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

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A	For the	2013 Calendar year, or tax year beginning and	enaing					
В	Check if applicabl	C Name of organization		D Employer identifi	cation number			
Г	Addre	ROOT CAPITAL, INC.						
F	Name chang			04-3	478123			
	Initial		Room/suite	E Telephone numbe				
	Termir			1 '	661-5792			
	Amend			G Gross receipts \$	29,586,677.			
	Application	<sup>a</sup> <u>CAMBRIDGE, MA 02139-3309</u>		H(a) Is this a group re				
	pendir	F Name and address of principal officer. WILLIAM F. FOOTE		for subordinates	? Yes X No			
SAME AS C ABOVE  H(b) Are all subordinates included? Yes								
		empt status X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(1) (	or 527	If "No," attach a	list (see instructions)			
		te: ► WWW.ROOTCAPITAL.ORG		H(c) Group exemptio				
K	Form of	organization: X Corporation	L Year	of formation: 1999 N	State of legal domicile: MA			
P	art I	Summary		<del></del>				
e	1	Briefly describe the organization's mission or most significant activities $\ \ \underline{SEE} \ \ ]$	PART ]	II, LINE 1.				
Governance					<del></del>			
Ver	2	Check this box  If the organization discontinued its operations or dispos	sea ot more					
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)		3	15 13			
. ფ	4	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		4	88			
Activities &	5	Total number of individuals employed in calendar year 2013 (Fart V, line 2a)		5	15			
čį	7 2	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
Ā	l b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
_	1 -			Prior Year	Current Year			
60	8	Contributions and grants (Part VIII, line 1h)		24,654,316.	16,302,985.			
ğ	9	Program service revenue (Part VIII, line 2g)		7,914,139.	8,055,309.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		183,231.	222,179.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 1 thrust equal Part VIII column (A), line 12)		32,751,686.	24,580,473.			
9	13	Grants and similar amounts paid (Part X, column (A), lines 1-3)	Ĺ	694,030.	1,442,412.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.			
Expenses	15	Salaries, other compensation amploying penerits (PartilX, column (A), lines 5-10)	<u> </u>	6,127,101.	7,324,298.			
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.			
X	_b	Total fundraising expenses (Part IX, column (D), line 25) 534, 99	98.	0 001 615	10 211 000			
_	''	Other expenses (Part IX, column (A), lines 1 (a, 1.1f.24e)		9,201,615.	10,311,809.			
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	16,022,746. 16,728,940.	19,078,519.			
- S	3	Revenue less expenses Subtract line 18 from line 12	0,	ginning of Current Year	5,501,954.			
Net Assets or Find Balances	20	Total assets (Part X, line 16)		21,169,630.	End of Year 115,526,832.			
Ass	21	Total liabilities (Part X, line 26)	-	82,845,614.	78,419,626.			
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		38,324,016.	37,107,206.			
P	art II	Signature Block			0.720.72000			
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of m	y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	has any knowledge.				
		well of foot		7/14/14				
Sig	n	Signature of officer		Date				
He	re	WILLIAM F. FOOTE, CEO & PRESIDENT Type or print name and title		<del>.</del>				
		Print/Type preparer's name Preparer's signature		Date / / Check	PTIN			
Pai	d	Lan Shyman, CPA claim Thurmon	CPA	7/2/14 If self-employed	_ POO <b>B48</b> 515			
Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	•	Firm's EIN	52-1392008			
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N						
		BETHESDA, MD 20814-2930		Phone no. ( 3	01) 951-9090			
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			
3320	001 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form <b>990</b> (2013)			

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

SMALL AND GROWING BUSINESS FINANCE.

16,208,751.

ENTREPRENEURS AND THE GLOBAL IMPACT INVESTMENT NETWORK,

ROOT CAPITAL

332002 10-29-13

SEE SCHEDULE O FOR CONTINUATION(S)

) (Revenue \$

PLAYS A LEADERSHIP ROLE IN BUILDING THE ENABLING ENVIRONMENT FOR RURAL

4e Total program service expenses

Form 990 (2013)

Form 990 (2013) ROOT CAPITAL, INC.
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	440	x	
Ч	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	11c	Λ_	
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a		14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441-	v	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	<u> </u>	
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		- 22	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (	(2013)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or 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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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			
۲,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		j	
	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	- <u></u> -		
20	instructions for applicable filing thresholds, conditions, and exceptions)			ŀ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<del></del>
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
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 more than \$25,000 in non-cash contributions in the responsibilities and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-30		1
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
JZ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<del>- **</del>
-	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	<del>  33</del>		<del>  *</del>
<b>У</b>	Part V. line 1	34	х	
35a		35a	X	
		33a	- 41	<u> </u>
þ		256	Х	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	Λ	
36		26		x
27	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<del>  ^</del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		_ v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	990	(2012)
		LOUID	シブリ	(という)

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Form 990 (2013) ROOT CAPITAL, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 136			
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 reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 88	; ]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.		İ
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," to line 3b, 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 authority over, a	.		l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ► KENYA, MEXICO, COSTA RICA, SENEGAL	.		l
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	į		
_	were not tax deductible?	6b		_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. <b>.</b> .		v
d	Mme in a control of the control of t	7c		<u>X</u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	_	$\frac{\lambda}{X}$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders N/A 11a	ľ	ł	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		i	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
Ø	Enter the amount of reserves the organization is required to maintain by the states in which the		İ	
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c			
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	40=		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		<u>X</u>
	100, 100 to 100 to 100 to 1000 paymonto in 110, provide an explanation in ochedie o		990 (	2013)

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Form 990 (2013) ROOT CAPITAL, INC. 04-3478123 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	. Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{x}$				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 15	i						
	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 O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?							
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
_	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	X					
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	х					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	х					
b	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure	1						
17	List the states with which a copy of this Form 990 is required to be filed MA, MD, NY, VA, CA, IL, PA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le					
	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 in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	id finar	icial					
	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 and records of the organization.	tion.	•					
	RANDALL ATKIN - (617)299-2424							
	955 MASSACHUSETTS AVENUE 5TH FLOOR, CAMBRIDGE, MA 02139-3309							

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

Check if Schedule O contains a response or note to any line 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
- 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

