

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493313016145

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	rthe 2	2014 ca	endar year, or tax year beginning (1-01-2014 , and ending 12-31-201	4			
B Che	ck if ap	pplicable	C Name of organization Root Capital Inc			D Employ	er ident	ification number
✓ Add	ress ch	ange	·			04-34	78123	
┌ Nar	ne char	nge	% RANDALL ATKIN Doing business as					
┌ Init	ıal retur	rn				F Tolonbor		<u> </u>
_ Fina			Number and street (or P O box if mail 130 Bishop Allen Drive 2nd Floor	is not delivered to street address) Room/su	ite	— E Telephor	ie numbe	:1
_		nınated	130 bishop Alien Drive 2nd Floor			(617)	561-57	92
	ended r		City or town, state or province, country Cambridge, MA 021393309	, and ZIP or foreign postal code		G Gross re	ceints \$ 2	28,445,652
App	lication	pending				G 01033 1C	сстріз ф 2	
			F Name and address of princi	pal officer		this a group i	return fo	
			William F Foote 130 Bishop Allen Drive 2nd Fl		su	bordinates?		┌ Yes 🗸 No
			Cambridge, MA 02139		H(b) A₁	e all subordin	ates	┌ Yes ┌ No
			<u> </u>		1	cluded?		
I Ta:	k-exem	pt status	▼ 501(c)(3)	ert no) 4947(a)(1) or 527	If	"No," attach a	alıst (s	see instructions)
J W	ebsite	e: F ww	w RootCapital org		H(c) G	roup exemption	on numb	oer ►
K Forr	n of org	ganızatıor	Corporation Trust Association	Other -	L Year o	f formation 199	9 M St	tate of legal domicile MA
Pa	rt I	Sun	ımary		•			
	1 E	Briefly d	escribe the organization's mission	or most significant activities				
			-	ws rural prosperity in poor, environm	entally vul	nerable place	s ın Afrı	ıca and Latın
بو	<u> </u>	<u>A merica</u>						
Ě	-							
Ě								
Governance	2 (Check t	his box 🛏 🗆 if the organization disc	ontinued its operations or disposed o	of more tha	n 25% of its i	net ass	ets
დ თ			6.1			ı	- I	
8				g body (Part VI, line 1a)		ŀ	3	15
Ě				the governing body (Part VI, line 1b)		1	4	14
Activities &				lendar year 2014 (Part V, line 2a)			5 6	78 17
ų,				essary)				0
				m Form 990-T, line 34			7a 7b	0
		vec univ	rated business taxable income not	11101111 990-1, IIIIe 94			76	
								Current Vear
	8	Contr	butions and grants (Part VIII, line	1h)	-	16.302.9	8.5	7.221.264
ē	8 9			1h)		16,302,9		7,221,264
venue	9	Progr	am service revenue (Part VIII, line	2g)		16,302,9 8,055,3	09	7,221,264 11,893,488
Revenue	_	Progr Inves	am service revenue (Part VIII, line tment income (Part VIII, column (/	2g)		16,302,9	09	7,221,264 11,893,488 169,098
Revenue	9 10	Progr Inves Other	am service revenue (Part VIII, line tment income (Part VIII, column (/ revenue (Part VIII, column (A), lir	2g)		16,302,9 8,055,3 222,1	09 79 0	7,221,264 11,893,488 169,098 278,620
Revenue	9 10 11 12	Progr Inves Other Total 12)	am service revenue (Part VIII, line tment income (Part VIII, column (/ revenue (Part VIII, column (A), lir revenue—add lines 8 through 11 (r	2g)		16,302,9 8,055,3 222,1 24,580,4	09 79 0 73	7,221,264 11,893,488 169,098 278,620 19,562,470
Revenue	9 10 11 12	Progr Inves Other Total 12)	am service revenue (Part VIII, line tment income (Part VIII, column (A revenue (Part VIII, column (A), lin revenue—add lines 8 through 11 (r 	2g)	e	16,302,9 8,055,3 222,1	09 79 0 73	7,221,264 11,893,488 169,098 278,620 19,562,470
Revenue	9 10 11 12 13 14	Progr Inves Other Total 12) Grant Benef	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (rough 11 (rough 11)), and similar amounts paid (Part IX, lits paid to or for members (Part IX,	2g)	e	16,302,9 8,055,3 222,1 24,580,4	09 79 0 73	7,221,264 11,893,488 169,098 278,620 19,562,470
_	9 10 11 12	Progr Inves Other Total 12) Grant Benef Salar	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (rosenue—add lines 8 through 11 (rosenue—add lines 8 through 11 (Part IX) and similar amounts paid (Part IX) ts paid to or for members (Part IX) es, other compensation, employee	2g)	e	16,302,9 8,055,3 222,1 24,580,4	09 79 0 73 12	7,221,264 11,893,488 169,098 278,620 19,562,470 0
_	9 10 11 12 13 14	Progr Inves Other Total 12) Grant Benef Salari 5-10	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (rocean color co	2g)	e	16,302,9 8,055,3 222,1 24,580,4 1,442,4	09 79 0 73 12	7,221,264 11,893,488 169,098 278,620 19,562,470 0 0 9,608,293
