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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

A F	or the	e 2012 calendar year, or tax year beginning and e	nding		
B C	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Addres	ROOT CAPITAL, INC.			
	Name			04-3	478123
Ē	Initial	· · · · · · · · · · · · · · · · ·	Room/suite	E Telephone number	· · · · · · · · · · · · · · · · · · ·
厂	Termin		100111/30110		661-5792
$\overline{}$	Amend		-	G Gross receipts \$	32,751,686.
	Applic			H(a) Is this a group re	
	pendir	F Name and address of principal officer WILLIAM F. FOOTE		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
	av.eve	empt status X 501(c)(3)	527		list (see instructions)
		te: > WWW.ROOTCAPITAL.ORG	L UZ1	H(c) Group exemption	
		organization: X Corporation	I Vaar o		State of legal domicile: MA
	ırt I	Summary	IL IGAI	THORNIALION. TO JOY IN	Jale of legal domicile. PLA
		Briefly describe the organization's mission or most significant activities SEE P.	ART T	II, LINE 1.	<u></u>
Activities & Governance	'	blichy describe the organization's mission of most significant activities	A1(1 1	II, DING I.	
nar	2	Check this box If the organization discontinued its operations or dispose	nd of more	than 25% of its not as	on oto
ver	l	Number of voting members of the governing body (Part VI, line 1a)	ed of more	3	15
တ္	!	Number of independent voting members of the governing body (Part VI, line 1b)		4	13
ళ	l	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	86
ıtıe	1	Total number of volunteers (estimate if necessary)		6	15
ξ	!	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ	i	Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0.
			· ·	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h) DECENCED		9,166,388.	24,654,316.
Revenue	1	Program service revenue (Part VIII, line 2g)		6,173,301.	7,914,139.
i ve	•		-	147,790.	183,231.
æ	11	Investment income (Part VIII, column (A), lines 3,4; and 5d) 2013 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 2		0.	105,251.
		Total revenue - add lines 8 through 11 (must equal Part-VIII, column (A), line 12)	-	15,487,479.	32,751,686.
		Grants and similar amounts paid (Part IX, colon 12) (13)		1,000.	694,030.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,523,744.	6,127,101.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	i	Total fundraising expenses (Part IX, column (D), line 25) > 727,06	5.		
Ĕ	i	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,149,143.	9,201,615.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	12,673,887.	16,022,746.
	;	Revenue less expenses Subtract line 18 from line 12		2,813,592.	16,728,940.
or Ses			Bed	inning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)		87,752,805.	121,169,630.
ASS p/Ba	*) [21	Total liabilities (Part X, line 26)		66,284,006.	82,845,614.
Net A	22	Net assets or fund balances Subtract line 21 from line 20		21,468,799.	38,324,016.
	irt II	Signature Block			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	v knowledge and belief, it is
		t, and complete. Declaration of prepare Jother man officer) is based on all information of which			
23		1.111 7-61		101	413
Sıgr	1,.	Signature of officer		Date	
Her		WILLIAM F. FOOTE, CEO & PRESIDENT			
/	,	Type or print name and title			
15	á	Print/Type preparer's name Preparer's signatur	<i>n</i>	ate Check	PATIN
Paid	ا	DAVID F. GRALING CPA Davy F. Auli (P)	4 /	10-2-13 If self-employe	- P 00366995
Prep		Firm's name GELMAN, ROSENBERG & FREEDMAN	·	Firm's EIN ▶	52-1392008
Use		Firm's address 4550 MONTGOMERY AVE SUITE 650N			
	•	BETHESDA, MD 20814-2930		Phone no. (<u>301) 951-9090</u>
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012

Form 990 (2012) ROOT CAPITAL,
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	·		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	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			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	IIa	- 41	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
٨	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110	- 21	
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	- 21
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 22	
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	- 11	
120	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		-45
b	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	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70	43	
J	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 assistance to any organization	170		
	or entity located outside the United States? 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 assistance to individuals			
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-:-		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- '		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
19	complete Schedule G, Part III	10		х
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
D	ii Tes to line zoa, dio the organization attach a copy of its addited financial statements to this feturity		990	(2012)
		. 01111		(-012)

Form 990 (2012) ROOT CAPITAL, INC.

Part IV Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	<u> X</u>	
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			v
	Schedule K. If "No", go to line 25	24a		<u> X</u>
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	04-		
	any tax-exempt bonds? Did the exemptation act as an "on behalf of" requestfor bonds outstanding at any time during the year?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
2 5a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u> 25a</u>		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		<u>X</u>
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?			_ v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
38	•	38	Х	
	Note. All Form 990 filers are required to complete Schedule O			(2012)
		1 (1111	550	(2012)

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	62			
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				_	
	filed for the calendar year ending with or within the year covered by this return	2a	86			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	Х	
b	If "Yes," enter the name of the foreign country \triangleright KENYA, MEXICO, COSTA RICA					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anızatıon solıcıt			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		-
7	Organizations that may receive deductible contributions under section 170(c).			l		7.7
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uirea	7.		х
	to file Form 8282?	7d		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		, ι ·	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		199 as required?	7g	-	71
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		· · · · ·	8		
9	Sponsoring organizations maintaining donor advised funds.	•	U			
а	Did the organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form) 	12a		ļ. <u>—</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		3T / 3	40		
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O					1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	405	1			1
	organization is licensed to issue qualified health plans	13b				1
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	_13c_		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14a		
<u> </u>	in 165, has it med at one 120 to report these payments in 110, provide an explanation in ochedul				990	(2012
						,