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

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

(A)  Name and Title	(B) Average hours per week	(do box		Pos heck ss pe	tion more	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEREMY MINDICH	3.00		l		İ	İ				
CHAIR (BEGAN MARCH 2013)		X	<u> </u>	X		ļ		0.	0.	0.
(2) KATHERINE BORSECNIK	3.00							_		
VICE CHAIR (BEGAN MARCH 2013)		X		X				0.	0.	0.
(3) FRANK HICKS	3.00	1						_	_	
CHAIR (UNTIL MARCH 2013)		X		Х		<u> </u>		0.	0.	0.
(4) JOHN TAYLOR	3.00	]								
ASST, CLERK (UNTIL MARCH 2013)		X	ļ	X				0.	0.	0.
(5) TOM KANEB	3.00	1								
VICE-CHAIR; (UNTIL MARCH 2013)		X	_	X		<u> </u>	ļ.,	0.	0.	0.
(6) HANK CAULEY	3.00	1						_	_	_
ASST, CLERK (BEGAN MARCH 2013)		X	ļ		<u> </u>	ļ		0.	0.	0.
(7) KEN ANSIN	3.00							_		_
BOARD MEMBER		X	<u> </u>			<u> </u>		0.	0.	0.
(8) PETER BERNARD	3.00	1						_	_	_
BOARD MEMBER		X	<u> </u>			ļ	<u> </u>	0.	0.	0.
(9) DAN CRISAFULLI	3.00								_	_
BOARD MEMBER		X	ļ		<u> </u>	ļ	ļ	0.	0.	0.
(10) MELISSA DANN	3.00							_	_	_
BOARD MEMBER (BEGAN MARCH 2013)		X	<u> </u>			<u> </u>		0.	0.	0.
(11) MARCELA ESCOBARI	3.00						1	_	_	_
BOARD MEMBER		X						0.	0.	0.
(12) RYAN ISRAEL	3.00	ļ						_	_	_
BOARD MEMBER		X	<u> </u>		_	_	ļ	0.	0.	0.
(13) PAUL LEANDER-ENGSTROM	3.00	1		1				_	_	_
BOARD MEMBER		X	_				<u> </u>	0.	0.	0.
(14) LIZ LUCKETT	3.00	1						_	_	_
BOARD MEMBER	ļ <u>.</u>	X	<u> </u>	<u> </u>	ļ		<u> </u>	0.	0.	0.
(15) JUAN MORILLO	3.00									_
BOARD MEMBER		X	<u> </u>	<u> </u>	_	_	<u> </u>	0.	0.	0.
(16) FUNKE OYEWOLE	3.00							_	_	_
BOARD_MEMBER		X	ऻ_	<b> </b>	ļ	ļ	<u> </u>	0.	0.	0.
(17) SIMON WINTER	3.00	\ 			1				_	_
BOARD MEMBER (BEGAN SEPT. 2013)		X		1			<u>L_</u>	0.	0.	0.
332007 10-29-13										Form 990 (2013)

332007 10-29-13

Form **990** (2013)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B)					(C)			(D) (E)				(F)	
Name and title	Average	e Position (do not check more than one				Reportable	Reportable	1	Estimated		d		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation compensation			amo	ount c	of
	week		cer an	d a d	irecto	or/trus	tee)	from	from related		0	ther	
	(list any hours for	ecto						the	organizations	_	comp		
	related	D io	_ <u>8</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	7		m the	
	organizations	Individual trustee or director	institutional trustee		<u>ම</u>	ngen		(88-271099-181150)			_	nızatıd relate	
	below	duat	l fort	_	nploy	stcol	=				organ		
	line)	IN PURIOR	in stit.	Officer	Key employee	Highest compensated employee	Former				3		
(18) WILLIAM F. FOOTE	40.00							<del>" -</del>					
CEO & PRESIDENT				Х				260,327.		0.	25	,60	06.
(19) BONNIE COCKMAN	40.00												
SVP FIN. & OPS. & TREASURER				X				166,730.		0.	10	,80	01.
(20) RANDALL ATKIN	40.00												
SVP OF FIN. & TREAS. (BEGAN 7/2013)				X				80,555.		0.	7	,96	<u>57.</u>
(21) CARLOS CASTELLO	40.00												
SVP GLOBAL PROGRAMS					X			172,364.		0.	22	,09	<u>91.</u>
(22) LIAM BRODY	40.00										-		
SVP OF COMMUNICATIONS & MKTG.						X		160,316.		0.	15	,93	35.
(23) BRIAN MILDER	40.00												
SVP_OF_STRATEGY, ADV. & INNOV.						X		144,726.		0.	10	,64	<u>10.</u>
(24) CATHERINE GILL	40.00												
SVP OF INVESTOR RELATIONS			ļ			X		152,555.		0.	11	, 21	<u>18.</u>
(25) DARCY SALINGER	40.00							:					
CHIEF CREDIT OFFICER		<u> </u>				X	L	128,639.		0.	5	<u>,11</u>	<u> 10.</u>
(26) LUBNA ELIA 40.00													
SR. DIR. OF GOVERNANCE & COMPLIANCE       X       114,151.       0.         1b Sub-total       1,380,363.       0.							6	,09	<u>93.</u>				
							115	, 46	<u> 51.</u>				
c Total from continuation sheets to Part VI	I, Section A							0.		0.	0.		
d Total (add lines 1b and 1c)	-						<u> </u>	1,380,363.		0.	115	, 46	<u> 51.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable				
compensation from the organization											١,		11
										Г		res	No
3 Did the organization list any former officer,		uste	e, ke	ey er	npic	oyee.	, or	highest compensated e	mployee on			Ì	
line 1a? If "Yes," complete Schedule J for s										-	3		<u>X</u>
4 For any individual listed on line 1a, is the su	•							•	the organization			٠,	
and related organizations greater than \$150										ŀ	4	<u>x</u>	
5 Did any person listed on line 1a receive or a					-		elat	ted organization or indivi	dual for services		_		v
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaui	<u>e J 1</u>	or s	ucn	pers	son			···		5		<u> </u>
Complete this table for your five highest co	mponeated in	don	ando	nt c	ont	racto	rc t	that recoved more than	\$100,000 of comp		ation fro		—
the organization Report compensation for										ensa	alion ire	,,,,	
(A)	trie Caleridar y	cai	eriui	ng v	VILLI	OI W	10111	(B)	yeai		(C)		
Name and business	address							Description of s	ervices	C	رت) ompens		1
INSOURCE SERVICES, INC.			_				- 1				•		
148 LINDEN ST, WELLESLEY	WA 024	18	2				ŀ	IT SERVICES			105	20	13.
210 21118211 81/ 112220221	, ,,,,,											<u>/= \</u>	<del>,</del>
								··			_		
	<u> </u>							<u> </u>					
·													
							l						
2 Total number of independent contractors (i		ot li	mıte	d to		se la 1	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zaliun 🚩					<u> </u>							

