Form	990
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# EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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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.	



Α	For th	e 2023 calendar year, or tax year beginning and	ending		
B	Check if applicab	C Name of organization		D Employer identifie	cation number
	Addre	ROOT CAPITAL, INC.			
	Name	Doing business as		04-34781	23
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	245 MAIN STREET, 2ND FLOOR		617-661-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	29,107,606.
	Amer	CAMBRIDGE, MA 02142		H(a) Is this a group re	
	Appli tion pendi	F Name and address of principal officer. WILLIAM F. FOOTE		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status:         X         501(c)(3)         501(c)(         )         (insert no.)         4947(a)(1)           te:         WWW.ROOTCAPITAL.ORG	or 527	- '	list. See instructions
	Websi			H(c) Group exemption	
_	orm o	f organization: X Corporation Trust Association Other Summary	L Year		I State of legal domicile: MA
	1	Briefly describe the organization's mission or most significant activities: $\underline{TO}$ G.		RAL PROSPER	
e	1.	BUILD THE RESILIENCE OF FARMING FAMILIES			
Governance	2	Check this box if the organization discontinued its operations or dispos			ets.
ver	3			3	14
ဗီ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
ې د	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			74
/itie	6	Total number of volunteers (estimate if necessary)			17
Activities &	7 a	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	·····		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		41,878,138.	16,524,600.
Revenue	9	Program service revenue (Part VIII, line 2g)		10,474,079.	10,208,026.
Bev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		470,959.	2,374,980.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		52,823,176. 724,623.	<u>29,107,606.</u> 1,209,782.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		124,023.	1,209,782.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		11,335,562.	16,036,358.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		11,333,302.	<u> </u>
Suec	l loa	Total fundraising expenses (Part IX, column (A), line 11e)	94.	0.	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,829,273.	15,259,172.
_		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,889,458.	32,505,312.
	1	Revenue less expenses. Subtract line 18 from line 12		29,933,718.	-3,397,706.
or	3			ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)	1	.29,626,012.	120,379,681.
ASS	21	Total liabilities (Part X, line 26)		56,492,291.	51,179,578.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		73,133,721.	69,200,103.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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Sign	Signature of officer			Date					
Here	BRYAN WOLINER, CFO & TREAS	SURER							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	BRENDA L. BOOTH	Gruda X. Coate	10/18	/24 self-employed	P01342395				
Preparer	Firm's name CBIZ ADVISORS, LL	С		Firm's EIN 26-	3753134				
Use Only Firm's address 500 BOYLSTON STREET									
	BOSTON, MA 02116			Phone no.617-	761-0600				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🔀 Yes 🗌 No								
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

Form	990 (2023) ROOT CAPITAL, INC. 04-3478123	Page <b>2</b>
Pa	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	5.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	s X No
	If "Yes," describe these new services on Schedule O.	
3		s X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	and
4a	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 13,054,900. including grants of \$ ) (Revenue \$ 10,208,	026.)
та	ROOT CAPITAL PROVIDES AGRICULTURAL BUSINESSES WITH A UNIQUE COMBINAT	
	OF CREDIT AND CAPACITY BUILDING. THE ORGANIZATION ALSO CATALYZES CHA	
	IN THE BROADER SECTOR THROUGH EVALUATION AND SHARED LEARNING. PLEASE	C
	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 \$8, 264, 307. including grants of \$1, 209, 782. ) (Revenue \$	)
	ADVISE: ROOT CAPITAL'S ADVISORY SERVICES PROGRAM PROVIDES TARGETED	
	TRAINING TO CURRENT AND PROSPECTIVE CLIENTS IN TOPICS SUCH AS FINANC	CIAL
	MANAGEMENT, GOVERNANCE, AGRONOMIC CAPACITY, DIGITAL BUSINESS	
	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 RIS	SK
	OF LENDING TO THESE BUSINESSES.	
	ROOT CAPITAL'S ADVISORY SERVICES PROGRAM PROVIDES FINANCIAL TRAINING	
	CLIENTS PRIOR TO RECEIVING A LOAN AND DURING THE LIFE OF THE LOAN AS	5
	NEEDED.	
4c	(Code:) (Expenses \$ 2,541,055. including grants of \$) (Revenue \$) (Re	) י דר י
	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 BUSINES	SS
	LEVELS, AND LOOK FOR WAYS TO INCREASE IMPACT.	
	A AGELEDARE GUADE LEADNING EDON MODY MERL LIVE NUMBED DEEDG TO	
	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.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses     23,860,262.	
		<b>990</b> (2023)
332002	12-21-23 SEE SCHEDULE O FOR CONTINUATION(S)	

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 Form 990 (2023)
 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X
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?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c	х	
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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		- 11	
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I. Parts I and II	21	X	000
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			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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	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	200		<u> </u>
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
06	Schedule L, Part I	250		- 23
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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?			<u> </u>
00	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			
57		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 51		
30	Notes All Forms 000 filere are used to complete Ochockila O	38	х	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 162			
b		1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
-	(gambling) winnings to prize winners?	1c	Х	
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	5			. ,

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Form	990 (2023) ROOT CAPITAL, INC. 04-3478	123	Pa	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
<b>2</b> a	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 74			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	77
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country COSTA RICA, KENYA, MEXICO, PERU			
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
0a		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
b	server and here the dealth is 0	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	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			
е	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see 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		Х
	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.			
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	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.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 14	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	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 appoint one 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, stockholders, or persons other than the governing body?	7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevertile Code.)		Yes	No
l0a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		<u> </u>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
		120	- 23	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x	
	on Schedule O how this was done	12c	X	-
	Did the organization have a written whistleblower policy?	13	X	-
	Did the organization have a written document retention and destruction policy?	14		
	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4.00		
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure	<b>T</b> T	v a	77.7
	List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, AR, CA, CO, CT, DC, FL, GA</u>			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	DIe
	for public inspection. Indicate how you made these available. Check all that apply.			
	X     Own website     Another's website     X     Upon request     Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records BRYAN WOLINER – (617) 661–5792			
	245 MAIN STREET, 2ND FLOOR, CAMBRIDGE, MA 02142         12-21-23         SEE SCHEDULE O FOR FULL LIST OF STATES		<b>990</b>	

1a Enter the number of voting members of the governing body at the end of the tax year

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1a

Yes No

Form 990 (2			CAPITAL,		04-3478123	Page <b>6</b>
Part VI	Governance, Ma	anagei	ment, and Dis	closure.	For each "Yes" response to lines 2 through 7b below, and for a "No" res	ponse
					processes, or changes on Schedule O. See instructions.	
	Check if Schedule O	contains	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

Form 990 (2023)	ROOT CAPITAL, INC.	04-3478123	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if So	chedule O contains a response or note to any line in this Part VI	l								
Section A. Officers,	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.</li> </ul>										