Form 990 (2012) ROOT CAPITAL, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes in Schedule O. See instructions. to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI		 			<u> </u>						
Sec	tion A. Governing Body and Management											
		1 .	1		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	-	15	ł							
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.											
	Enter the number of voting members included in line 1a, above, who are independent	1b_	•	13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np with	any other		ĺ							
_	officer, director, trustee, or key employee?			2	-	X						
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	ct supervision			٠,,						
	of officers, directors, or trustees, or key employees to a management company or other person?			3	+	X						
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	5		X						
5												
	6 Did the organization have members or stockholders?											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	one or	_		3,7						
4-	more members of the governing body?		-lat	7a		X						
a	Are any governance decisions of the organization reserved to (or subject to approval by) members,	STOCK	olders, or									
_	persons other than the governing body?		na fallauwaas	7b	 	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ear by ti	ie rollowing:		\ .	ŀ						
_	The governing body? Each committee with authority to get an habilif of the governing body?			8a	X	 						
ь	Each committee with authority to act on behalf of the governing body?	aabad	at the	8b	 ^							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acneu	at the	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	20vonu	e Code l	<u> </u>		<u> </u>						
000	uon B. 1 Onoics (mis Section B requests information about policies not required by the internal r	neveriu	e Code)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		NO						
	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	s affiliates	102	125							
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	J. 14p (0)	o, armato,	10b	X							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dv befo	ore filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-,	gg	1.10	T							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to co	oflicts?	12b								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "											
	in Schedule O how this was done			120	X							
13	Did the organization have a written whistleblower policy?			13	х							
14	Did the organization have a written document retention and destruction policy?			14	Х							
15	Did the process for determining compensation of the following persons include a review and approx	val by i	ndependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?										
а	The organization's CEO, Executive Director, or top management official			15a	X							
b	Other officers or key employees of the organization			15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a									
	taxable entity during the year?			16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıd	on's									
	exempt status with respect to such arrangements?			16b		<u> </u>						
<u>Sec</u>	tion C. Disclosure	_										
17	List the states with which a copy of this Form 990 is required to be filed ►MA, MD, NY, VA, €											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	·T (Sec	tion 501(c)(3)s onl	y) avaıla	ble							
	for public inspection Indicate how you made these available Check all that apply X Own website X Another's website X Upon request Other (explain	n ın Sc	hedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy,	and fina	ıncıal							
	statements available to the public during the tax year											
20	State the name, physical address, and telephone number of the person who possesses the books a BONNIE COCKMAN $-617-299-2419$	and red	ords of the organ	ızatıon	-							
	955 MASSACHUSETTS AVENUE 5TH FLOOR, CAMBRIDGE, MA	02	139-3309									
23200 12-10-				For	m 990	(2012)						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	/do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box.	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		er an	dad	irecto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	altrus) se	шреп		(***-271033-141130)		and related
	below	Individual trustee or director	Institutional trustee	<u></u>	eg m	est co oyee	હ			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) FRANK HICKS	3.00									
CHAIR		X		Х				0.	0.	0.
(2) TOM KANEB	3.00									
VICE CHAIR		X		Х				0.	0.	0.
(3) DAN CRISAFULLI	3.00									
BOARD MEMBER		X						0.	0.	0.
(4) HENRY CAULEY	3.00								·	
BOARD MEMBER		X						0.	0.	0.
(5) JEREMY MINDICH	3.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JOHN F. TAYLOR	3.00									
BOARD MEMBER		X						0.	0.	0.
(7) JUAN MORILLO	3.00]				ļ				
BOARD MEMBER		X			ļ.,,			0.	0.	0.
(8) KATHERINE BORSECNIK	3.00	}								
BOARD MEMBER		X						0.	0.	0.
(9) KEN ANSIN	3.00									
BOARD MEMBER		X						0.	0.	0.
(10) MARCELA ESCOBARI	3.00									
BOARD MEMBER		X			ļ	<u> </u>		0.	0.	0.
(11) PAUL LEANDER-ENGSTROM	3.00									
BOARD MEMBER		X						0.	0.	0.
(12) PETER BERNARD	3.00									
BOARD MEMBER		X						0.	0.	0.
(13) RYAN ISRAEL	3.00									
BOARD MEMBER		X		<u> </u>	<u>L</u>			0.	0.	0.
(14) LIZ LUCKETT	3.00							:		
BOARD MEMBER		X			<u>L</u> _	<u> </u>	ļ	0.	0.	0.
(15) FUNKE OYEWOLE	3.00				1					
BOARD MEMBER		Х			<u> </u>	L		0.	0.	0.
(16) WILLIAM F. FOOTE	40.00									
CEO & PRESIDENT		<u> </u>	<u> </u>	X	<u> </u>	_	<u> </u>	250,780.	0.	21,811.
(17) BONNIE COCKMAN	40.00	1	l							
SVP FIN. & OPS. & TREASURER	<u>L</u>			X				168,424.	0.	8,117.
232007 12-10-12										Form 990 (2012)

232007 12-10-12

Form **990** (2012)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do	not c	Posi check ress per	tion more rson	l than is bot	one th an	(D) Reportable compensation	(E) Reportable compensation from related		Est ame	(F) imate ount o	
	(list any hours for related organizations below .line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ī	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	2)	comp fro orga and	other pensation the inization relate nization	e ion ed
(18) CARLOS CASTELLO	40.00							167 657			1.0	. 4	77 A
SVP GLOBAL PROGRAMS	40.00		-	-	X		\vdash	167,657.		0.		, 4'	<u>/4.</u>
(19) LIAM BRODY	40.00	1				x		150,964.		0.	1/	1,2	27
SVP OF VALUE CHAIN	40.00		╁	\vdash		^		130,304.		٠.		:, 4.	<u> </u>
(20) BRIAN MILDER	40.00	i	1			X		131,212.		0.	c	, 2	25
VP OF STRATEGY, KNOWLEDGE (21) CATHERINE GILL	40.00		\vdash	\vdash		A		131,212.		•		, 2	<u> </u>
VP OF INVESTOR RELATIONS	40.00	1				x		124,540.		0.	c	,1	50.
(22) BRENDA SMITH	40.00		\vdash	\vdash		4.		124,540.		•		<u>, </u>	<u> </u>
VP_OF_FINANCE & ADMINISTRATION	10:00	1				x		123,092.		0.	c	9,0	82.
(23) NATE SCHAFFRAN	40.00		\vdash	\Box				120,0321		-		,,,,,	<u> </u>
VP OF GLOBAL PROGRAMS AFRICA	1000	1				x	1	142,566.		0.	3	3,3	30.
-1 01 020Bill 11001Bill 11112Gil													
		<u> </u>	_			<u> </u>							
		ļ						a					
		<u> </u>	<u>L</u>	LJ	<u> </u>	<u> </u>	l	1 050 035		$\overline{}$			1.
1b Sub-total								1,259,235.		0.	94	1,4	
c Total from continuation sheets to Part VI	I, Section A							0.		0.	94,416		
d Total (add lines 1b and 1c)								1,259,235.			94	1,4	<u> 10.</u>
2 Total number of individuals (including but n	ot limited to tr	nose	liste	ed at	oove	e) wi	no r	eceived more than \$100	0,000 of reportable				11
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or tri	ısta	م اده	ov on	nnlo	wee	or	highest compensated e	molovee on	ſ		103	
line 1a? If "Yes," complete Schedule J for s			o,	, y C11	пріс	ycc	, 01	riigilest compensated e	inployee on		3		Х
4 For any individual listed on line 1a, is the su			omo	ensa	ation	n and	d ot	her compensation from	the organization	ļ			
and related organizations greater than \$150	•								0.gaa		4	х	
5 Did any person listed on line 1a receive or a									idual for services	Ì			
rendered to the organization? If "Yes," com	•							J			5	İ	Х
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ens	ation fr	om	
the organization Report compensation for	the calendar y	ear	end	ıng v	vith	or w	/ith <u>i</u> i	n the organization's tax	year				
(A)								(B)		_	(C)		
Name and business	address							Description of s	services		ompen	satio	n
INSOURCE SERVICES, INC.	00		_										٥.
148 LINDEN ST, WELLESLEY	, WA 02	48	2					IT SERVICES			<u> </u>	3,4	27.
	-						\dashv						
							\neg		-				
2 Total number of independent contractors (i		not li	ımıte	d to	tho	se li 1	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation					Τ							