Part VIII	Statement of	Revenue
art viii	Otatomont of	I to veriac

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
irar	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
a it	d	Related organizations	1d					
S,E		Government grants (contribut	ions) 1e					
ĒΩ		All other contributions, gifts, gran	′ <del>  </del>					
E E		similar amounts not included abo	1 1	16,302,985.				
ÖĒ	g			10,002,000.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<b></b>	16 302 985			
				Business Code				
g	2 a LOAN INTEREST 9000				6,354,437.	6,354,437.		
اھِ≦		LOAN FEES	<del></del>	900099	1.169.988.	1 169 988.		
Program Service Revenue	С		<del> </del>	900099	530,884.	530,884.		-
e a	d							
ρg	е							
<u>r</u>	f	All other program service reve	enue					
	q	Total. Add lines 2a-2f		<b></b>	8,055,309.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	228 383.			228,383.
	4	Income from investment of tax	oroceeds ►	•				
	5	Royalties		▶ [				
		•	(i) Real	(II) Personal				
	6 a	Gress rents		T '				
	b	Less rental expenses				:		
	С	Rental income or (loss)						
	d	Net rental income or (loss)	<del></del>	<b>&gt;</b>				
		Gross amount from sales of	(ı) Securities	(II) Other				-
		assets other than inventory	5,000,000					
	b	Less: cost or other basis	, ,					
		and sales expenses	5,006,204,					
	С	Gain or (loss)	-6,204				-	
	d	Net gain or (loss)		<b>•</b>	-6,204.			-6,204,
o	8 a	Gross income from fundraisin	g events (not		j		-	
une		including \$	of					
ě		contributions reported on line	1c) See					
r.		Part IV, line 18	а					
Other Rever	b	Less. direct expenses	b					
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold	b			]		ļ
ĺ	С	Net income or (loss) from sale	s of inventory	<b></b>				
[		Miscellaneous Revenu	ıe	Business Code				
	11 a							
	b							
	С							
	d	All other revenue		,				
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue See instructions.			24 580 473.	8 055 309	0	222 179
33200								Form <b>990</b> (2013)

Check if Schedule O contains a responsinclude amounts reported on lines 6b, 9b, and 10b of Part VIII.  Ints and other assistance to governments and panizations in the United States. See Part IV, line 21 ants and other assistance to individuals in a United States See Part IV, line 22 ants and other assistance to governments, ganizations, and individuals outside the	se or note to any line in (A) Total expenses	this Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
9b, and 10b of Part VIII.  Ints and other assistance to governments and panizations in the United States. See Part IV, line 21 ants and other assistance to individuals in a United States See Part IV, line 22 ants and other assistance to governments,	(A) Total expenses	Program service	Management and	Fundraising
anizations in the United States. See Part IV, line 21 ants and other assistance to individuals in Eurited States. See Part IV, line 22 ants and other assistance to governments,			· · · · · · · · · · · · · · · · · · ·	
ants and other assistance to individuals in United States See Part IV, line 22 ants and other assistance to governments,				
United States See Part IV, line 22 ants and other assistance to governments,				
ants and other assistance to governments,				
ganizations, and individuals outside the				
ited States See Part IV, lines 15 and 16	1,442,412.	1,442,412.		
nefits paid to or for members				
mpensation of current officers, directors,				
stees, and key employees	746,441.	351,718.	337,536.	57,187
mpensation not included above, to disqualified				
sons (as defined under section 4958(f)(1)) and				
1				
ner salaries and wages	5,338,841.	3,986,727.	1,095,561.	256,553
nsion plan accruals and contributions (include				
•	134,392.	100.197.	28.119.	6,076
				34,091
				21,650
·		**-/**	23733	
· · · · · · · · · · · · · · · · · · ·				
	152.414.	125.760	22.614.	4,040
- F				2,272
	00,7111	7077220		2,2,2
· ·				
· · · · · · · · · · · · · · · · · · ·				
· ·	1 894 247.	1 713 063	153 719	27,465
, , , , , , , , , , , , , , , , , , ,	1/051/21/0	1,713,003.	133,713.	27,403
~ `	289 238	225 948	56 040	7,250
· •				21,244
	343,0010	203,373.	03,044.	21,233
·	655 128	484 192	142 518	28,418
· · · · · · · · · · · · · · · · · · ·				37,612
	741,233.	042,545.	00,070.	37,012
·				
· · · · · · · · · · · · · · · · · · ·	404 497	362 257	26 076	16,164
			20,070.	10,104
	1,113,300.	1,773,500.		
·	95 567	51 451	37 205	6,911
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				3,319
	37,133.	14,003.	10,755.	3,317
ove. (List miscellaneous expenses in line 24e. If line amount exceeds 10% of line 25, column (A)				
· · · · · · · · · · · · · · · · · · ·	3.369.664	3,369,664		
			28 754	5,036
				-290
	3,243.	<u> </u>	<u> </u>	-490
•	19 078 519	16 208 751	2 334 770	534,998
			<u> </u>	JJ=, JJ0
· · · · · · · · · · · · · · · · · · ·				
* * * *				
. —				
	sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) her salaries and wages alson plan accruals and contributions (include atton 401(k) and 403(b) employer contributions) her employee benefits are set for services (non-employees) anagement agal counting abbying affessional fundraising services. See Part IV, line 17 restment management fees her. (If line 11g amount exceeds 10% of line 25, aumn (A) amount, list line 11g expenses on Sch 0.) vertising and promotion fince expenses formation technology yalties are cupancy avel yments of travel or entertainment expenses any federal, state, or local public officials inferences, conventions, and meetings erest yments to affiliates preciation, depletion, and amortization surance her expenses. Itemize expenses not covered ove. (List miscellaneous expenses in line 24e. If line	sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) her salaries and wages sison plan accruals and contributions (include than 401(k) and 403(b) employer contributions) her employee benefits (682,390. 422,234.) set for services (non-employees) anagement gal counting bobying obtained than 401(k) and 403(b) employer set for services. See Part IV, line 17 restment management fees her. (If line 11g amount exceeds 10% of line 25, urm (A) amount, list line 11g expenses on Sch 0.) vertising and promotion fice expenses or set for expenses any federal, state, or local public officials inferences, conventions, and meetings erest yments to affiliates preciation, depletion, and amortization surrance use rexpenses. Itemize expenses in line 24e. If line amount exceeds 10% of line 25, column (A) ount, list line 24e expenses on Schedule 0.) LLOWANCE FOR LOAN LOSS DREIGN CURRENCY LOSS and ERSHIP & PUBS. PHER DIRECT COSTS other expenses al functional expenses Add lines 1 through 24e int costs Complete this line only if the organization orted in column (B) joint costs from a combined locational campaign and fundraising solicitation.	sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) ner salaries and wages sison plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) ner employee benefits yroll taxes so for services (non-employees) imagement gal counting oblying offessional fundraising services. See Part IV, line 17 restment management fees current (A) amount, list line 11g expenses on Sch 0.) vertising and promotion fice expenses or services (conventions) and meetings any federal, state, or local public officials inferences, conventions, and meetings erest to affiliates preciation, depletion, and amortization turance ere expenses. Itemize expenses in line 25, eliumn (A) amount exceeds 10% of line 25, column (A) conting the samount exceeds 10% of line 25, column (A) amount by the original salary (a) and the samount exceeds 10% of line 25, column (A) amount excee	sons (as defined under section 4958(I)(1)) and sons described in section 4958(c)(3)(8) rer salaries and wages ison plan accruals and contributions (include ton 401(k) and 403(b) employer contributions) rer employee benefits yroll taxes as for services (non-employees) imagement pail and the first of the first state o