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				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus <sup>:</sup>	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	-	1033-1120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) WILLIAM FOOTE	40.00									
CEO & FOUNDER	0.00			Х				404,242.	Ο.	14,421.
(2) FRANCES REID	40.00									
COO & PRESIDENT	0.00			Х				311,546.	0.	20,686.
(3) SCOTT MCDONALD	40.00									
CHIEF EXTERNAL AFFAIRS OFFICER	0.00				Х			294,676.	0.	19,879.
(4) BRYAN WOLINER	40.00									
CFO & TREASURER	0.00			Х				267,964.	0.	30,362.
(5) DARCY SALINGER	40.00									4 - 00 -
CHIEF CREDIT OFFICER	0.00					X		259,857.	0.	17,937.
(6) JEAN FORRESTER	40.00							001 505	0	
CONTROLLER & VP INVESTOR RELATIONS	0.00					X		221,585.	0.	29,260.
(7) ALEXANDRA TUINSTRA	40.00								0	44 800
CHIEF STRATEGY OFFICER	0.00				X			209,027.	0.	11,793.
(8) ANGELA PROSEK	40.00					37			0	20 040
SR. DIR., INST. PHILATHROPY/PARTNERS (9) MAUREEN MCGREGOR	0.00					X		179,590.	0.	29,940.
	0.00					x		171 100	0.	22 702
SR. DIR., MARKETING/COMMUNICATIONS (10) BENJAMIN WITKOP	40.00							174,488.	0.	23,783.
SR. DIR., GLOBAL LENDING/INNOVATION	0.00					x		173,798.	0.	23,470.
(11) MARLI PORTH	40.00					- 23		115,190.		23,470.
CHIEF OF STAFF/CLERK	0.00			х				144,663.	0.	25,777.
(12) ANA ZACAPA	1.00									
CHAIR	0.00	х						0.	Ο.	0.
(13) GRANT GUND	1.00									
BOARD MEMBER (THROUGH MAY 2023)	0.00	Х						0.	Ο.	0.
(14) JAN-MAARTEN MULDER	1.00									
BOARD MEMBER (THROUGH MAY 2023)	0.00	Х						0.	0.	0.
(15) MARY BARTON DOCK	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(16) LINDSAY BOLGER	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(17) MARISSA WESELY	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
332007 12-21-23		_	_	_	_	_	_			Form <b>990</b> (2023)

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Form 990 (2023)

ROOT CAPITAL, INC.

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Fall VII   Section A. Officers, Directors, Trust		bloy	ees,			ghes	st C		, ,			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average		not cl		more	than o		Reportable	Reportable		Estimated	
	hours per week	box	, unles	ss per	rson i	is both or/trus	n an	compensation	compensation		amount of	
	(list any						,	- from the	from related		other	on
	hours for	ndividual trustee or director						tne organization	organizations (W-2/1099-MISC	/	compensation from the	ווכ
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	″	organizatio	n
	organizations	ruste	al trus		/ee	mpen		1099-NEC)	1000 NEO		and related	
	below	dual t	In stitutional trustee	5	Key employee	est col	er				organization	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				-	
(18) KEN BARTELS	1.00											
BOARD MEMBER (THROUGH 12/30/23)	0.00	Х						0.		).		0.
(19) MARIO FERNANDEZ	1.00											
BOARD MEMBER	0.00	Х						0.		).		0.
(20) SALAH GOSS	1.00											_
BOARD MEMBER	0.00	Х				_		0.		).		0.
(21) MACANI TOUNGARA	1.00											•
BOARD MEMBER	0.00	X						0.		).		0.
(22) SOPHIE ROMANA	1.00											~
BOARD MEMBER	0.00	Χ				-		0.		<b>)</b> .		0.
(23) SCOTT AMERO	1.00							0				^
BOARD MEMBER	0.00	Х				-		0.		<u>)                                    </u>		0.
(24) HANS MUZOORA	1.00	x						0.		<b>b</b> .		0
BOARD MEMBER (25) FLEUR BOOS	1.00	^				-		0.		J•		0.
BOARD MEMBER	0.00	x						0.		<b>b</b> .		0.
(26) PHILIP BROWN	1.00							0.	,	·		<u>··</u>
BOARD MEMBER	0.00	x						0.		<b>b.</b>		0.
1b Subtotal								2,641,436.		5.	247,30	
c Total from continuation sheets to Part VI								0.		).		0.
d Total (add lines 1b and 1c)								2,641,436.		J.	247,30	
2 Total number of individuals (including but no									000 of reportable			
compensation from the organization						,			·			38
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for si	uch individual									L	3	<u>X</u>
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		L	4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich į	oers	son .					5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest cor										nsati	on from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	ith c	or wi	thin T		ear.			
(A) Name and business	address							<b>(B)</b> Description of s	arvices	C	(C) ompensation	
CBIZ ADVISORS, LLC	2001035						-+	Description of s				
500 BOYLSTON STREET, BOST		02	11	6				AUDIT AND TAX	~		188,60	Q
EMC COMMUNICATIONS	ON, MA	02	<u> </u>	0			ť	RODII AND IA	7		100,00	0.
2445 HARPER STREET, SANTA	CRIIZ	C۵	9	50	62			CONSULTING			141,25	0
BERUMEN Y ASOCIADOS SA DE								CONDULTING			111,25	<u>··</u>
PISO 9, CIUDAD DE MEXICO,							CONSULTING			124,31	8.	
									1			
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation				1.1	3						
SEE PART VII, SECTION	A CONT	IN	UA	ΤI	ON	S	HE	ETS		F	<sup>-</sup> orm <b>990</b> (20	)23)
332008 12-21-23												

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2023.04030 ROOT CAPITAL, INC. 413495\_1

Form 990 ROOT CAP									04-347	8123
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (			
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	I		Reportable	Reportable	Estimated
	hours	(cł	heck	all	that	app	ly)	compensation	compensation	amount of
	per	<u> </u>						from	from related	other
	week					/ee		the	organizations	compensation
	(list any	ctor				lold		organization	(W-2/1099-MISC)	from the
	hours for	· dire				ed en		(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , , ,	organization
	related	ee or	istee			nsat		· · · · · · · · · · · · · · · · · · ·		and related
	organizations	trust	al tru		yee	ad mo				organizations
	below	dual	ution	-	mplc	est co	er			0
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JEHIEL OLIVER	1.00	_	-		-	-				
BOARD MEMBER	0.00	x						0.	0.	0.
(28) JAMES RICHARDSON	1.00									
BOARD MEMBER	0.00	x						0.	0.	0.
		<u> </u>								
		1								
					-	-				
		1								
Total to Part VII, Section A, line 1c								1		