					TAL	INC.			04-3478	123 Page 9
Pai	t V	Ш	→							
			Check if Schedule O con	tains a re	esponse	to any question ii	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	. (D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns Membership dues		1a					
اع ق			·		1b					
r A			Fundraising events		1c					
اةِ تَ			Related organizations	· \	1d					
Sign			Government grants (contribu		1e					
ĕĔ	1	T	All other contributions, gifts, gran							
물탕			similar amounts not included abo		1f	24,654,316.				
g g		_	Noncash contributions included in lines	s 1a-1f \$:
0 8		<u>n</u>	Total. Add lines 1a-1f			D i O d .	24 654 316.			
	_					Business Code				
ğ			LOAN INTEREST			900099	6,329,840.	6,329,840.		
le Si			LOAN FEES			900099	1,072,614.	1,072,614.		
Program Service Revenue			RECOVERED LOANS			900099	511,685.	511,685.		
gra Re		d								
č		e	All							
			All other program service revo	enue						
		g	Total. Add lines 2a-2f		datar	not and	7,914,139.			
	3		Investment income (including other similar amounts)	divident	JS, III(E)	est, and	102 221			102 024
			•	v ovomn	t bond i	oronodo -	183,231.		· · · · · · · · · · · · · · · · · · ·	183,231,
	4		Income from investment of ta	ıx-exemp	it bond	bioceeds				
	5		Royalties	() (Real	(u) Porgonal	·			
	6	_	Gross rents		neai	(II) Personal				
	6	-				1				
			Less rental expenses			 				
			Rental income or (loss)	L		—		·		
			Net rental income or (loss) Gross amount from sales of	(V) S o	curities	(II) Other	·			
	′	d	assets other than inventory	(1) Sec	Junies	(ii) Other				
ł		h	Less cost or other basis			 · · · · · ·				
		D	and sales expenses							
İ		_	Gain or (loss)			 				
			, ,							
e			Net gain or (loss) Gross income from fundraisir	ng events	s (not					
Other Revenue			including \$		of					
è			contributions reported on line	e 1c) See	9					
ē			Part IV, line 18		а					
₹			Less direct expenses		b					
			Net income or (loss) from fun			•				
	9	а	Gross income from gaming a	ctivities	See					
			Part IV, line 19		а					
			Less direct expenses		b					
			Net income or (loss) from gar	_	vities	•				
	10	а	Gross sales of inventory, less	returns						
I			and allowances		a					
ļ			Less cost of goods sold		b	· [
}		<u>c</u>	Net income or (loss) from sale		entory	<u> </u>				
ļ		_	Miscellaneous Reveni			Business Code				
	11									
		b				 				
		С.	All other revenue				-		·	
		d	All other revenue							
		е	Total. Add lines 11a-11d Total revenue See instructions.				22 751 606	7 014 120	0.	102 025
23200: 12-10-	12 9	_	TOTAL TEVERNE OCCURSTIONIONS.				32,751,686,	7,914,139,		183_231 . Form 990 (2012)
12-10-	12									1 01111 330 (2012)

Form 990 (2012) ROOT CAPITAL, Part IX Statement of Functional Expenses

Ω.	Check if Schedule O contains a respon-	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	694,030.	694,030.		
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,	525 252	227 256		
	trustees, and key employees	636,263.	337,056.	244,689.	54,518
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 562 605	2 002 200	1 105 050	410 240
7	Other salaries and wages	4,563,607.	3,023,380.	1,127,879.	412,348
8	Pension plan accruals and contributions (include	01 000	61 400	21 000	0 225
	section 401(k) and 403(b) employer contributions)	91,822.	61,489.	21,998.	8,335
9	Other employee benefits	458,739.	294,822.	122,738.	41,179
10	Payroll taxes	376,670.	243,458.	99,388.	33,824
11	Fees for services (non-employees)				
_	Management	78,107.	50,512.	24,566.	3,029
b		42,664.	27,591.	13,419.	1,654
c	Accounting Lobbying	42,004.	21,391.	13,419.	1,054
	D (
e f	Investment management fees				,
ı g					
9	column (A) amount, list line 11g expenses on Sch O.)	1,576,442.	1,315,090.	232,667.	28,685
12	Advertising and promotion	1,570,442.		232,007.	20,003
13	Office expenses	342,065.	257,112.	68,980.	15,973
14	Information technology	314,562.	185,134.	117,832.	11,596
15	Royalties	02270021	200,2020	22//0020	
16	Occupancy	556,735.	368,502.	141,142.	47,091
17	Travel	758,832.	642,293.	77,656.	38,883
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	292,786.	247,820.	29,963.	15,003
20	Interest	1,680,573.	1,680,573.		
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization	114,813.	65,928.	40,809.	8,076
23	Insurance	19,689.	10,015.	8,336.	1,338
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	3 322 220	3,322,328.		
a	MEMBERGUER C DURG	3,322,328. 53,226.	27,074.	22 525	2 617
b	OTHER DIRECT COSTS	28,196.	14,342.	22,535. 11,938.	3,617 1,916
C	DODDIAN GIDDDINGI LOGG	20,597.	20,597.	11,930.	1,910
d	All other expenses	40,337.	20,331.	<u>.</u>	
	Total functional expenses Add lines 1 through 24e	16,022,746.	12,889,146.	2,406,535.	727,065
<u>25</u> 26	Joint costs. Complete this line only if the organization	10,022,140.	±4,000,140.	2, 200, 333.	121,003
20	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

Part X | Balance Sheet

Par	t X	Balance Sheet		
		Check if Schedule O contains a response to any question in this Part X		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	19,919,980. 1	38,233,744
	2	Savings and temporary cash investments	2	
	3	Pledges and grants receivable, net	5,835,073. 3	15,046,507
	4	Accounts receivable, net	268,111. 4	272,376
	5	Loans and other receivables from current and former officers, directors,		
-		trustees, key employees, and highest compensated employees. Complete	•	
		Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined u	nder	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	puting	
		employers and sponsoring organizations of section 501(c)(9) voluntary		
		employees' beneficiary organizations (see instr) Complete Part II of Sch L	6	
Assets	7	Notes and loans receivable, net	7	
2	8	Inventories for sale or use	8	
`	9	Prepaid expenses and deferred charges	53,779. 9	243,097
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a 739, 4	117.	
	b	Less accumulated depreciation 10b 439,6	331,638. 10	299,795
	11	Investments - publicly traded securities	6,097,736. 11	
	12	Investments - other securities See Part IV, line 11	12	2
	13	Investments - program-related See Part IV, line 11	54,137,506. 13	59,653,228
	14	Intangible assets	14	-
	15	Other assets See Part IV, line 11	1,108,982. 15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	87,752,805. 16	121,169,630
	17	Accounts payable and accrued expenses	865,294. 17	1,114,177
	18	Grants payable	18	
	19	Deferred revenue	19)
	20	Tax exempt bond liabilities	20	
8	21	Escrow or custodial account liability Complete Part IV of Schedule D	814,521. 21	118,883
	22	Loans and other payables to current and former officers, directors, trustee	es,	
Liabilities		key employees, highest compensated employees, and disqualified persor	l l	
ب		Complete Part II of Schedule L	<u>2,146,153.</u> 22	
	23	Secured mortgages and notes payable to unrelated third parties	62,275,438. 23	79,315,914
	24	Unsecured notes and loans payable to unrelated third parties	. 24	
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24) Complete Part X	l l	
		Schedule D	182,600. 25	
	26	Total liabilities. Add lines 17 through 25	66,284,006. 26	82,845,614
		Organizations that follow SFAS 117 (ASC 958), check here ▶	and	
ses		complete lines 27 through 29, and lines 33 and 34.		14 500 555
anc	27	Unrestricted net assets	11,004,883. 27	
pai	28	Temporarily restricted net assets	10,463,916. 28	
ug.	29	Permanently restricted net assets)
2		Organizations that do not follow SFAS 117 (ASC 958), check here		
5		and complete lines 30 through 34.		
ets	30	Capital stock or trust principal, or current funds	30	"
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund	3.	<u> </u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	32	
Z	33	Total net assets or fund balances	21,468,799. 33	
	34_	Total liabilities and net assets/fund balances	87,752,805. 34	Form 990 (201)