Form 990 (2013)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	38,233,744.	1	20,691,551.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	15,046,507.	3	13,090,539
4	Accounts receivable, net	272,376.	4	565,750
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Comple Part II of Schedule L.	ete	5	
6	Loans and other receivables from other disqualified persons (as defined	under	Ť	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
g	employees' beneficiary organizations (see instr) Complete Part II of Sch	L	6	
Assets	Notes and loans receivable, net		7	
g   g	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	243,097.	9	300,672
10a				
		176.		
Ь		217. 299,795.	10c	208,959.
11	Investments - publicly traded securities	6,307,347.	11	9,045,149
12	Investments - other securities See Part IV, line 11	.,,	12	7
13	Investments · program-related. See Part IV, line 11	59,653,228.	13	70,233,645
14	Intangible assets		14	, ,
15	Other assets See Part IV, line 11	1,113,536.	15	1,390,567
16	Total assets. Add lines 1 through 15 (must equal line 34)	121,169,630.	16	115,526,832.
17	Accounts payable and accrued expenses	1,114,177.	17	2,043,217
18	Grants payable		18	,
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	118,883.	21	1,331,107
ဂ္ဂ 22	Loans and other payables to current and former officers, directors, trust			
≝	key employees, highest compensated employees, and disqualified pers			
	Complete Part II of Schedule L	2,145,910.	22	2,020,111.
5 <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties	79,315,914.	23	72,928,129.
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	K of		
	Schedule D	150,730.	25	97,062.
26	Total liabilities. Add lines 17 through 25	82,845,614.	26	78,419,626.
	· · · · · · · · · · · · · · · · · · ·	and		
န္	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32 33 32 33 32 33 33 33 33 33 33 33 33	Unrestricted net assets	11,730,577.	27	11,921,431.
28	Temporarily restricted net assets	26,593,439.	28	25,185,775.
29	Permanently restricted net assets		29	
투	Organizations that do not follow SFAS 117 (ASC 958), check here	•		
5	and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	38,324,016.	33	37,107,206.
34	Total liabilities and net assets/fund balances	121,169,630.	34	115,526,832.
				Form <b>990</b> (2013)

	990 (2013) ROOT CAPITAL, INC.	04-3	3478123	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
	1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,58		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,07		
3	Revenue less expenses Subtract line 2 from line 1	3	5,50		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,32		
5	Net unrealized gains (losses) on investments	5	- 3	<u>5,4</u>	<u>31.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,68	<u>3,3</u>	<u>33.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	37,10	<u>7,2</u>	06.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ıred audı	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	(2013)

332012 10-29-13

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Dard L	D	ROOT CA	PITAL, INC.						0	4-3478	123
Part I			ity Status (All organiz					tructions			
The organ			because it is (For lines								
1 📙			s, or association of chur			ction 170	(b)(1)(A)(i	).			
2			' <b>0(b)(1)(A)(ii).</b> (Attach Sc								
3 🖳	A hospital or	a cooperative hospi	tal service organization (	described	in section	170(b)(1)	(A)(iii).				
4 📖	A medical res	search organization (	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital	's name,
	city, and stat										
5 🔲			benefit of a college or ur	niversity o	wned or op	erated by	a governi	mental uni	t describ	oed in	
		(b)(1)(A)(iv). (Comple	•								
6			ent or governmental uni								
7 X			eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desci	ribed in
		(b)(1)(A)(vi). (Comple	•								
8			ection 170(b)(1)(A)(vi).								
9 📖			eives (1) more than 33							-	
			nctions - subject to certa							-	
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	0, 1975.
	See section	509(a)(2). (Complete	Part III)								
10	_		perated exclusively to te		•			•			
11			perated exclusively for the						-		
			ations described in secti				2). See <b>se</b> e	ction 509(	a)(3). Ch	neck the box	that
			organization and comple		-						
	a Type		•	ype III - Fu	-	-				n-functionall	
e L			it the organization is not								
			han one or more publicly						9(a)(1) or	section 509	(a)(2)
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganızatıon, check th	nis box								
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontributior	from any	of the foll	owing per	sons?		
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and (	iii) below	/,	Yes No
	the gove	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?	i						11g(ii)	
	(iii) A 35% d	controlled entity of a	person described in (i) of	or (II) above	e?					11g(iii)	l
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)						
		<del>,</del> .									
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did yo	u notify the	(vi) ls organizati	the	(vii) Amount	of monetary
orga	anization	``	(described on lines 1-9	in col. (i) lis			ion in col.	(i) organiz	ed in the	supp	
			above or IRC section (see instructions))		document?		r support?	U.S	.?		
	·- <u>,                                    </u>		(ace manuchona))	Yes	No	Yes	No	Yes	No		
	- <del> </del>								L		
					ļ						
								-		<del> </del>	
<del></del>						<u> </u>		-			<del></del>
		_	•								
otal											
		<u> </u>			<u> </u>		L		L	1	

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

Schedule A (Form 990 or 990-EZ) 2013

# Schedule A (Form 990 or 990-EZ) 2013 ROOT CAPITAL, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support			<del>-</del>		<u>.</u>	·
Cale	idar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						· -
	membership fees received (Do not						
	ınclude any "unusual grants ")	8,409,396.	7,037,823.	9,166,388.	17,970,983.	16 302 985.	58,887,575.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				-		
	furnished by a governmental unit to						
	the organization without charge					,	
4	Total. Add lines 1 through 3	8,409,396.	7,037,823.	9 166 388.	17,970,983,	16,302,985.	58,887,575.
	The portion of total contributions	0,100,000	7,037,023.	<u></u>	17,570,503.	10,302,303.	30,007,373,
	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)						
	Public support. Subtract line 5 from line 4				<del></del>		24,971,834.
	tion B. Total Support					<u> </u>	33 915 741.
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	8,409,396,	7,037,823.	9 166 388.	17,970,983.	16,302,985.	58,887,575.
-	Gross income from interest.	0,405,350.	7,037,023.		17,570,505,	10,302,985.	30,007,373.
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	120 004	145,785.	1/1 723	183,231.	228,383.	819,126.
	Net income from unrelated business	120,004.	143,703.	141,723.	103,231.	220,303.	019,120.
	activities, whether or not the						
	business is regularly carried on					_	
	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)					<del></del>	·
	Total support. Add lines 7 through 10	-4- (					59,706,701.
	Gross receipts from related activities,	•	•				,949,961 <u>.</u>
	First five years. If the Form 990 is for		s first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
Sec	organization, check this box and stor tion C. Computation of Publ	ic Support Pe	rcentage				
_	Public support percentage for 2013 (I			olumn (f)		-	E 6 90 %
	Public support percentage from 2012	. ,,		olumn (i))		14	56.80 %
				shop 10 and has	14 00 1 (00)	15	43.19 %
	33 1/3% support test - 2013. If the contact have The organization qualifies				14 IS 33 1/3% or m	iore, check this bo	
	stop here. The organization qualifies		•		h = 45 = 00 4/00/		<b>►</b> [X]
	33 1/3% support test - 2012. If the conditions have the conditions and				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•	• •				
	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t IV how the organ	ization
	meets the "facts-and-circumstances"	_		• • •	•		
	10% -facts-and-circumstances tes						
	more, and if the organization meets th				•		
	**************************************						
	organization meets the "facts-and-circ Private foundation. If the organizatio						▶∟⊥