04-01-23

			Check if Schedule O	conta	ins a respo	onse (	or note to any line	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f	ributio grant I abov lines 1	1b           1c           1d           pons)         1e           s, and           e         1f           a=1f         1g		4,890,489. 11,634,111.	16,524,600.			
							Business Code				
Program Service Revenue	2	a b c d e	LOAN GUARANTEES AND LOAN INTEREST LOAN FEES				900099 900099 900099	4,935,936. 4,138,983. 1,133,107.			
Ā		f	All other program service								
	3			ding o	dividends, i	ntere	st, and	10,208,026.			2070858.
	4		Income from investment of			ond p	roceeds				
	5	•	Royalties		(i) Rea		(ii) Personal				
	6	b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) nea						
			Net rental income or (loss	(			(n)				
	7		Gross amount from sales of assets other than inventory Less: cost or other basis	<u>7a</u>	(i) Securi 304 , 1	122.	(ii) Other				
Revenue		с	and sales expenses	7b 7c	304,	0.					
Rev			Net gain or (loss)					304,122.			304,122.
Other I	8		Gross income from fundraisin including \$ contributions reported on Part IV, line 18	ng eve line <sup>-</sup>	ents (not of 1c). See	8a					
	_		Net income or (loss) from								
	9		Gross income from gamin Part IV, line 19 Less: direct expenses			9a					
			Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·				
	10		Gross sales of inventory, I and allowances Less: cost of goods sold								
		с	Net income or (loss) from	sales	of invento	ry					
Miscellaneous Revenue	11	a b c					Business Code				
Misc			All other revenue								
_			Total. Add lines 11a-11d							-	
	12	2	Total revenue. See instruction	ons				29,107,606.	10208026.	0.	2374980.

332009 12-21-23

2023.04030 ROOT CAPITAL, INC.

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Form **990** (2023)

 Form 990 (2023)
 ROOT CAPITAL, INC.

 Part VIII
 Statement of Revenue

Check here

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All other expenses

Total functional expenses. Add lines 1 through 24e

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)

32,505,312.

ROOT CAPITAL INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	485,960.	485,960.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	723,822.	723,822.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	1,840,886.	353,237.	1,302,127.	185,522.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	11,208,730.	7,445,196.	3,308,593.	454,941.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	183,090.	42,957.	122,735.	17,398.					
9	Other employee benefits	1,858,131.	1,317,661.	478,328.	62,142.					
10	Payroll taxes	945,521.	606,157.	300,235.	39,129.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal	268,567.	221,068.	47,499.						
с	Accounting	218,762.	46,204.	172,558.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A), amount, list line 11g expenses on Sch 0.)	3,539,961.	3,120,756.	396,157.	<u>23,048.</u> 5,560.					
12	Advertising and promotion	30,480.	20,667.	4,253.	5,560.					
13	Office expenses	434,429.	190,069.	244,360.						
14	Information technology	1,272,362.	788,081.	468,788.	15,493.					
15	Royalties									
16	Occupancy	546,872.	419,837.	114,334.	12,701.					
17	Travel	2,956,389.	2,230,598.	708,131.	17,660.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials $\ldots$									
19	Conferences, conventions, and meetings	336,009.	336,009.							
20	Interest	823,045.	823,045.							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	192,736.	192,736.							
23	Insurance	125,712.	9,664.	116,048.						
24	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.)	4 020 222	4 020 222							
a	ALLOWANCE FOR LOAN LOSS	4,038,332.	4,038,332.							
b	LOAN ORIGINATION COSTS	428,158.	428,158.	07 010						
С	PRINTING & PUBLICATIONS	47,358.	20,048.	27,310.	0.					

7,811,456.

23,860,262.

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833,594.

Form 990 (2023)

Form 990 (2023)

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		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			16,281,302.	1	53,447,272.
	2	Savings and temporary cash investments			32,145,096.	2	26,609.
	3	Pledges and grants receivable, net			13,950,011.	3	13,909,677.
	4	Accounts receivable, net			1,400,699.	4	892,923.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ns		5	
	6	Loans and other receivables from other disqualif	sons (as defined				
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			505,014.	9	517,272.
	10a	Land, buildings, and equipment: cost or other		4 996 999			
		basis. Complete Part VI of Schedule D	10a	1,396,093.	04.6 0.00		24.645
	b	Less: accumulated depreciation		1,361,446.	216,808.	10c	<u>34,647.</u> 21,228,908.
	11	Investments - publicly traded securities	20,410,790.	11	21,228,908.		
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1			43,951,676.	13	29,651,792.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			764,616.	15	670,581.
	16	Total assets. Add lines 1 through 15 (must equa			129,626,012. 2,122,131.	16	120,379,681.
	17	Accounts payable and accrued expenses			4,144,191.	17	2,409,485.
	18	Grants payable	853,761.	18 19	892,400.		
	19 20	Deferred revenue	055,701.	19 20	092,400.		
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F		1,235,918.	20	632,445.	
	21	Loans and other payables to any current or form			1,255,510.	21	052,115.
ties	22	trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated			52,280,481.	24	47,237,337.
	25	Other liabilities (including federal income tax, pay					, , , , , , , , , , , , , , , , , , , ,
		parties, and other liabilities not included on lines					
		of Schedule D			0.	25	7,911.
	26	Total liabilities. Add lines 17 through 25			56,492,291.		51,179,578.
		Organizations that follow FASB ASC 958, chec		X			
sec		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			49,343,064.	27	50,985,887.
Ba	28	Net assets with donor restrictions			23,790,657.	28	18,214,216.
pur		Organizations that do not follow FASB ASC 95	58, che	ck here			
гF		and complete lines 29 through 33.					
o s	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq			30		
t As	31	Retained earnings, endowment, accumulated inc				31	
Ne	32	Total net assets or fund balances			73,133,721.	32	69,200,103.
	33	Total liabilities and net assets/fund balances			129,626,012.	33	120,379,681.
							Form <b>990</b> (2023)

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Form 990 (2023)

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ROOT CAPITAL, INC.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

	1990 (2023) ROOT CAPITAL, INC.	04-3	478123	Pag	<sub>ge</sub> 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	29,10		
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,505		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,39		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	73,133		
5	Net unrealized gains (losses) on investments	5	-535	5 <b>,</b> 91	12.
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	69,200	),1	03.
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	О.			
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	X	
	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	L
			-	uan	(0000)

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# **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.

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

OMB No. 1545-0047
2023
Open to Public

Name of the	organization
-------------	--------------

Nan	ne of	the organization							identification number		
				INC.					4-3478123		
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n <b>170(b)(</b> 1	l)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	ו 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).				
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:				-		_			
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem									
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section &	509(a)(3).	Check the box on		
		lines 12a through 12d that	- describes the type of	f supporting organizatior	and com	olete lines	12e, 12f, and	12g.			
а		<b>Type I.</b> A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,		
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection w	/ith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	bution rec	uirement and	an attentiv	/eness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.					
f	Ent	er the number of supported o	organizations								
g		vide the following informatior	about the supporte	d organization(s).							
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Tota	al										