Form **990** (2012)

orm	1990 (2012) ROOT CAPITAL, INC.	04-34	78123	Pag	ge 12			
Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	3	32,751 16,022 16,728 21,468 126	2,7 3,9 3,7	46. 40.			
10	column (B))	10	38,324	1 N	16.			
Pai	rt XII Financial Statements and Reporting	10	30 / 32	<u> </u>	<u> </u>			
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
b	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 Were the organization's financial statements audited by an independent accountant?							
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audıt	3a		х_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit	a .					

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012

Open to Public Inspection

Employer identification number Name of the organization ROOT CAPITAL, INC. 04-3478123 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. (i) organized in the in col. (i) listed in your organization in col. (described on lines 1-9 organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes No **Total** LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 ROOT CAPITAL, INC. 04-34782 | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support				<u> </u>		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	4,279,645.	8,409,396.	7,037,823.	9,166,388.	24,654,316.	53,547,568.
2	Tax revenues levied for the organ-						
	ızatıon'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					<u></u>	
4	Total. Add lines 1 through 3	4,279,645.	8,409,396.	7,037,823.	9,166,388.	24,654,316.	53,547,568.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						30,088,220.
	Public support. Subtract line 5 from line 4						23 459 348
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	4,279,645.	8,409,396.	7,037,823.	9,166,388.	24,654,316.	53,547,568.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	182,166.	120,004.	145,785.	141,723.	183,231.	772,909.
9	Net income from unrelated business						
	activities, whether or not the	ĺ					
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						54,320,477.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 22	,854,854.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectioi	n 501(c)(3)	
	organization, check this box and stor	o here					>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	43.19 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	51.11 %
16a	a 33 1/3% support test - 2012. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright \bot X$
t	33 1/3% support test - 2011. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶∟
17a	a 10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	lorganization		
k	10% -facts-and-circumstances tes	t - 2011. If the org	anızatıon dıd not d	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test	The organization o	jualifies as a public	cly supported orga	Inization	▶
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶ □
					Scho	dule A (Form 990	or 990-E7\ 2012

232022 12-04-12

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants ")	<u> </u>					
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						-
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities				-	<u> </u>	
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						· · · · · ·
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year					 	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support		L		<u> </u>		.
	(-) 2008	(h) 2000	(=) 2010	(4) 2011	(-) 2012	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6 10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses		ŀ				
acquired after June 30, 1975						
c Add lines 10a and 10b				 		
11 Net income from unrelated business activities not included in line 10b,	1					
whether or not the business is			•			1
regularly carried on				-		
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	L	<u> </u>		<u> </u>	<u> </u>	
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sect	on 501(c)(3) organız	ation,
check this box and stop here						<u> </u>
Section C. Computation of Publ					·	
15 Public support percentage for 2012 (ine 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2011					16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 20	112 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from	2011 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2012. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2011. If the	•	-	, ,			and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						▶ □

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	ROOT CAPITAL, INC.	04-3478123			
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, lin	e 6			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate contributions to (during year)		· · · · · · · · · · · · · · · · · · ·		
3	Aggregate grants from (during year)	-11-			
4	Aggregate value at end of year	· · · · · · · · · · · · · · · · · · ·			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds		
•	are the organization's property, subject to the organization's	_	Yes No		
6	Did the organization inform all grantees, donors, and donor a	_			
-	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?		Yes		
Par		ganization answered "Yes" to Form 990, Part			
1	Purpose(s) of conservation easements held by the organizat				
•	Preservation of land for public use (e.g., recreation or e		cally important land area		
	Protection of natural habitat	Preservation of a certified	· ·		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last		
	day of the tax year				
	, , .		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired				
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax		
	year ▶		- ·		
4	Number of states where property subject to conservation ea	sement is located >			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements	t holds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements durin	g the year ►		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year ▶ \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4	4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement, and balance sheet, and		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for		
	conservation easements				
Pai	t III Organizations Maintaining Collections of		er Similar Assets.		
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8			
1a	If the organization elected, as permitted under SFAS 116 (AS	•			
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts		
	relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1	•	► \$ ► \$		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre	-	un, provide		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items			
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$		
b	Assets included in Form 990, Part X		S		

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

Schedule D (Form 990) 2012

		PITAL, INC								Page 2
Par	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, d	or Othe	r Simil	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, access	ion, and other recor	ds, checl	k any of the	following tha	it are a sig	ınıfıcant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	•			hange progra	ams				
b	Scholarly research	•	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII	
5	During the year, did the organization solicit of					er sımılar i	assets	_	7	
Do	to be sold to raise funds rather than to be m								_ Yes	No_
Pai	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	n answered	"Yes" to F	orm 990	, Part IV, I	line 9, or	
			-1							
ıa	Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other interme	diary for	contribution	is or other as	sets not II	nciuaea		٦٧	X No
	·	and complete the fe	م درست	tabla					Yes	LAJ NO
b	If "Yes," explain the arrangement in Part XIII	and complete the id	Dilowing	lable.					Amount	
_	Beginning balance						10		Amount	
	Additions during the year						1c 1d			
u	Distributions during the year						1e			
f	Ending balance						1f			
-	Did the organization include an amount on F	orm 990 Part X line	212					X	Yes	□ No
	If "Yes," explain the arrangement in Part XIII			on has been	provided in l	 Part XIII				$\overline{\mathbf{x}}$
	rt V Endowment Funds. Complete)		•	
		(a) Current year	T	rior year	(c) Two year			ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses		ļ							
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are held a	nd administe	red for the	e organız	zation	Г	
	by									Yes No
	(i) unrelated organizations								3a(i)	
4.	(ii) related organizations	a hotod ao ""	an Caba	dula DO					3a(ıi)	
	If "Yes" to 3a(ii), are the related organization								3b	
4 Pai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipn									
1 41	Description of property	(a) Cost or		1	or other	(a) Ac	cumulate	ad l	(d) Book	valuo
	bescription of property	basis (invest		1 1	(other)		reciation	,	(u) BOOK	value
	Land	,	· ·		·					
c	Leasehold improvements	-		21	5,404.	1	34,4	86.	80	,918.
d	Equipment				,					<u>,</u>
	Other			52	4,013.	3	05,1	36.	218	3,877.
	I, Add lines 1a through 1e (Column (d) must e	equal Form 990, Par	t X, colur		•			ightharpoonup		795.
_										