Schedule A (Form 990 or 990-EZ) 2013

# Schedule A (Form 990 or 990-EZ) 2013 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, places complete Bort II.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			, , , , , , , , , , , , , , , , , , , ,			
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions.						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		-				
•	are not an unrelated trade or bus-						
	iness under section 513						
						ļ	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf	<del></del>				ļ	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		-		<del> </del>	ļ	
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and				1		
	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)						
<u>Se</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain					<del> </del>	
	or loss from the sale of capital						
13	assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)				<del>                                     </del>		
	First five years. If the Form 990 is for	the organization!	s first second thir	d fourth or fifth i	tov voor oo o oostu	501(a)(2) arm	
17	check this box and stop here	the organization :	s ilist, second, triir	u, lourer, or little	iax year as a secil	on soricits) org	anization,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	·		<del></del>	
	Public support percentage for 2013 (			column (fl)		45	
	Public support percentage from 2012			Joidinin (1))		15	%
	ction D. Computation of Inves					16	%
	Investment income percentage for 20			13 column (A)		17	
	· · · · · · · · · · · · · · · · · · ·	· ·	•	ie 13, column (i))		17	%
	Investment income percentage from :			on line 14 and lin	o 15 io mara thair i	18	
198	33 1/3% support tests - 2013. If the						ne i / is not
<b>p.</b> .	more than 33 1/3%, check this box a						<b>▶</b>
t	33 1/3% support tests - 2012. If the						
00	line 18 is not more than 33 1/3%, che					-	ion
<u> </u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	inis box and see in	structions	

Schedule A (Form 990 or 990-EZ) 2013

Schedule A	(Form 990 or 990-EZ) 2013 ROO Supplemental Informatio	T CAPITAL,	INC.		04-3478123 Page 4
Part IV	Supplemental Informatio	<b>n.</b> Provide the expla	nations required by	Part II, line 10, Part II, line 17	a or 17b, and Part III, line 12.
	Also complete this part for any ac	dditional information	(See instructions)		
•					
	-				- Lucius III II
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### **SCHEDULE D**

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Nam	ROOT CAPITAL, INC.		04-3478123
Pai		ed Funds or Other Similar Funds or	
	organization answered "Yes" to Form 990, Part IV, lin		Trace and accomplete in the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fi	unds
•	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 No
Pai		ganization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	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 sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
	year >		
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the pe	• • •	
^	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and	•	· · · · <del></del>
8	Does each conservation easement reported on line 2(d) about and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(n)(4)	
9	In Part XIII, describe how the organization reports conservat	uon consements in its revenue and evaces stat	Yes No
3	include, if applicable, the text of the footnote to the organiza	•	•
	conservation easements	mon's infancial statements that describes the t	organization's accounting for
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue statement and	I balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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Schedule D (Form 990) 2013

		PITAL, INC				011				Page 2
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a sig	gnificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	c			hange progra	ams				
b	Scholarly research	e	•	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further tl	he organızatı	on's exen	npt purp	ose ın Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" to f	orm 990	), Part IV, I	ıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	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.			nn hae haan	provided in	Dart VIII			J 162	Y
Par							<u> </u>			
	Endownione Lando: Complete I							uonro honk	(-) Four	roore book
	O	(a) Current year	(0) F	Prior year	(c) Two yea	IS Dack	a) Illiee	years back	(e) rour	rears back
1a	Beginning of year balance	<del> </del>				-				
b	Contributions		ļ	· · · · · · · · · · · · · · · · · · ·						
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs							-		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	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 should	uld equal 100%								
За	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	ered for th	e organi	zation		
	by .	J					J		- F	res No
	(i) unrelated organizations								3a(i)	1
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the								_ <u> </u>	
Par			- TATTICITE	idilds.						
	Complete if the organization answere		) Part IV	/ line 11a S	aa Form 990	Dart Y I	me 10			
	Description of property	(a) Cost or c					cumulate	od	(al) Dool:	value
	Description of property	basis (investi			or other (other)		reciation	- 1	(d) Book	value
	I and	Dasis (illvesti	nent)	Uasis	(outer)	uep	- CIALIUI	<u>'</u>		
	Land			<del> </del>						
	Buildings		<del></del>		F 404	-	<u> </u>	<del></del>		100
	Leasehold improvements			21	5,404.	1	<u>.69,2</u>	11.	46	,127.
	Equipment						0.4 -			
	Other				7,772.	4	04,9	40.		<u>,832.</u>
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10(c))			<b>•</b>	208	<u>,959.</u>

Schedule D (Form 990) 2013

Federal income taxes DEFERRED RENT ABATEMENT 97,062 (3)(4)(5)(6)(7) (8) (9) 97,062. Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

Schedule D (Form 990) 2013

 <u>Sche</u>		NC.			04-	3478123	Page 4
Par	· ·		nts Wit	th Revenue per R	eturr	າ.	
	Complete if the organization answered "Yes" to Form	·					
1	Total revenue, gains, and other support per audited financial				1	19,526,	<u>,159.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, lin	ne 12	1 _ 1	25 421			
a	Net unrealized gains on investments		2a	<u>-35,431.</u>	-		
b	Donated services and use of facilities		2b	333,671.	-		
c C	Recoveries of prior year grants Other (Describe in Part XIII )		2c	1,931.	-		
d e	Add lines 2a through 2d		_2d_]	1,331.	ا ۱	300	171.
3	Subtract line 2e from line 1				2e 3	19,225,	
4	Amounts included on Form 990, Part VIII, line 12, but not on	line 1			-3-	19,243,	300.
а	Investment expenses not included on Form 990, Part VIII, lin		4a				
b	Other (Describe in Part XIII )	0.15	4b	5,354,485.	1		
	Add lines 4a and 4b		_ <del>TD</del> ]	3733171031	4c	5,354,	485.
5	Total revenue Add lines 3 and 4c. (This must equal Form 99)	0. Part I. line 12 )			5	24,580,	473.
Par	t XII Reconciliation of Expenses per Audited		ents W	ith Expenses per	_	irn.	
	Complete if the organization answered "Yes" to Form						
1	Total expenses and losses per audited financial statements				1	14,079,	160.
2	Amounts included on line 1 but not on Form 990, Part IX, line	25					_
а	Donated services and use of facilities		2a	333,671.			
b	Prior year adjustments		2b				
С	Other losses		2c				
d	Other (Describe in Part XIII.)		2d	<u>1,463,867.</u>			
е	Add lines 2a through 2d				2e	1,797,	
3	Subtract line 2e from line 1				3	12,281,	<u>622.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on li	ne 1	1 6				
а	Investment expenses not included on Form 990, Part VIII, lin	e 7b	4a		_		
b	Other (Describe in Part XIII.)		4b	<u>6,796,897.</u>	.		
С	Add lines 4a and 4b				4c	6,796,	<u>,897.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 9	90, Part I, line 18.)			5	19,078,	<u>519.</u>
	t XIII Supplemental Information.						<del></del>
	de the descriptions required for Part II, lines 3, 5, and 9, Part				4, Part	X, line 2; Part >	KI,
iines	2d and 4b, and Part XII, lines 2d and 4b Also complete this p	art to provide any addi	tional into	ormation			
		<del></del>					
PAF	T IV, LINE 2B:						
		· · · ·				-	
EXI	LANATION: AT TIMES, ROOT CAPIT	AL CO-LENDS	WITH	OTHER ORGA	NIZ.	ATIONS A	ND
<u>ADI</u>	INISTERS THE ENTIRE LOAN. THE	ESCROW FUNDS	REP	RESENT A TI	MIN	G	
DIE	FERENCE BETWEEN REPAYMENTS FRO	M BORROWERS	AND	TRANSFER OF	FU.	NDS DUE	TO
<u>CO-</u>	LENDING PARTNERS. THE ESCROW A	<u>CCOUNT IS AI</u>	LSO U	SED WHEN A	BUY.	ER PAYS	
ROC	T CAPITAL THE FULL AMOUNT OF T	HE MONEY OW	ED TC	A SUPPLIER	/BO	RROWER.	
<b>D</b> 00							
ROC	T CAPITAL DEDUCTS THE PRINCIPA	L AND INTER	EST C	WED ON ITS	LOA	N AND	<del></del> -
БОТ	NADDO MUE DEMATUTNO DALANCE MO		/ D.O	22222			
FOF	WARDS THE REMAINING BALANCE TO	THE SUPPLIE	SR/BC	RROWER.			
PAE	T X, LINE 2:						
TAL	.1 45 / 111111 4.	·- ·					
EXF	LANATION: FOR THE YEARS ENDED	DECEMBER 31	201	3 AND 2012,	RΩ	OT CAPIT	יאד.
		,	<u>, 201</u>	· · · · · · · · · · · · · · · · · · ·	110	OI CHILL	
HAS	DOCUMENTED ITS CONSIDERATION	OF FASB ASC	740-	10, INCOME	TAX	ES, THAT	
332054 09-25-			<u> </u>			dule D (Form 9	
	-	25			_ 5,100	y. 51111 5	, 10