Schedule A	(Form	aan	02023
Schedule A		990	2023

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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21446858.	14688149.	26267601.	41878138.	16524600.	120805346
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	01446050	1 4 6 9 9 1 4 9	0.000	4400000	1 6 5 0 4 6 0 0	100005046
	Total. Add lines 1 through 3	21446858.	14688149.	26267601.	41878138.	16524600.	120805346
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,						25167116.
~	column (f)						95638230.
	Public support. Subtract line 5 from line 4.						93030230.
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2020	(a) 2021	(d) 2022	(a) 2022	(f) Total
	Amounts from line 4	(a) 2019 21446858.	14688149	(c) 2021	41878138	(e) 2023	
	Gross income from interest,	21110050.	14000149.	20207001.	110/0100.	10524000.	1200000040
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	373,774.	113,965.	49,275.	286,146.	2070858.	2894018.
9	Net income from unrelated business						
Ŭ	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.)						
11	Total support. Add lines 7 through 10						123699364
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 42	,331,554.
13	First 5 years. If the Form 990 is for the	he organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and sto						
Sec	ction C. Computation of Public	ic Support Per	centage				
14	Public support percentage for 2023 (	line 6, column (f), d	ivided by line 11,	column (f))		14	77.32 %
	Public support percentage from 2022					15	82.87 %
<b>16</b> a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	. ,	•				
b	33 1/3% support test - 2022. If the						
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-		VI how the organiz	zation
1-	meets the facts-and-circumstances te	-	-			17a and line 15 is	
a	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
19	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization						
10	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						
						Solicadio A	

332022 12-21-23

Schedule A	(Form 990)	2023	ROOT	CAPITAL,	INC.		
Part III	Support	Schedule	for Organi	zations Desc	cribed in	Section !	509(a)(2)

ROOT CAPITAL, INC.

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	023 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ						
ization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 20	023 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) org	janization,
						<u></u>
Section C. Computation of Publi	c Support Per	centage				
<b>15</b> Public support percentage for 2023 (I			column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
<b>18</b> Investment income percentage from					18	%
<b>19a 33 1/3% support tests - 2023.</b> If the						
more than 33 1/3%, check this box as						1/3% and
b 33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
332023 12-21-23	and not oncore a	<u></u>	a, 51 100, 0100K 1	and box and bee ma		nedule A (Form 990) 2023
		17			001	

12331018 143399 413495

2023.04030 ROOT CAPITAL, INC.

Yes No

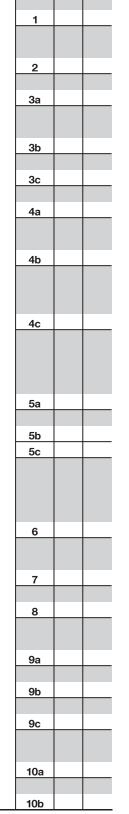
# Part IV Supporting Organizations

(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.)

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 ROOT CAPITAL, IN
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	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		
Sec	tion 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 <b>Part VI</b> 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		
Sec	tion 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			
	extrustees of each of the experimentaria supported experimetion (a) 2 ((1)) (1) (1) (1) (1) (1) (1) (1) (1) (			

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).

Sec	tion D. All Type III Supporting Organizations		
			Yes
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.

Section E.	i ype III Functionally	Integrated Supporting	Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test of	during 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 governmental entity (see instructions).
•	i me organization oupported a governmental entity.	Describe in the throw you supported a governmental entity (see instruction)

- 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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

3

2a

2b

3a

Yes No

No

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must		•			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	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				

ROOT CAPITAL, INC.

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) 2023

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Schedule A (Form 990) 2023

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations

3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

1

2

**Current Year** 

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Schedule A (Form 990) 2023

ROOT CAPITAL, INC.

Schedule A		990)	2023	
	-		-	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, lin Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, 4 additional information.
		<b>.</b>
332028 12-21-	2-21-23 22	Schedule A (Form 990) 2023

60		Supplementa	al Financial St	atements		OMB No. 1545-0047		
(Forn		2023						
•	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.           Department of the Treasury         Attach to Form 990.							
Interna	Revenue Service	Go to www.irs.gov/Form99		e latest information.	1	Inspection		
Nam	e of the organization	ROOT CAPITAL, INC.				identification number 4-3478123		
Par	t I Organiza	tions Maintaining Donor Advise	d Funds or Other S	imilar Funds or Ac				
		n answered "Yes" on Form 990, Part IV, lin						
			(a) Donor advise	d funds	<b>b)</b> Funds and	d other accounts		
1		d of year						
2		contributions to (during year)						
3 4		f grants from (during year)						
5		on inform all donors and donor advisors in v	writing that the assets he	Id in donor advised fund	ds			
	-	n's property, subject to the organization's	-			Yes No		
6	Did the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that gra	ant funds can be used o	nly			
		oses and not for the benefit of the donor o		· · ·	0			
Par	impermissible priva	ate benefit? ation Easements. Complete if the org	appization answord "Vos	an Earm 000 Part IV	lino 7	Yes No		
1		ervation easements held by the organization		s on Form 390, Farthy,				
		of land for public use (for example, recrea		Preservation of a histo	prically impor	tant land area		
	Protection o	f natural habitat		Preservation of a certi	fied historic	structure		
		of open space						
2	Complete lines 2a day of the tax year	through 2d if the organization held a qualif	ied conservation contribu	ution in the form of a co		asement on the last at the End of the Tax Year		
2		Inservation easements			2a			
a b					2a 2b			
с	-	vation easements on a certified historic stru			2c			
d	Number of conserv	vation easements included on line 2c acqu	ired after July 25, 2006, a	and not				
		ure listed in the National Register			2d			
3		vation easements modified, transferred, rel	eased, extinguished, or te	erminated by the organi	zation during	g the tax		
4	year	 where property subject to conservation eas	ement is located					
5		tion have a written policy regarding the per		ion, handling of				
		prcement of the conservation easements it				Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conservatio	n easements	s during the year		
-				· · · · · · · · · · · · · · · · · · ·				
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservation eas	sements duri	ng the year		
8	Does each conserv	 vation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(B)(i	)			
	and section 170(h)					Yes No		
9		e how the organization reports conservation						
		l include, if applicable, the text of the footn	ote to the organization's	financial statements that	at describes	the		
Par	organization's acco	ounting for conservation easements. Itions Maintaining Collections of	Art. Historical Trea	asures. or Other S	imilar Ass	sets.		
	_	the organization answered "Yes" on Form						
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement and bala	ance sheet w	orks		
		asures, or other similar assets held for pub			nce of public			
		Part XIII the text of the footnote to its finar						
b	-	elected, as permitted under FASB ASC 95						
		ures, or other similar assets held for public ng amounts relating to these items.	exhibition, education, or	research in furtherance	e of public se	rvice,		
	-	ded on Form 990, Part VIII, line 1			\$			
2		received or held works of art, historical trea						
		Ints required to be reported under FASB A			*			
		on Form 990, Part VIII, line 1						
		Form 990, Part X eduction Act Notice, see the Instructions				dule D (Form 990) 2023		
	09-28-23				0010			
			29					

