assets	(h Dispr tior alloca Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn Yes	l or Percel ing ing owne	k) entage ership

Schedule R (Form 990) 2022

ROOT CAPITAL, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II

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.

Schedule R (Form 990) 2022

232165 09-14-22