Schedule D (Form 990) 2012

(a) Description of security of category ferestoring name of security (b) Book value (c) Method of valuation. Cost or end of year market val. (d) Francal deformables (d) Closely-hêld equity interests (d) Closely-hêld equity interests (e) Closely-hêld equity interests (f) Closely-hêld equity interests (g) Description of investment type (g) Book value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market	Part VII Investments - Other Securities. See	Form 990, Part X, line 12	2	04 3470123 Fage
(1) Francal derivatives (2) Closely-hêld equity interests (3) Other (A) (B) (C) (C) (B) (C) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				n. Cost or end-of-year market value
A	(2) Closely-hēld equity interests	<u></u>		
(G) (G) (D) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other			
C C C C C C C C	(A)			
D	(B)			
(F) (F)	(C)			
(G) (H) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(D)			
(G) (PT) (PT) (PT) (PT) (PT) (PT) (PT) (PT	(E)			
Col. Col. (b) must equal Form 990, Part X, col. (8) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 Col. Method of valuation Cost or end-of-year market value Col. Method of valuation Cost or end-of-ye				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	(G)			
Total_(Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation. Cost or end-of-year market value				
Part VIII Investments - Program Related. See Form 990, Part X, tol. (8) Book value (a) Description of investment type (b) Book value (c) Method of valuation. Cost or end-of-year market value (b) Book value (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (d) (d) (d) (e) (e) (e) (e) (e) (e) (f) (f				
(a) Description of investment type (b) Book value (c) Method of valuation. Cost or end-of-year market value (d) (e) (d) (e) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(1) LOANS RECEIVABLE 59,653,228. END-OF-YEAR MARKET VALUE (2) (3) (4) (5) (6) (7) (7) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(g)			 	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 59, 653, 228. Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT ABATEMENT 150, 730. (3) (4) (4) (5) (6) (7) (6) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 150, 730. I Solution (b) must equal Form 990, Part X, col. (B) line 25) ▶ 150, 730. I Solution (b) must equal Form 990, Part X, col. (B) line 25) ▶ 150, 730. I Solution (b) must equal Form 990, Part X, col. (B) line 25) ▶ 150, 730.		59,653,228.	END-OF-YEAR	MARKET VALUE
(4) (5) (6) (7) (8) (9) (10)				
(5) (6) (7) (8) (9) (10) Total. (Col. (b) must equal form 990, Part X, col. (B) line 13.) ▶ 59, 653, 228. Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶ Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description (b) Book value (1) Federal income taxes (2) DEFERRED RENT ABATEMENT (b) Book value (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 150,730.		 		
(6) (7) (8) (9) (10) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 59 , 653 , 228 . Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1,			<u> </u>	
(7) (8) (9) (10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 59, 653, 228. Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT ABATEMENT 150, 730. (3) (4) (4) (5) (6) (7) (8) (9) (10) (11) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 150, 730. 2. FIN 48 (ASC 740) Footnote in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.				
(6) (9) (10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 59,653,228. Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT ABATEMENT 150,730. (3) (4) (5) (6) (7) (8) (9) (10) (11) (10) (11) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 150,730. 2. FIN 48 (ASC 740) Footnote in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.				
(9) (10) (10) (101a) (Col. (b) must equal Form 990, Part X, cot. (B) line 13.) ▶ 59,653,228. Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Federal income taxes (2) DEFERRED RENT ABATEMENT (3) (4) (5) (6) (7) (9) (10) (11) (10) (10) (11) (10) (11) (11				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 59 , 653 , 228 .				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value		59 653 228		
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT ABATEMENT 150, 730. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 150, 730. 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.				=
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT ABATEMENT 150, 730. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 150, 730.	La constant de la con			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT ABATEMENT 150 , 730 . (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 150 , 730 . 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization				
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Part X Other Liabilities. See Form 990, Part X, line 25	(10)		<u></u>	
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT ABATEMENT 150,730. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization.				•
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2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization		05)	150 720	
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Sche Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per l		3478123	Page 4
		ents with nevenue per i			126
1	Total revenue, gains, and other support per audited financial statements		1_	28,222,	120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 1 1 2 6 2 7 7			
а	Net unrealized gains on investments	2a 126,277			
þ	Donated services and use of facilities	2b 367,661	-		
С	Recoveries of pnor year grants	2c	-		
d	Other (Describe in Part XIII)	2d	4		
е	Add lines 2a through 2d		2e	493,	
3	Subtract line 2e from line 1		3	27,728,	188.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_		
b	Other (Describe in Part XIII)	4b 5,023,498	<u>.</u>		
С	Add lines 4a and 4b		4c	5,023,	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	32,751,	<u>686.</u>
Par	t XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses pe	r Retu	ırn	
1	Total expenses and losses per audited financial statements		1	11,375,	<u>983.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a 367,661	<u>.</u>		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d 703,108	.]		
e	Add lines 2a through 2d		2e	1,070,	769.
3	Subtract line 2e from line 1		3	10,305,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b 5,717,532	7		
	Add lines 4a and 4b		4c	5,717,	532.
5			5	16,022,	
	rt XIII Supplemental Information			10/020/	7 2 0 0
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III lines 1a and 4 Part IV lines	1h and	2h Part V line 4	Part
	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to			25,1 411 1,1110 4	, ,
	RT IV, LINE 2B: AT TIMES, ROOT CAPITAL CO-				
LVI	(I IV, BINE 2B: AT TIMED, ROOT CATITAL CO	BENDE WITH CINE			
ORC	GANIZATIONS AND ADMINISTERS THE ENTIRE LOA	AN. THE ESCROW F	UNDS	REPRESE	NT
<u>A 7</u>	FIMING DIFFERENCE BETWEEN REPAYMENTS FROM	BORROWERS AND T	RANS	FER OF	····
FUI	NDS DUE TO CO-LENDING PARTNERS. THE ESCROW	ACCOUNT IS ALS	o us	ED WHEN	A
BIII	YER PAYS ROOT CAPITAL THE FULL AMOUNT OF T	THE MONEY OWED TO	A C		
נטע	THE TAID ROOT CALLIAD THE FOLD AMOUNT OF I	THE MONTH ONED IN	<u> </u>		
SIII	PPLIER/BORROWER. ROOT CAPITAL DEDUCTS THE	PRINCIPAL AND II	NTER	EST OWED	ON

ITS LOAN AND FORWARDS THE REMAINING BALANCE TO THE SUPPLIER/BORROWER.

Schedule D (Form 990) 2012

PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEARS ENDED DECEMBER 31,

2012 AND 2011, ROOT CAPITAL HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC

740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR

EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS. IRS

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO

EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS

AFTER IT IS FILED. ROOT CAPITAL DOES NOT EXPECT ANY TAX POSITIONS TO

CHANGE SIGNIFICANTLY WITHIN THE NEXT TWELVE MONTHS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR LOAN LOSS, RECORDED AS AN ADJUSTMENT TO

REVENUE ON THE FINANCIAL STATEMENTS AND REPORTED AS AN EXPENSE

ON FORM 990, PART IX.

3,322,328.

FOREIGN CURRENCY EXCHANGE LOSS, REPORTED AS REVENUE ON THE

FINANCIAL STATEMENTS AND REPORTED AS AN EXPENSE ON FORM

990, PART IX.