20				
2023.04030	ROOT	CAPITAL,	INC.	413495_1

Sche	dule D (Form 990) 2023 ROOT CA	PITAL, INC	•					04-34	78123	3 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Othe	r Simila	r Assets	(contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	following that	make s	significant	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🛄 L(	oan or exc	hange progra	m					
b	Scholarly research	e	• 🗌 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	y further th	ne organizatio	n's exe	mpt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical treas	sures, or othe	r simila	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the o	rganizatior	n answered "Y	es" on	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi								_		-
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tak	ole:							
									Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								-		1
	Did the organization include an amount on F						lity?	<u>X</u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.									X	]
Par	t V Endowment Funds Complete if	1			1				(-) [		heeli
		(a) Current year	(b) Pri	or year	(c) Two year	S DACK	(a) Three	years back	(e) Four	years	раск
	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			column (a)	)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
0	The percentages on lines 2a, 2b, and 2c sho										
за	Are there endowment funds not in the posse	ession of the organiza	ation that a	are neid ar	na administere	ed for tr	ne		ſ	Yes	No
	organization by:								0-(1)	165	NO
	(i) Unrelated organizations?								3a(i)		
L	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization								3a(ii)		
D									3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment lur	ius.							
	Complete if the organization answere		) Part IV	line 11a S	ee Form 990	Part X	line 10				
								od	(d) <b>B</b> oo		
	Description of property	(a) Cost or o basis (investr		.,	or other (other)	• •	Accumulat epreciation		(d) Boo	value	;
10	Land			24010	(	ac					
la b	Land										
	Buildings Leasehold improvements			9	7,190.		65,1	83.	3	2,00	)7.
	Equipment				.,		00,1			_,	
	Other			1.29	8,903.	1	296,2	63.		2,64	10.
	. Add lines 1a through 1e. (Column (d) must e		V line 10					1		1,64	
Total	i Alaa mido ha through he. (Columni (u) Must e	<u>qual FUITI 990, Part</u>	<u></u>	. column	<i>[[</i> ]]			<u></u>		- / • -	

Schedule D (Form 990) 2023

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#### Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (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 line 12 col (B))		

#### 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	29,651,792.						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	29,651,792.						

### Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
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. (a) Description of liability (b) Book value 1 (1) Federal income taxes FAIR VALUE OF FOREIGN CURRENCY (2) 7,911 HEDGES (3) (4) (5) (6) (7) (8) (9) 7,911. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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 ... X

Schedule D (Form 990) 2023

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Sche	edule D (Form 990) 2023 ROOT CAPITAL, INC.		04-	3478123	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With I	Revenue per Ret	turn		
	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	23,404,	755.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a	-535,912.			
b	Donated services and use of facilities 2b	122,596.			
с	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.)	5,289,535.			
е	Add lines 2a through 2d		2e	-5,702,	
3	Subtract line 2e from line 1		3	29,107,	606.
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 <b>4a</b> and <b>4b</b>		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	29,107,	606.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per H	etur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	27,338,	373.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	100 506			
а	Donated services and use of facilities 2a	122,596.			
b					
С	Other losses 2c				
	Other (Describe in Part XIII.)			100	<b>F A C</b>
е	Add lines <b>2a</b> through <b>2d</b>		2e	122,	
3	Subtract line <b>2e</b> from line <b>1</b>		3	27,215,	<u>.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а					
b	Other (Describe in Part XIII.) 4b	5,289,535.			
-					
С	Add lines <b>4a</b> and <b>4b</b>		4c	5,289,	
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII Supplemental Information</b>		4c 5	5,289, 32,505,	

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 USE	D WHEN A	A BUYER	PAYS	ROOT	CAPITAL	THE	FULL	AMOUNT	OF	THE
332054 09-28-23									Schedule D	(Forn	n 990) 2023
				2	10						

32 2023.04030 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.

33

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:

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Schedule D (Form 990) 2023

2023.04030 ROOT CAPITAL, INC.

-4,466,490.

-823,045.

-5,289,535.

Schedule D (Form 990) 2023 ROOT CAPITAL, INC.	04-3478123 Page 5
Part XIII Supplemental Information (continued)	
PROVISION FOR LOAN LOSS	4,466,490.
INTEREST EXPENSE	823,045.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	5,289,535.
	· · ·
	Schedule D (Form 990) 2023

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SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ntes –	OMB No. 1545-0047
(Form 990)	Complete if the	e organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15,	or 16.	2023
Department of the Treasury Internal Revenue Service	Go to w	www.ire.gov/Eorg	Attach to Form 990. 1990 for instructions and the latest i	nformation		pen to Public spection
Name of the organization		ww.iis.govii oiii				entification number
ROOT CAPITAL, I	NC				04-3478	1 2 2
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the orgar	ization answere	d "Yes" on
Form 990, Part I				j		
1 For grantmakers. Does	s the organizatior	n maintain recor	ds to substantiate the amount of its gra	ints and other		
the grantees' eligibility f	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	X Yes No
2 For grantmakers. Desc	cribe in Part V the	organization's	procedures for monitoring the use of its	s grants and of	her assistance o	outside the
United States.		organization o		grante and et		
3 Activities per Region. (T	he following Part		n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures
	offices in the region	agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and
		contractors in the region	recipients located in the region)		e(s) in the region	investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	GRANTMAKING			148,105.
EAST ASIA AND THE						
PACIFIC	0	0	GRANTMAKING			28,200.
						, ,
NORTH AMERICA	0	0	GRANTMAKING			53,517.
SOUTH AMERICA	0	0	GRANTMAKING			194,500.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING			299,500.
50D SAIAKAN AFRICA	0	0	SKANIMAKING			200,000.
CENTRAL AMERICA AND						
THE CARIBBEAN	1	36	PROGRAM SERVICES	LOAN DISBUF	SEMENTS	33,311,006.
CENTRAL AMERICA AND				LENDING ANI	ADVISORY	
THE CARIBBEAN	0	0	PROGRAM SERVICES	SERVICES		3,385,045.
		· · · ·				
EAST ASIA AND THE						
PACIFIC	0	0	PROGRAM SERVICES	LOAN DISBUF	RSEMENTS	3,912,690.
<b>3 a</b> Subtotal	1	36				41,332,563.
<b>b</b> Total from continuation sheets to Part I	4	75				83,311,091.
c Totals (add lines 3a						, , , .
and 3b)	5	111				124,643,654.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

Schedule F (Form 990) Part I Continuatio	ROOT CAP	ITAL, IN sper Region	C • I• (Schedule F (Form 990), Part I, line 3	04-34781	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
CAST ASIA AND THE	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	367,389
NORTH AMERICA	2	14	PROGRAM SERVICES	LOAN DISBURSEMENTS	6,791,479
NORTH AMERICA	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	1,829,568
SOUTH AMERICA	1	30	PROGRAM SERVICES	LOAN DISBURSEMENTS	33,510,182
SOUTH AMERICA	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	2,967,112
SUB-SAHARAN AFRICA	1	31	PROGRAM SERVICES	LOAN DISBURSEMENTS	33,849,520
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	3,995,841
					_
Totals	4	75			83,311,091