Schedule D (Form 990) 2013 ROOT CAPITAL, INC.  Part XIII   Supplemental Information (continued)	04-3478123 Page 5
CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FROM ROOT	
CAPITAL FORM 990 REPORTING.	
EXPENSES OF RELATED ORGANIZATION, ROOT CAPITAL A.C.,	
INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED	
FROM ROOT CAPITAL FORM 990 REPORTING.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
ALLOWANCE FOR LOAN LOSS, RECORDED AS AN ADJUSTMENT TO	3,369,664.
REVENUE ON THE FINANCIAL STATEMENTS AND REPORTED AS AN	
EXPENSE ON FORM 990, PART IX.	
FOREIGN CURRENCY EXCHANGE LOSS, REPORTED AS REVENUE ON	210,913.
THE FINANCIAL STATEMENTS AND REPORTED AS AN EXPENSE ON	
FORM 990, PART IX.	
INTEREST EXPENSE, RECORDED AS AN ADJUSTMENT TO REVENUE ON	1,773,908.
THE FINANCIAL STATEMENTS AND REPORTED AS AN EXPENSE ON	
FORM 990, PART IX.	
GRANT EXPENSE TO RELATED ORGANIZATIONS, ACCDER AND ROOT	1,442,412.
CAPITAL AC, EXCLUDED FROM CONSOLIDATED FINANCIAL	
STATEMENTS AND INCLUDED ON FORM 990, PART IX, LINE 3.	
TOTAL TO SCHEDULE D, PART XII, LINE 4B	6,796,897.

### SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name	of	the	organization
Valle			

Employer identification number

ROOT CAPITAL, I				04-3478	3123
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organization answere	ed "Yes" on
Form 990, Part IV	/, line 14b				
	-		ds to substantiate the amount of its gr		
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and other assistance	outside the
3 Activities per Region. (Ti	he following Part		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	10	PROGRAM SERVICES	LOANS	28,509,129,
SOUTH AMERICA	0	0	PROGRAM SERVICES	LOANS	55,467,839
CENTRAL AMERICA AND					
THE CARIBBEAN	1	12	PROGRAM SERVICES	LOANS	28,968,169.
NORTH AMERICA	1	14	PROGRAM SERVICES	LOANS	9,287,780,
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	FINANCIAL ADVISORY SERVICES	174,976
SOUTH AMERICA	0	0	PROGRAM SERVICES	FINANCIAL ADVISORY SERVICES	245,791,
CENTRAL AMERICA AND	_	_	DDOGDAY GDDWGGG	FINANCIAL ADVISORY	4 400 55=
THE CARIBBEAN	0	0	PROGRAM SERVICES	SERVICES	1,133,937.
NORTH AMERICA	0	0	PROGRAM SERVICES	FINANCIAL ADVISORY SERVICES	518,372
3 a Sub-total	3	. 36			124,305,993
b Total from continuation sheets to Part I	0	0			4,810,754
c Totals (add lines 3a					
and 3b)	]3	36	l	<u></u>	129,116,747
LHA For Paperwork Reduct	ion Act Notice,	see the Instruc	ctions for Form 990.	Schedule	e F (Form 990) 2013

332071 10-03-13

28

2013.03061 ROOT CAPITAL, INC.

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

Schedule F (Form 990)  Part I Continuation	ROOT CAP	S per Regio	IC • <b>n</b> •(Schedule F (Form 990), Part I, line		78123 Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	LOAN ORIGINATION AND	1,263,706
SOUTH AMERICA	. 0	0_	PROGRAM SERVICES	LOAN ORIGINATION AND	1,118,581
NORTH AMERICA	0	0	PROGRAM SERVICES	LOAN ORIGINATION AND	87,108
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	LOAN ORIGINATION AND	898,947
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,035,018
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		407,394
Totals	<b>&gt;</b>				4 810 754

ROOT CAPITAL, INC.

Schedule F (Form 990) 2013

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

Page 2

04-3478123

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	<b>J</b>	SOUTH AMERICA	SUPPORT ACCDER, A NONPROFIT ORGANIZATION THAT SUPPORTS SMALL AND	1.035.018	WIRE	0		
			SUPPORT ROOT CAPITAL AC, A TAX-EXEMPT CIVIL ASSOCIATION					
		NORTH AMERICA	INCORPORATED UNDER	407,394,	WIRE	0		
2 Enter total number of the IRS, or for which t	recipient organization	is listed above that are Il has provided a sectio	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	foreign country,	recognized as tax-ex	empt by	:	7
3 Enter total number of other organizations or entities	other organizations o	r entities			\$	•		0

SEE PART V FOR COLUMN (D) DESCRIPTIONS 30

Schedule F (Form 990) 2013

Page 3

Schedule F (Form 990) 2013 ROOT CAPITAL, INC.

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

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2013

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2013

Yes X No

for Form 5713)

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.
See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ROOT CAPITAL, INC.