20,597.

INTEREST EXPENSE, RECORDED AS AN ADJUSTMENT TO REVENUE ON

THE FINANCIAL STATEMENTS AND REPORTED AS AN EXPENSE ON FORM

990, PART IX.

<u>1,680,573.</u>

TOTAL TO SCHEDULE D, PART XI, LINE 4B

5,023,498.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF RELATED ORGANIZATION, ACCDER, INCLUDED

IN CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FROM

ROOT CAPITAL FORM 990 REPORTING.

703,108.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 ROOT CAPITAL, INC. Part XIII Supplemental Information (continued)	04-3478123 Page 5
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
ALLOWANCE FOR LOAN LOSS, RECORDED AS AN ADJUSTMENT TO	
REVENUE ON THE FINANCIAL STATEMENTS AND REPORTED AS AN EXPE	
ON FORM 990, PART IX.	
FOREIGN CURRENCY EXCHANGE LOSS, REPORTED AS REVENUE ON THE	
FINANCIAL STATEMENTS AND REPORTED AS AN EXPENSE ON FORM	
990, PART IX.	
INTEREST EXPENSE, RECORDED AS AN ADJUSTMENT TO REVENUE ON	Total Adv. Av. absent
THE FINANCIAL STATEMENTS AND REPORTED AS AN EXPENSE ON FORM	
990, PART IX.	1,680,577.
GRANT EXPENSES TO RELATED ORGANIZATION, ACCDER EXCLUDED FROM	<u>M</u>
CONSOLIDATED FINANCIAL STATEMENTS AND INCLUDED ON FORM 990,	
PART IX, LINE 3.	694,030.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	5,717,532.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047
2012
ZUIZ
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

-					
ROOT CAPITAL, I		-1: ::: - 0		04-3478	
		ctivities Out	tside the United States. Comple	ete if the organization answere	ed "Yes"
to Form 990, Part 1 For grantmakers. Does		maintain record	ds to substantiate the amount of its gr	ants and other assistance.	
			the selection criteria used to award the	r	X Yes No
2 For grantmakers. Desc United States	ribe in Part V the	organization's p	procedures for monitoring the use of it	s grants and other assistance	outside the
3 Activities per Region (Th	ne following Part	l, line 3 table ca	an be duplicated if additional space is	needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	1	9	PROGRAM SERVICES	LOANS	26,358,010.
SOUTH AMERICA	0	0	PROGRAM SERVICES	Loans	51,667,139.
500111 14111111111111		· · · · · · · · · · · · · · · · · · ·	THOUSANT BERVYORD	20.20	31,007,133.
CENTRAL AMERICA AND					
THE CARIBBEAN	1	12	PROGRAM SERVICES	LOANS	30,148,352.
EUROPE	0	0	PROGRAM SERVICES	LOANS	324,272.
NORTH AMERICA	1	14	PROGRAM SERVICES	LOANS	12,304,339.
				FINANCIAL ADVISORY	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SERVICES	80,054.
		_		FINANCIAL ADVISORY	
SOUTH AMERICA	0	00	PROGRAM SERVICES	SERVICES	105,811.
CENTRAL AMERICA AND				FINANCIAL ADVISORY	
THE CARIBBEAN	0		PROGRAM SERVICES	SERVICES	708,457.
3 a Sub-totalb Total from continuation	3	35			121,696,434.
sheets to Part I	0	0			3 163 088
c Totals (add lines 3a					3,103,000.
and 3b)] 3	35			124 859 522.

232071 12-10-12

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2012.04030 ROOT CAPITAL, INC.

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Schedule F (Form 990) 2012

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Schedule F (Form 990) ROOT CAPITAL, INC. 04-3478123 Page 1

Schedule F (Form 990) ROOT CAPITAL, INC. 04-3478123 Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)							
(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		
NORTH AMERICA	0	0	PROGRAM SERVICES	FINANCIAL ADVISORY SERVICES	233,471		
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	LOAN ORIGINATION AND	778,445		
SOUTH AMERICA	0	0	PROGRAM SERVICES	LOAN ORIGINATION AND	662,075		
NORTH AMERICA	0	0	PROGRAM SERVICES	LOAN ORIGINATION AND	34,910		
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	LOAN ORIGINATION AND	760,157		
SOUTH AMERICA	. 0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		694,030		
Totals >	•				3,163,088		

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Page 2 -

04-3478123

ROOT CAPITAL, INC.

Schedule F (Form 990) 2012

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

(ı) Method of valuation (book, FMV, appraisal, other)					1	0
(h) Description of non-cash assistance						
(g) Amount of non-cash assistance	0				kempt by	•
(f) Manner of cash disbursement	WIRE				recognized as tax-e.	
(e) Amount of cash grant	694,030,				foreign country,	
(d) Purpose of grant	SUPPORT DEVELOPMENT OF ACCDER, A NONPROFIT ORGANIZATION THAT				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region	SOUTH AMERICA				ns listed above that are	r entities
(b) IRS code section and EIN (if applicable)					recipient organization	other organizations o
1 (a) Name of organization						3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2012

Page 3

ROOT CAPITAL, INC.

Schedule F (Form 990) 2012

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

Schedule F (Form 990) 2012

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2012

Yes X No

for Form 5713)

Scrieduler (Cimple and Linformatical Informatical Informa
Part V Supplemental Information
Complete this part to 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
SCHEDULE F, PART I, LINE 2: ROOT CAPITAL MONITORS ACCDER'S EXPENDITURES
OF ITS GRANT FUNDS VIA REPORTING REQUIREMENTS AND AN ANNUAL AUDIT AS
OUTLINED IN ROOT CAPITAL'S GRANT AGREEMENT WITH ACCDER.
OUTSINES IN ROOT CAPITAD S GRANT AGREEMENT WITH ACCDER.
PART II, COLUMN (D):
REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT DEVELOPMENT OF ACCDER, A NONPROFIT
ORGANIZATION THAT SUPPORTS SMALL AND MEDIUM RURAL ENTERPRISES ACCESS TO
FINANCE AND FINANCIAL TRAINING.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2012

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions.