04-01-23

Schedule F (Form 990) 2023	3 ROOT her Assistance to Ori sceived more than \$5,	(Form 990) 2023         ROOT         CAPITAL         INC.           Grants and Other Assistance to Organizations or Entities Outside         recipient who received more than \$5,000. Part II can be duplicated if	the United States. additional space is ne	Complete if the org	04-34'	3478123 ered "Yes" on Form 9	04-3478123 Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any eded.	Page 2 any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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	АСКІСИГТИКАГ	20,000.	WIRE	.0		
		CENTRAL AMERICA AND THE CARIBBEAN	АСКІСИГТИКАГ	22,400.	WIRE	.0		
		CENTRAL AMERICA AND THE CARIBBEAN	AGRICULTURAL	20,000.WIRE	WIRE	.0		
		CENTRAL AMERICA AND THE CARIBBEAN	AGRICULTURAL	10,000.	WIRE	.0		
		CENTRAL AMERICA AND THE CARIBBEAN	АСКІСИГТИКАГ	20,000.	WIRE	.0		
		CENTRAL AMERICA AND THE CARIBBEAN	АGRIСULTURAL	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AGRICULTURAL	11,400.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	AGRICULTURAL	11,200. WIRE	WIRE	0.		
	f recipient organizatic anization by the IRS,	ons listed above that are r or for which the grantee	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, ri tion 501(c)(3) equ	ecognized as a tax ivalency letter			
3 Enter total number of other organizations or entities	f other organizations	or entities					Schec	2 ک Schedule F (Form 990) 2023

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Page 2		(i) Method of valuation (book, FMV, appraisal, other)									
		(h) Description of non-cash assistance									
78123	90), Part II, line 1	(g) Amount of non-cash assistance	0.	0.	0.	0.	0.	0.	0.	0.	.0
04-3478123	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	WIRE	JIRE	WIRE	WIRE	WIRE	VIRE
	Г	(e) Amount of cash grant	6,200.	16,767.0	* 000 <i>'</i> 6	8,150.	20,000. WIRE	20,000.	7,500.	7,000.	27,000. WIRE
	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	<b>(d)</b> Purpose of grant	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL
ROOT CAPITAL, INC.	Assistance to Organizat	<b>(c)</b> Region	EAST ASIA AND THE PACIFIC	NORTH AMERICA	NORTH AMERICA	NORTH AMERICA	SOUTH AMERICA				
ROOT	Grants and Other /	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990)	Part II Continuation of	<b>1</b> (a) Name of organization									

Page 2		(i) Method of valuation (book, FMV, appraisal, other)									
	-	(h) Description of non-cash assistance									
78123	90), Part II, line 1)	<b>(g)</b> Amount of non-cash assistance	0.	0.	0.	0.	0.	0.	0.	0.	c
04-3478123	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	WIRE	IRE	WIRE	WIRE	WIRE	а х
	l l	(e) Amount of cash grant	20,000. W	20,000. W	7,000. W	7,500. W	7,500.WIRE	20,000.W	5,500 <b>.</b> W <sup>-</sup>	5,500 <b>.</b> W	10 500 WTRR
	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	<b>(d)</b> Purpose of grant	AGRICULTURAL	AGRICULTURAL	ася т стіт. литрат.						
ROOT CAPITAL, INC.	<b>Assistance to Organizat</b>	(c) Region	SOUTH AMERICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRTCA					
ROOT	Grants and Other /	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization									

Page 2		(i) Method of valuation (book, FMV, appraisal, other)									
		<b>(h)</b> Description of non-cash assistance									
78123	90), Part II, line 1)	<b>(g)</b> Amount of non-cash assistance	.0	0.	0.	.0	.0	.0	0.	.0	0.
04-3478123	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	WIRE	IIRE	WIRE	WIRE	WIRE	IRE
	l [	(e) Amount of cash grant	10,500. W	6,000.	6,000.	5,500. W	20,000. WIRE	, 000 × 02	5,500.	M *000 <sup>′</sup> 6	6,000. MIRE
	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	<b>(d)</b> Purpose of grant	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL
ROOT CAPITAL, INC.	Assistance to Organizat	<b>(c)</b> Region	SUB-SAHARAN AFR ICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFR ICA	SUB-SAHARAN AFR ICA	SUB-SAHARAN AFR ICA	SUB-SAHARAN AFR ICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA
ROOT	Grants and Other	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990)	Part II Continuation of	<b>1</b> (a) Name of organization									

Page 2		(i) Method of valuation (book, FMV, appraisal, other)									
04-3478123	-	<b>(h)</b> Description of non-cash assistance									
	90), Part II, line 1)	(g) Amount of non-cash assistance		.0	0.	0.	0.	.0	0.	.0	0.
04-34	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	WIRE	IRE	WIRE	WIRE	WIRE	IRE
	ſ	(e) Amount of cash grant	13,500.W	5,500.W	13,000.W	9,000.	6,000. WIRE	e'000 و	7,500. W	2,500.W	9,000. WIRE
	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	<b>(d)</b> Purpose of grant	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL	AGRICULTURAL
ROOT CAPITAL, INC.	Assistance to Organizat	(c) Region	SUB-SAHARAN AFR ICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFR ICA	SUB-SAHARAN AFR ICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA
ROOT	Grants and Other	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization									

04-01-23

Page 2		(i) Method of valuation (book, FMV, appraisal, other)									
		(h) Description of non-cash assistance									
78123	90), Part II, line 1	(g) Amount of non-cash assistance	.0	0.	0.	0.	0.	0.	0.	0.	.0
04-3478123	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	WIRE	IRE	WIRE	WIRE	WIRE	IRE
	I	(e) Amount of cash grant	500. ₩	10,500.W	5,500.	6,000.W	6,000. WIRE	6,000.	6,000.	6,000.W	6,000. MIRE
	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	<b>(d)</b> Purpose of grant	AGRICULTURAL	AGRI CULTURAL							
CAPITAL, INC.	Assistance to Organizat	<b>(c)</b> Region	SUB-SAHARAN AFRICA	SUB-SAHARAN AFR I CA							
ROOT	Grants and Other	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990)	Part II Continuation of	<b>1</b> (a) Name of organization									

# 04-01-23

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
	IV, line 16.	(g) Description of noncash assistance					Schedt
04-3478123	n Form 990, Part	(f) Amount of noncash assistance					
04	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	<b>(e)</b> Manner of cash disbursement					
		<b>(d)</b> Amount of cash grant					
INC.	e the United Stat	<b>(c)</b> Number of recipients					
ROOT CAPITAL,	e to Individuals Outside dditional space is needed	(b) Region					
Schedule F (Form 990) 2023 R	Part III         Grants and Other Assistance to Individuals Outside the United States.           Part III         can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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332073 11-29-23

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 the 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 the 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," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	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 the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the 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 the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