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			İ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			İ
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		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		L
				1
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			1
	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			Ì
	X Compensation committee Written employment contract			
	X Independent compensation consultant			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any parent listed in Ferm COO. Both VII. Continue A. line to with warment to the file.			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			İ
_	Receive a severance payment or change-of-control payment?	4-		v
a h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4b 4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	40		
	Too to any of lines 4d o, list the persons and provide the applicable amounts for each term in 1 art in			
	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		Х
	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			
	The organization?	6a		X
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 67 If "Yes," describe in Part III	7		_X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958-6(c)?	9		l

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 ROOT CA

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	able	(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	(O)-(i)(B)	reported as deferred in prior Form 990
(1) WILLIAM F. FOOTE	Ξ	260,327.	0	0	9,671.	15,935.	285,933.	0
& PRESIDENT	: ≘		0	0	ł	0	0	0
	€	166,730.	0	0.	6,008.	4,793.	177,531.	0
124	€		0	0.	0	0	0.	0
CAR	(i)	172,364.	0	0.	6,156.	15,935.	194,455.	
·	Ξ	0.	0	• 0	0	0.	0.	0
(4) LIAM BRODY	ε	160,316.	0	0	0	15,935.	176,251.	
U	Ξ		0	0	0	ł	0	
(5) BRIAN MILDER	Ξ	144,72	0	0	5,292.	5,348.	155,366.	0
U	Ξ	0.	0	0	0	0.	0.	• 0
ILL	ε	152,555.	0	0	5,870.	5,348.	163,773.	• 0
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332112				П			Schedu	Schedule J (Form 990) 2013

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### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► 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.

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

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

OMB No. 1545-0047

Inspection

Name of the organization							Emp	loyer	identi	fıcati	on nu	mber
R	OOT CAPI	TAL, INC					04-	- 3 <u>4</u>	781	23		
Part I Excess Bene	fit Transacti	ons (section 50	)1(c)(3	3) and	section 501(c)(4) org	anizations only).						
Complete if the o					art IV, line 25a or 25t	o, or Form 990-EZ, P	art V, III	ne 40	b			
1 (a) Name of disqualified pe	erson (b) F	Relationship betv			lified	c) Description of tran	saction	n		(d)	Corre	cted?
(4) (14)	0.0011	person and or	ganız	ation	,,					Y	es	No
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										-		
O Fatantha amand aftern												
2 Enter the amount of tax in section 4958	icurred by the o	rganization man	agers	or also	qualified persons du	ring the year under						
3 Enter the amount of tax, i	fany on line 2	abovo roimbure	od by	tha or	raanization			• •				
3 Enter the amount of tax, i	rany, on line 2,	above, reimburs	eu by	ti le Oi	gariization		•	Ф				
Part II Loans to and	/or From Int	erested Pers	sons			* ********	· ·					
					Z, Part V, line 38a or I	Form 990 Part IV In	o 26 o	r if th	o oras	nızatı	nn.	
reported an amou	-				., rait v, line soa or i	Omi 990, Fait iv, iii	e 20, 0	, 11 111	e orga	nizati	JI 1	
(a) Name of	(b) Relationship	(c) Purpose		oan to or	(e) Original	(f) Balance due	(g)	ln .	(h) App	roved	(i) W	/ritten
	with organization	of loan		n the	principal amount	(I) Buildings and	defau	ult?	by boa	ard or	agree	ment?
			To	From			Yes	No	Yes	No	Yes	No
PAUL LEANDER-EN		INVESTME			2,000,000.	2,020,111.		X	X		X	''-
						_,,,,						
										••		
				<u> </u>								
												L
Total					<b>▶</b> \$	2,020,111.						
Part III Grants or Ass	sistance Bei	nefiting inter	este	d Pe	rsons.							
Complete if the o	rganization ansv	vered "Yes" on F	orm	990, P	art IV, line 27			ı				
(a) Name of interested p	erson	(b) Relationship			(c) Amount of	(d) Type assistan				Purp		f
		interested pers the organiza		ia	assistance	assistan	Ce		ć	assista	arice	
<del></del>												
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		_						$\dashv$				
LHA For Paperwork Reducti	ion Act Notice.	see the Instruc	tions	for Fo	rm 990 or 990-EZ	Scho	edule L	(For	m 990	or 99	0-F7	) 2013

SEE PART V FOR CONTINUATIONS

25071\_\_1

37

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	No
JOHN F TAYLOR TRUST	BOARD MEMBER	128,125	REPAYMENT O		Х
PAUL LEANDER-ENGSTROM	BOARD MEMBER	40,000	REPAYMENT O		X
<del></del>					
		<del> </del>	<u> </u>		
Part V Supplemental Information					
Provide additional information for re	esponses to questions on Schedule L (see	e instructions)	<del></del>		
SCHEDULE L, PART II, LOA	NS TO AND FROM INTERE	COTED DERCO	<b>1</b> 9.		
Deminoral II, non	THE TO THE TROP INTERE	DIED IERBOI	10.		
(A) NAME OF PERSON: PAUL	LEANDER-ENGSTROM				
			, , <del>, , , , , , , , , , , , , , , , , </del>		
(C) PURPOSE OF LOAN: INV	ESTMENT				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
			122 1210 0210 1		
(A) NAME OF PERSON: JOHN	F TAYLOR TRUST				
/D) DEGGDEDETON OF TONIG					
(D) DESCRIPTION OF TRANS	ACTION: REPAYMENT OF	PRINCIPAL 1	INTEREST TO	THE	
JOHN F. TAYLOR TRUST ON	INVESTMENT LOAN.				
Out I IIIII III IIII	THE POINT OF THE PERSON OF THE				
					-
(A) NAME OF PERSON: PAUL	LEANDER-ENGSTROM				
(D) DESCRIPTION OF TRANS	ACTION. DEDAVMENT OF	TNIጥሮኮሮሞ ጥ/	) DAIIT		
(D) DESCRIPTION OF TRANS	ACTION: REPAIMENT OF	INTEREST TO	PAUL		
LEANDER-ENGSTROM ON INVE	STMENT LOAN.				
	1944			_	

### **SCHEDULE 0** (Form 990 or 990-EZ)

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

ROOT CAPITAL, INC.

Employer identification number 04-3478123

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXPLANATION: 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 \$613 MILLION IN CREDIT
TO MORE THAN 484 ENTERPRISES. ROOT CAPITAL CLIENTS HAVE HELPED IMPROVE
LIVELIHOODS FOR MORE THAN 584,000 RURAL HOUSEHOLDS IN AFRICA AND LATIN
AMERICA. IN CALENDAR YEAR 2013, ROOT CAPITAL DISBURSED \$122 MILLION TO
225 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.