INC

ROOT CAPITAL,

Employer identification number 04-3478123

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	, , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
-	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	İ		
	organization or a related organization			
а		4a]	X
b		4b		Х
С	Participate in, or receive payment from, an equity based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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Schedule J (Form 990) 2012

Do not list any individuals that are not listed on Form 990, Part VII

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)·(D)	reported as deferred in prior Form 990
(1) WILLIAM F. FOOTE	3	250,780.	0	0	7,584.	14,227.	272,591.	0
& PRESIDENT	Ξ	0.	0.	0.		0.	1 1	0
	Ξ	168,424.		0.	5,053.	3,064.	176,541.	0
щ	€	0		0.	0.	0.	0	0
(3) CARLOS CASTELLO	Ξ	167		0	5,247.	14,227.	187,131.	0
0	Ξ		0	0	0	0	0	0
(4) LIAM BRODY	Ξ	150,96	0.	0.	0.	14,227.	165,191.	0
	Ξ	0.	0.	0.	0.	0	0	0
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	€							
	Ξ							
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	Ξ							
	(II)							
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	Ξ							
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	Ξ							
	Ξ							
	3							
	Ξ						:	
	Ξ							
	Ξ							
	3							
	Ξ							
	3							
	Ξ							
	3							

34

Schedule J (Form 990) 2012

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Name of the organization

Employer identification number

R	OOT CAPI	TAL, INC						04	-34	781	23		
Part I Excess Bene	fit Transacti	ons (section 50)1(c)(3) and	section 501(c)(4) org	janiza	tions only).	·					
Complete if the o	rganization ansi	wered "Yes" on f	orm 9	990, Pa	art IV, line 25a or 25	b, or f	orm 990-EZ, P	art V,	line 40)b			
(a) Name of disqualified person			lified	(a) Description of transportion				(d)	Corre	cted?			
(a) Name of disqualified p	erson	person and or	ganıza	ation		(c) Description of transaction				Υ.	es _	No	
· · · · · · · · · · · · · · · · · · ·													
· · · · · · · · · · · · · · · · · · ·											<u> </u>		
					•								
								-					
2 Enter the amount of tax ii	ncurred by the c	organization man	agers	or dis	qualified persons du	ırıng t	he year under						
section 4958									▶ \$				
3 Enter the amount of tax, i	ıf any, on lıne 2,	above, reimburs	ed by	the or	ganization				▶ \$				
Part II Loans to and	Vor From Int	erested Per	sons		<u> </u>								
					, Part V, line 38a or	Eorm	000 Dod IV Iv	26	ar .f +h		ınızatı		
reported an amou	•				., Fait V, line 30a oi	COINT	990, Fait IV, III	le 20,	Or II LI	ie orga	unzau	J11	
	(b) Relationship			an to or	(e) Original	/6	Balance due	(g)	ln	(h) Apı	proved	ωV	Vritten
interested person	with organization	of loan		n the zation?	principal amount	"	Dalarice due	defa		by bo	ard or	agree	ement?
	organization			From	1			Yes	No	Yes	No	Yes	No
PAUL LEANDER-EN		INVESTME			2,000,000.	2.0	20,111.	1.55	X		X	X	110
JOHN F TAYLOR T		INVESTME			125,000.		25,799.		Х	····	Х	Х	<u> </u>
<u> </u>						<u> </u>							
Total						2,1	<u> 145,910.</u>	<u> </u>				ļ	
Part III Grants or As	sistance Be	nefiting Inter	este	d Pe	rsons.								
Complete if the o	-	wered "Yes" on I	orm 9	990, P									
(a) Name of interested person (b) Relationship betw				9011			(d) Type					of	
interested person and the organization			assistance assistan			ce assistance							
													
1													
									+				
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SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2012

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
JOHN F TAYLOR TRUST	BOARD MEMBER	128,125	REPAYMENT O		Х	
Part V Supplemental Information						
	onal information for responses to questions	s on Schedule L (see	nstructions)			
SCHEDULE L, PART II, LOA	NS TO AND FROM INTERES	STED PERSOI	1 S•			
		JIBD IBROOM				
(A) NAME OF PERSON: PAUL	LEANDER-ENGSTROM					
(C) PURPOSE OF LOAN: INV	ESTMENT					
/A NAME OF DEDGON. JOHN	E MANIOD MOLIOM					
(A) NAME OF PERSON: JOHN	F TAYLOR TRUST					
(C) PURPOSE OF LOAN: INV	ESTMENT					
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	IG INTERES	TED PERSONS:			
(A) NAME OF PERSON: JOHN	F TAYLOR TRUST					
(D) DESCRIPTION OF TRANS	ACTION: REPAYMENT OF I	PRINCIPAL A	AND INTEREST	TO		
THE JOHN F. TAYLOR TRUST	ON INVESTMENT LOAN.					
						
						
						
						
		····				
				····		

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ROOT CAPITAL, INC.

Employer identification number 04-3478123

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GROWING AGRICULTURAL BUSINESSES.
ROOT CAPITAL CLIENTS ARE ASSOCIATIONS AND PRIVATE BUSINESSES THAT BRING
TOGETHER SMALL-SCALE RURAL PRODUCERS. THESE ENTERPRISES HELP BUILD
SUSTAINABLE LIVELIHOODS IN SECTORS SUCH AS AGRICULTURE, WILD-HARVESTED
FOREST PRODUCTS, AND HANDCRAFTS.
SINCE 2000, ROOT CAPITAL HAS DISBURSED MORE THAN \$480 MILLION IN CREDIT
TO MORE THAN 400 ENTERPRISES. ROOT CAPITAL CLIENTS HAVE HELPED IMPROVE
LIVELIHOODS FOR MORE THAN 584,000 RURAL HOUSEHOLDS IN AFRICA AND LATIN
AMERICA. IN CALENDAR YEAR 2012, ROOT CAPITAL DISBURSED \$120 MILLION TO
192 SMALL AND GROWING BUSINESSES (SGBS) WHO REPRESENT MORE THAN 200,000
FARM HOUSEHOLDS THROUGHOUT AFRICA AND LATIN AMERICA.
ROOT CAPITAL CURRENTLY WORKS THROUGHOUT LATIN AMERICA AND SUB-SAHARAN
AFRICA.
AS A NON-PROFIT COMMITTED TO ALLEVIATING RURAL POVERTY, ROOT CAPITAL
SEEKS TO MAXIMIZE THE POSITIVE SOCIAL AND ENVIRONMENTAL IMPACT OF OUR
WORK. SOCIAL IMPACT INCLUDES STABILIZING INCOMES IN RURAL COMMUNITIES
AND CREATING NEW ECONOMIC OPPORTUNITIES FOR WOMEN, INDIGENOUS PEOPLES
AND OTHER MARGINALIZED GROUPS. ROOT CAPITAL CLIENTS ALSO PROMOTE BETTER
ENVIRONMENTAL PRACTICES, SUCH AS IMPROVED SOIL AND WATER MANAGEMENT.
,