ROOT CAPITAL, INC. Schedule F (Form 990) 2023

#### 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.

332075 11-29-23

SCHEDULE I (Form 990)		GO GO Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22</sup> .	er Assistand d Individuals answered "Yes"	ce to Organi s in the Unit on Form 990, Parl	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. gov/Form990 for the Ia	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	tion.		Open to Public Inspection
Name of the organization	on ROOT CAPITAL,	AL, INC.						Employer identification number 04-3478123
Part I General In	General Information on Grants and Assistance	d Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	substantiate the		or assistance, the <u>c</u>	grantees' eligibility 1	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	A v
<ul> <li>Criteria used to a</li> <li>Describe in Part I</li> </ul>	criteria used to award the grants of assistance / Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ance?	vring the use of grant fi	hotin I otton	States			
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Organiz ,000. Part II can t	ations and Domestic control of addition	if additional space is needed.	omplete if the orga d.	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	<b>(d)</b> 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 COLLABORATIVE 133 FEDERAL WALK KENNETT SQUARE, PA 1934	RATIVE A 19348	47-1643022	501(C)(3)	20,112.	0.			DEVELOPMENT OF REPORTING AND EVALUATIONS
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	ERVICES N STREET 01	13-5563422	501(C)(3)	435,847.	0.			DEVELOPMENT OF REPORTING AND EVALUATIONS
SUSTAINABLE FOOD LABORATORY 3 LINDEN ROAD HARTLAND, VT 05048	LABORATORY 8	81-1854413 5	501(C)(3)	30,001.	0.			DEVELOPMENT OF REPORTING AND EVALUATIONS
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government org	anizations listed in the	line 1 table	_			• 0 • 0
For Paperwork Reduc	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Instructions for	Form 990.					Schedule I (Form 990) 2023

LHA 332101 11-01-23

Schedule I (Form 990) 2023 ROOT CAPITAL, II	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.	. Complete if the	organization answe	sred "Yes" on Form 9	30, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	I quired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
ROOT CAPITAL IS RESPONSIBLE FOR THE	E ACTIONS	OR INACTIONS	ONS OF ITS		
SUBRECIPIENTS AS STIPULATED UNDER THE		MENTS. THE	AGREEMENTS. THE MONITORING OF	Q OF	
SUBRECIPIENTS IS AN EXTREMELY IMPOF	IMPORTANT PAR	PART OF SUBPR	SUBPROJECT MANAGEMENT	GEMENT TO	
ENSURE THAT THE SUBGRANTEE IS PERFO	PERFORMING IN	IN ACCORDANCE WITH	E WITH THE	AGREEMENT,	
STANDARD OPERATING PROCEDURE AND IN	IN FURTHERANCE	ANCE OF THE	PROJECT	OBJECTIVES.	
A VARIETY OF TOOLS ARE UTILIZED TO	TO MONITOR	TOR SUBGRANTEES.	THESE	INCLUDE:	
- TIMELY AND THOROUGH REVIEW OF FIN	FINANCIAL A	AND PROGRAMMATIC		SUBGRANTEE	
REPORTS 332102 11-01-23					Schedule I (Form 990) 2023

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)

332291 04-01-23

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47		
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00			
-	-	Compensated Employees		20	ZJ	)		
Dono	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				
Nan	ne of the organization		Employer i			mber		
		ROOT CAPITAL, INC.	04-3	47812	3			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		ation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)					
	If any other							
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		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
2	Indianta which if a	by of the following the experization used to establish the companyation of the experization?						
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 organizati						
			UTIO					
	establish compensation of the CEO/Executive Director, but explain in Part III.           X         Compensation committee							
		compensation consultant <u>X</u> Compensation survey or study						
	X Form 990 of o		ommittee					
			ommittee					
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	5	e payment or change-of-control payment?		4a		X		
b		eive payment from a supplemental nonqualified retirement plan?				X		
с		eive payment from an equity-based compensation arrangement?		4.		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	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r	evenues of:						
а	The organization?			. 5a		X		
b	Any related organiz	ation?		5b		X		
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the n	et earnings of:						
а	The organization?			<u>6a</u>		X		
b	Any related organiz	ation?		6b		X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		nes 5 and 6? If "Yes," describe in Part III		7	Х	<u> </u>		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe					
				8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?	<u></u>	9				
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n <b>990</b> )	2023 (		

LHA 332111 11-06-23

12331018 143399 413495

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.	orm of	sported on Schedule J 990. Part VII.	, report compensati	on from the organiza	tion on row (i) and from	related organizations	s, described in the instr	uctions, on row (ii).
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.	ed in	idividual must equal th	he total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applica	tble column (D) and (E	) amounts for that indi	/idual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC 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	Ξ	384,940.	19,302.	0.	11,421.	3,000.	418,663.	0.
CEO & FOUNDER	<u> </u>			0.				•0
(2) FRANCES REID	Ξ	306,54	5,000.	0.	12,495.	8,191.	332,232.	•0
COO & PRESIDENT	<u> </u>			0.				.0
(3) SCOTT MCDONALD	Ξ	289,67	5,000.	0.	11,688.	8,191.	314,555.	.0
CHIEF EXTERNAL AFFAIRS OFFICER	≘			0.				.0
(4) BRYAN WOLINER	Ξ	256,100.	11,864.	0.	10,606.	19,756.	298,326.	•0
CFO & TREASURER	(ii)		0.	0.		0.		• 0
(5) DARCY SALINGER	Ξ	254,857.	5,000.	0.	10,427.	7,510.	277,794.	•0
CHIEF CREDIT OFFICER	(ii)	.0	0.	0.	0.	• 0	• 0	• 0
(6) JEAN FORRESTER	Ξ	216,585.	5,000.	0.	9,238.	20,022.	250,845.	• 0
CONTROLLER & VP INVESTOR RELATIONS	(ii)	.0	0.	0.	0.	• 0	• 0	• 0
(7) ALEXANDRA TUINSTRA	Ξ	204,027.	5,000.	0.	0.	11,793.	220,820.	.0
CHIEF STRATEGY OFFICER	(ii)		0.	0.	0.	0.	• 0	• 0
(8) ANGELA PROSEK	(i)	169,717.	9,873.	0.	7,522.	22,418.	209,530.	• 0
SR. DIR., INST. PHILATHROPY/PARTNERS		.0	0.	0.	0.	• 0	• 0	• 0
(9) MAUREEN MCGREGOR	(i)	169,488.	5,000.	0.	4,447.	19,336.	198,271.	• 0
SR. DIR., MARKETING/COMMUNICATIONS	(ii)		0.	0.		0.	• 0	• 0
(10) BENJAMIN WITKOP	(i)	164,255.	9,543.	0.	7,027.	16,443.	197,268.	• 0
SR. DIR., GLOBAL LENDING/INNOVATION	Ē		0.	0.		0.		•0
(11) MARLI PORTH	Ξ	139,663.	5,000.	0.	6,021.	19,756.	170,440.	•0
CHIEF OF STAFF/CLERK	<u> </u>	.0	0.	0.	.0	0.	0.	.0
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							Schedu	Schedule J (Form 990) 2023

Page 2

 Schedule J (Form 990) 2023
 ROOT CAPITAL, INC.
 04 – 3478123

 Part II
 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

04-3478123

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# 332112 11-06-23

Schedule J (Form 990) 2023 ROOT CAPITAL, INC.	04-3478123 F	Page <b>3</b>
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.	s 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) 2023	90) 2023

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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHA332211 11-14-23

52 2023.04030 ROOT CAPITAL, INC.