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Employer identification number Name of the organization 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 SIX 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) (2013)

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	ENTS:
ROOT CAPITAL'S SOCIAL, ECONOMIC AND ENVIRONMENTAL IMPACT	
AS A NON-PROFIT COMMITTED TO ALLEVIATING RURAL POVERTY, F	ROOT CAPITAL
SEEKS TO MAXIMIZE THE POSITIVE SOCIAL AND ENVIRONMENTAL I	MPACT OF OUR
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	THAN THEY HAVE
HISTORICALLY RECEIVED. ROOT CAPITAL CLIENTS ALSO GENERATE	E EMPLOYMENT,
INCLUDING MANAGERS, ACCOUNTANTS, AGRICULTURAL EXTENSION S	STAFF, DRIVERS,
AND WORKERS AT PROCESSING PLANTS.	
ROOT CAPITAL WORKS WITH MORE THAN 120 LEADING BUYERS OF A	AGRICULTURAL
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	TE, THE BODY
SHOP, AND WHOLE FOODS MARKET.	
IN 2013, ROOT CAPITAL CLIENTS SPENT \$825 MILLION TO PURCH	IASE THE
PRODUCTS OF SMALL-SCALE FARMERS AND ARTISANS.  332212 99-04-13 Scheit	dule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization **Employer identification number** 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 2013, SMALL SCALE PRODUCERS WHO SELL TO ROOT CAPITAL CLIENTS SUSTAINABLY MANAGED 697,000 HECTARES OF LAND IN AFRICA AND LATIN AMERICA. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: 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, PART VI, SECTION B, LINE 12C:

332212

Schedule O (Form 990 or 990-EZ) (2013)

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 THE IRS.

Employer identification number 04-3478123

EXPLANATION: THE PRESIDENT, TREASURER, COUNTRY 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. A DISQUALIFIED PERSON MAKES A PRESENTATION TO THE BOARD COMMITTEE, AND LEAVES THE MEETING DURING THE DISCUSSION OF, AND VOTE ON, THE CONSIDERED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE. INCLUDING A REVIEW OF SURVEYS OF COMPARABLE DATA WHERE APPROPRIATE, THE COMMITTEE DETERMINES WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE COMMITTEE DETERMINES BY A VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE, AND THEREFORE WHETHER TO ENTER INTO SUCH TRANSACTION OR ARRANGEMENT.

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:

EXPLANATION: 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 332212 O9-04-13 Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization  ROOT CAPITAL, INC.	Employer identification number 04-3478123
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 DETER	MINED BY THE CEO
OF THE ORGANIZATION USING THE RESULTS OF A COMPENSATION S	URVEY CONDUCTED ON
A BI-ANNUAL BASIS.	
SALARIES FOR ALL STAFF, INCLUDING THE CEO, WERE LAST REVI	EWED IN APRIL
2014.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION'S AUDITED FINANCIALS ARE AV	AILABLE ON OUR
WEBSITE. OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTERE	ST FORMS ARE
AVAILABLE TO DONORS AND INVESTORS UPON REQUEST AND TO THE	GENERAL PUBLIC ON
A CASE BY CASE BASIS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DE-OBLIGATED FUNDS	-6,683,333.
	***

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

ROOT CAPITAL, INC.

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ See separate instructions.

2013

Open to Public Inspection

**Employer identification number** 04 - 3478123

(g) Section 512(bX13) controlled ŝ entity? Direct controlling Yes × entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling ROOT CAPITAL entity End-of-year assets status (if section Public charity 501(c)(3)) e) Total income **Exempt Code** section ਉ Legal domicile (state or Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) MEXICO TO PROMOTE DEVELOPMENT AND SUSTAINABLE GROWTH OF Primary activity Primary activity <u>e</u> COMMUNITIES SAN CRISTOBAL DE LAS CASAS CHIPAS, MEXICO MA, ADELINA FLORES NO, 20 COLONIA CENTRO Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity ROOT CAPITAL AC Part II

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

332161 09-12-13 LHA

Schedule R (Form 990) 2013

Page 2 04-3478123

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. ROOT CAPITAL, Schedule R (Form 990) 2013 Part III

INC.

(8)	€ ≥			
8	Seneral or managing partner?	Nes No		
3	Code V-UBI General or Pg amount in box managing or 20 of Schedule	K-1 (Form 1065)		
(4)	rhonate ons?	Ves No		
(0)	of ear s			
£	ଞ୍ଜ			
(a)	Predominant income (related, unrelated, excluded from tax under	Sections 512-514)		
6	rolling			
3	Legal domicile (state or foreign	country)		
(a)	Primary activity			
(a)	Name, address, and EIN of related organization			

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

!	2.33 ed (3.33	No									
Ξ,	Section 5 12(b)(13) controlled entity?	Yes			 -			_			
Ξ	Percentage ownership	L									
	Share of end-of-year	dssets						-		_	
Ξ	Share of total income										
(e)	Type of entity (C corp, S corp,	or musty									
(p)	Direct controlling entity							-			
(၁)	ᅙᆫ	country)									
(q)	Primary activity										
(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2013

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

A series of the				-	_	1
Note. Complete line i in any entity is listed in raits in, iii, or iv or this schedule.	s with one or more re	lated organizations listed	n Parts II:IV2		z sez	2
a Receipt of (i) interest (ii) annuries (iii) royalties or (iv) rent from a controlled entity				- F	PX	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				ą.	×	
c Gift, grant, or capital contribution from related organization(s)				5	×	×
d Loans or loan guarantees to or for related organization(s)				17	~	×
				2 4		l×
				2	•	
f Dividends from related organization(s)				<b>=</b>	-	<b>5</b> :1
a Sale of assets to related organization(s)				5	7	×
				2 4		 
				<b> </b>	\$ P	4 >
Excitatige of assets with related organization(s)				= :	G P	. اہ
j Lease of facilities, equipment, or other assets to related organization(s)				-	4	4
k Lease of facilities, equipment, or other assets from related organization(s)				¥	- PKI	×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=	×	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ē	×	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n	~	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	×	×
p Reimbursement paid to related organization(s) for expenses				<del>ф</del>	~	×
q Reimbursement paid by related organization(s) for expenses				19	×	×
r Other transfer of cash or property to related organization(s)				<b>=</b>	~	×
s Other transfer of cash or property from related organization(s)		•		1s	×	ابر
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	olved		
(1) ROOT CAPITAL AC	В	407,394.	• FMV			
						1
(4)						
(5)						
(9)						
332163 09-12-13	47		Schedule R (Form 990) 2013	(Form 9	90) 20	<u>ξ</u>

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Schedule R (Form 990) 2013 ROOT CAPITAL, INC.

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

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

(k) rcentage vnership						Schedule R (Form 990) 2013
ral or Pe rging ov	 			l-, -		orm 9
(j) General or managing partner?						e R (F
(h)						Schedule
(h) Disproportionate allocations?						
(g) Share of end-of-year assets						
(f) Share of total Income						
(e) Are all partners sec 501(c)(3) orgs ?						
(d) Are all Predominant income parties sec (related, unrelated, 5016(3) excluded from tax under section 512-514) Yes No						
(c) Legal domicile (state or foreign country)					-	
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule R	(Form 990) 2013 Supplemental In	ROOT CAPITAL	, INC.	0	4-3478123 Page 5
Part VII			_		
	Provide additional info	ormation for responses to que	stions on Schedule R (see instru	ctions)	<del></del>
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