Name of the organization **Employer identification number** ROOT CAPITAL, INC. 04-3478123 FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: -SHORT-TERM TRADE CREDIT LOANS WITH TERMS OF UP TO ONE YEAR THAT ARE GENERALLY ORIENTED AROUND A HARVEST OR PRODUCTION CYCLE. THESE LOANS ARE TYPICALLY USED BY BORROWERS TO COVER COSTS DURING THE MONTHS BETWEEN PURCHASING RAW PRODUCT FROM THEIR FARMER SUPPLIERS AND RECEIVING PAYMENT FROM THEIR BUYERS. -LONG-TERM FIXED-ASSET LOANS WITH TERMS OF UP TO FIVE YEARS FOR INVESTMENT IN PROCESSING EQUIPMENT, INFRASTRUCTURE, AND GENERAL OPERATIONS. 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. ROOT CAPITAL'S LENDING SUPPORTS SUSTAINABLE ENVIRONMENTAL PRACTICES THAT PROTECT RURAL ECOSYSTEMS. CROPS PROCESSED AND MARKETED BY ROOT CAPITAL CLIENTS INCLUDE WILD-HARVESTED PRODUCTS SUCH AS NUTS AND NATIVE PLANTS FOR OILS, AGRO-FORESTRY CROPS SUCH AS SHADE-GROWN COFFEE AND COCOA, AND FARM-GROWN FRUITS AND VEGETABLES. LENDING OFFICERS STAY ENGAGED WITH CLIENTS THROUGHOUT THE TERM OF EACH LOAN, AND ROOT CAPITAL'S FINANCIAL ADVISORY SERVICES PROGRAM PROVIDES TRAINING AS NEEDED. THIS LONG-TERM APPROACH TO CLIENT RELATIONSHIPS HAS Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization ROOT CAPITAL, INC.	Employer identification number 04-3478123
LED TO A 98% REPAYMENT RATE FOR ROOT CAPITAL LOANS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	ENTS:
COMPETE IN THE MARKETPLACE, AND GROW THEIR BUSINESSES.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	:NTS:
ROOT CAPITAL'S SOCIAL, ECONOMIC AND ENVIRONMENTAL IMPACT	
AS A NON-PROFIT COMMITTED TO ALLEVIATING RURAL POVERTY, R	OOT CAPITAL
SEEKS TO MAXIMIZE THE POSITIVE SOCIAL AND ENVIRONMENTAL I	
WORK. ECONOMIC, COMMUNITY, AND ENVIRONMENTAL SUSTAINABILI	TY 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 T	HAN THEY HAVE
HISTORICALLY RECEIVED. ROOT CAPITAL CLIENTS ALSO GENERATE	EMPLOYMENT,
INCLUDING MANAGERS, ACCOUNTANTS, AGRICULTURAL EXTENSION S	TAFF, DRIVERS,
AND WORKERS AT PROCESSING PLANTS.	
ROOT CAPITAL WORKS WITH MORE THAN 120 LEADING BUYERS OF A	GRICULTURAL
SUSTAINABLE PRODUCTS WORLDWIDE. BUYERS OF GOODS FROM ROOT	CAPITAL
CLIENTS INCLUDE COMPANIES SUCH AS EQUAL EXCHANGE, GENERAL	MILLS, GREEN
MOUNTAIN COFFEE, PIER 1 IMPORTS, STARBUCKS, TAZA CHOCOLAT	E, THE BODY
SHOP, AND WHOLE FOODS MARKET.	
IN 2012, ROOT CAPITAL CLIENTS SPENT \$467 MILLION TO PURCH	ASE THE
PRODUCTS OF SMALL-SCALE FARMERS AND ARTISANS. 232212 01-04-13 Sched	lule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) **Employer identification number** Name of the organization ROOT CAPITAL, INC. 04-3478123 COMMUNITY SUSTAINABILITY - FARMER ASSOCIATIONS ENCOURAGE PARTICIPATORY DECISION-MAKING AND ARE A SOURCE OF COMMUNITY OWNERSHIP AND PRIDE. THEY ALSO STEM MIGRATION TO URBAN AREAS BY MAKING TRADITIONAL AGRICULTURAL ACTIVITIES MORE VIABLE. SOCIAL IMPACT INCLUDES STABILIZING INCOMES IN RURAL COMMUNITIES AND CREATING NEW ECONOMIC OPPORTUNITIES FOR WOMEN, INDIGENOUS PEOPLES AND OTHER MARGINALIZED GROUPS. ENVIRONMENTAL SUSTAINABILITY - ROOT CAPITAL CLIENTS TYPICALLY PROVIDE FARMERS WITH TRAINING IN SUSTAINABLE PRODUCTION TO AVOID DEFORESTATION, REDUCE CHEMICAL USE, IMPROVE WATER AND SOIL MANAGEMENT, AND OTHERWISE PROTECT THE HEALTH OF RURAL ECOSYSTEMS. IN 2012, SMALL SCALE PRODUCERS WHO SELL TO ROOT CAPITAL CLIENTS SUSTAINABLY MANAGED 412,000 HECTARES OF LAND IN AFRICA AND LATIN AMERICA. FORM 990, PART VI, SECTION B, LINE 11: THE SVP OF FINANCE AND OPERATIONS AND TREASURER AND THE DIRECTOR OF ACCOUNTING MET WITH THE AUDIT AND FINANCE COMMITTEE AND THE PRESIDENT TO REVIEW AND APPROVE THE FORM 990 BEFORE IT WAS FILED. THE VERSION OF THE FORM 990 APPROVED BY THE AUDIT & FINANCE COMMITTEE WAS SENT TO THE FULL BOARD OF DIRECTORS VIA EMAIL TO PROVIDE AN OPPORTUNITY FOR QUESTIONS, COMMENTS, OR EDITS. ANY FINAL COMMENTS WERE INCORPORATED IN THE FORM 990 THAT WAS FILED WITH THE IRS. ALL BOARD MEMBERS RECEIVED A COPY OF THE FINAL VERSION OF THE FORM 990 PRIOR TO FILING WITH

FORM 990, PART VI, SECTION B, LINE 12C: THE PRESIDENT, TREASURER, COUNTRY

232212
Schedule O (Form 990 or 990-EZ) (2012)

THE IRS.

Schedule O (Form 990 or 990-EZ) (2012) Employer identification number Name of the organization ROOT CAPITAL, INC. 04-3478123 REPRESENTATIVES, AND ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT ON A YEARLY BASIS. STAFF REVIEW THESE FORMS AND DISCUSS/RESOLVE ANY ISSUES WITH LEGAL COUNSEL AND THE BOARD COMMITTEES AS APPROPRIATE. SIMILARLY, ISSUES THAT ARISE DURING THE YEAR ARE DISCUSSED AND RESOLVED WITH LEGAL COUNSEL AND THE BOARD. IN ADDITION, LENDING MAKES SURE THERE IS NO CONFLICT OF INTEREST ON THE LOANS THEY MAKE. LENDING EMPLOYEES ALSO RECEIVED BASIC CONFLICT OF INTEREST TRAINING. FORM 990, PART VI, SECTION B, LINE 15A: THE ROOT CAPITAL BOARD OF DIRECTORS' GOVERNANCE COMMITTEE REVIEWS THE PRESIDENT'S PERFORMANCE AND COMPENSATION ANNUALLY AND RECOMMENDS A SALARY FOR APPROVAL BY THE FULL BOARD. THIS SALARY RECOMMENDATION IS SUPPORTED BY A COMPENSATION STUDY PERFORMED BY AN OUTSIDE COMPENSATION EXPERT EVERY TWO YEARS. DOCUMENTATION OF THE DELIBERATION AND DECISION IS FILED IN THE PRESIDENT'S PERSONNEL FOLDER. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE CEO OF THE ORGANIZATION USING THE RESULTS OF A COMPENSATION SURVEY CONDUCTED ON A BI-ANNUAL BASIS. SALARIES FOR ALL STAFF, INCLUDING THE CEO, WERE LAST REVIEWED IN APRIL 2013. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S AUDITED FINANCIALS ARE AVAILABLE ON OUR WEBSITE. OTHER GOVERNING DOCUMENTS AND

232212

CONFLICT OF INTEREST FORMS ARE AVAILABLE TO DONORS AND INVESTORS UPON

REQUEST AND TO THE GENERAL PUBLIC ON A CASE BY CASE BASIS.