Name of the organization ROOT CAPITAL, INC.	Employer identification number 04-3478123
ROOT CAPITAL'S LENDING SUPPORTS SUSTAINABLE ENVIRONMENTAL	PRACTICES
THAT PROTECT RURAL ECOSYSTEMS. CROPS PROCESSED AND MARKETE	D BY ROOT
CAPITAL CLIENTS PRIMARILY IN INDUSTRIES INCLUDING COFFEE,	COCOA, AND
CERTAIN TREE NUTS.	

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.

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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	ENC	OURAGE	PARTICIPATO	DRY
	332212 11-14-23							Schedule O	(Form 990) 2023
					53				
2	331018 1433	99 413495			2023.04030 1	ROOT	CAPITA	L, INC.	413495_1

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization ROOT CAPITAL, INC.	Employer identification number 04-3478123
DECISION-MAKING AND ARE A SOURCE OF COMMUNITY OWNERSHIP AN	D PRIDE,
MAKING TRADITIONAL AGRICULTURAL ACTIVITIES MORE VIABLE. SO	CIAL IMPACT
INCLUDES STABILIZING INCOMES IN RURAL COMMUNITIES AND CREA	TING 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. 332212 11-14-23

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54 2023.04030 ROOT CAPITAL, INC.

Schedule O (Form 990) 2023

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 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:

ADVISORY SERVICES CONSULTING:

PROGRAM SERVICE EXPENSES

332212 11-14-23

3,002,441.

2023.04030 ROOT CAPITAL, INC.

Page Employer identification numbe 04-3478123
390,727.
23,048.
3,416,216.
118,315.
5,430.
0.
123,745.
3,539,961.

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	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.	ons and Unrelated Pal ed "Yes" on Form 990, Part IV, lin Attach to Form 990. 90 for instructions and the latest	<b>-tnerships</b> e 33, 34, 35b, 36 information.	, or 37.	° <b>°</b>	OMB No. 1545-0047 2023 Open to Public Inspection
Name of the organization ROOT CAPITAL,	INC.				Employer identification number 04-3478123	ication number 1 2 3
Part I Identification of Disregarded Entities. Complete if the organization	ste if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	me End-of-year assets		(f) Direct controlling entity
<b>Part II</b> 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.	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, I	because it had one	or more related tax-exe	impt
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
ROOT CAPITAL, MEXICO, A.C. Ma. ADELINA FLORES NO. 20 COLO CHIAPA, MEXICO	PROGRAM SUPPORT	MEXICO			ROOT CAPITAL, INC.	
ASOCIACION ACCDER AV. CAMINO REAL 348 TERRA EL P LIMA, PERU	PROGRAM SUPPORT	PERU			ROOT CAPITAL, INC.	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2023

332161 09-28-23 LHA

Page 2		(j) (k) General or Percentage managing ownership Yes No			re related	(i) Section 512(b)(13) controlled entity? Yes No			Schedule R (Form 990) 2023
3478123	ore related	(j) General or managing partner? Yes No			one or mo	(h) Percentage ownership			le R (Form
04-34	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of Pe end-of-year or assets			Schedu
	34, because	(h) Disproportionate allocations? Yes No			rt IV, line 34				
	art IV, line 3	(g) Share of end-of-year assets			m 990, Par	(f) Share of total income			
	orm 990, P				Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)			
	"Yes" on F	<b>(f)</b> Share of total income			answered "				-
	answered				janization a	(d) Direct controlling entity			
	ganization	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			te if the org				α
	e if the o				Comple.	(c) Legal domicile (state or foreign country)			
	-	(d) Direct controlling entity			r <b>ation or Trust.</b> ear.	<b>(b)</b> Primary activity			
INC.	<b>is a Partne</b> x year.	(c) Legal domicile (state or foreign country)			<b>is a Corpo</b> g the tax y	Prim			
CAPITAL, I	anizations Taxable a tnership during the ta	<b>(b)</b> Primary activity			<b>anizations Taxable</b> a poration or trust durin	Zc			
Schedule R (Form 990) 2023 ROOT	Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or generations trust during the tax year.	<b>(a)</b> Name, address, and EIN of related organization			8-23
Schedule	Part III	Z			Part IV				332162 09-28-23

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INC	
CAPITAL,	
ROOT	
(Form 990) 2023	
Schedule R	

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

) 2023	rm 990	Schedule R (Form 990) 2023			332163 09-28-23
					(6)
					(5)
					(4)
					(3)
		FMV	2,348,487.	д	(2) ASOCIACION ACCDER
		FMV	1,449,213.	сı	(1) ROOT CAPITAL, MEXICO, A.C.
		(a) Method of determining amount involved	(c) Amount involved	<b>(b)</b> Transaction type (a-s)	(a) Name of related organization
		elationships and transaction thresholds.	nis line, including covered r	ho must complete th	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
×		15			(s)
×	_	+			r Other transfer of cash or property to related organization(s)
4					d Heimbursement paid by related organization(s) tor expenses
;	4	10			
×		<b>•</b>			• Sharing of paid employees with related organization(s)
×		<b>1</b>		on(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×				nization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
×				nization(s)	
×		÷			k Lease of facilities equipment, or other assets from related organization(s)
×	4	<u>1</u>			j Lease of facilities, equipment, or other assets to related organization(s)
×		-			i Exchange of assets with related organization(s)
×		<del>،</del> 4			Purchase of assets from related organiza
×		21			g Sale of assets to related organization(s)
×		11			f Dividends from related organization(s)
×		<b>1</b>			Loans or loan guarantees by related organization(s)
×		10			d Loans or loan quarantees to or for related organization(s)
×		<u>•</u>			c Gift, grant, or capital contribution from related organization(s)
×		-1b			<b>b</b> Gift, grant, or capital contribution to related organization(s)
×		19	,	_	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
		n Parts II-IV?	transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	1 During the tax year, did the organization engage in any of the following transactions
٥N	Yes				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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Schedule R (Form 990) 2023

CAPITAL, INC         xable as a Partnership. 0         h entity taxed as a partner         instructions regarding excl         h	Schedule R (Form 990) 2023       ROOT       CAPITAL       INC         Part VI       Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.       04-3478123       Page 4	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.	(c)(d)(e)(f)(f)(g)(h)(i)(j)(j)(k)Legal domicilePredominant incomePredominant incomePre				
Schedule R. Form 990) 2023 ROT CAPITAL, INC. Party Unrelated Organizations Taxable as a Partnership. Complete if the organization canswered "Ve Provide the following information for each mithy taxed as a partnership through which the organization cond text and a related organization. See natructors regarding exclusion for certain investment partnership.  Name, address, and EIN Name, address,	organization answered "Yes" on Form 990, Part IV, li	which the organization conducted more than five perc in investment partnerships.	(e) Are all 501(c)(3) orgs.?				
	ROOT CAPITAL, INC.	ch entity taxed as a partnership through w e instructions regarding exclusion for certa	(b)     (c)       Primary activity     Legal dom       (state or for country     (state or for country				

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) 2023

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