_	9 10 11 12 13 14 15	Progr Inves Other Total 12) Grant Benef Salari 5-10 Profes	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (rough 1)	2g)	e	16,302,9 8,055,3 222,1 24,580,4 1,442,4	09 79 0 73 12 0	7,221,264 11,893,488 169,098 278,620 19,562,470
Expenses Revenue	9 10 11 12 13 14 15 16a b	Progr Inves Other Total 12) Grant Benef Salari 5-10 Profes	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines paid to or for members (Part IX, estimated lines) (Part IX, column (D), lines lines (Part IX, column (D), lines lines lines (Part IX, column (D), lines l	2g)	e	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2	09 79 0 73 12 0 98	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293
_	9 10 11 12 13 14 15 16a b	Progr Inves Other Total 12) Grant Benef Salari 5-10 Profes Total fo	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines 8 through 12 (revenue—add lines 8 through 11 (revenue—add lines 8 through 12 (revenue—add lines 8 through 11 (revenue—add	2g)	e	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2	09 79 0 73 12 0 98 0	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0
_	9 10 11 12 13 14 15 16a b	Progr Inves Other Total 12) . Grant Benef Salari 5-10 Profes Total fo	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (Part IX) and similar amounts paid (Part IX) are some some some some some some some som	2g)	e	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5	09 79 0 73 12 0 98 0	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347
Expenses	9 10 11 12 13 14 15 16a b	Progr Inves Other Total 12) . Grant Benef Salari 5-10 Profes Total fo	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (Part IX) and similar amounts paid (Part IX) are some some some some some some some som	2g)	e	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5 5,501,9	09 79 0 73 12 0 98 0	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347 -3,844,877
Expenses	9 10 11 12 13 14 15 16a b	Progr Inves Other Total 12) . Grant Benef Salari 5-10 Profes Total fo	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (Part IX) and similar amounts paid (Part IX) are some some some some some some some som	2g)	e	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5	09 79 0 73 12 0 98 0	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347
Expenses	9 10 11 12 13 14 15 16a b	Progr Inves Other Total 12) Grant Benef Salar 5-10 Profes Total for Other Total Rever	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (Part IX, so and similar amounts paid (Part IX, es, other compensation, employee) sisional fundraising fees (Part IX, column (D), line expenses (Part IX, column (A), line expenses Add lines 13–17 (must nue less expenses Subtract line 18	2g)	e	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5 5,501,9 ning of Curren	09 79 0 73 12 0 98 0 0 99 19 54	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347 -3,844,877
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progr Inves Other Total 12) Grant Benef Salari 5-10 Profes Total fi Other Total Rever	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (Part IX, so and similar amounts paid (Part IX, es, other compensation, employee) sisional fundraising fees (Part IX, column (D), line expenses (Part IX, column (A), line expenses Add lines 13–17 (must nue less expenses Subtract line 18	2g)	e	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5 5,501,9 ning of Curren Year	09 79 0 73 12 0 98 0 0 99 19 54 t	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347 -3,844,877 End of Year
_	9 10 11 12 13 14 15 16a b 17 18 19	Progr Inves Other Total 12) - Grant Benef Salari 5-10 Profes Total fi Other Total Rever	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (Part IX, es and similar amounts paid (Part IX, es, other compensation, employee) sisional fundraising fees (Part IX, column (D), lexpenses (Part IX, column (A), line expenses (Part IX, column (A), line expenses Add lines 13–17 (must line less expenses Subtract line 18 assets (Part X, line 16) liabilities (Part X, line 26)	2g)	e	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5 5,501,9 ning of Curren Year 115,526,8	09	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347 -3,844,877 End of Year 141,261,244
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progr Inves Other Total Benef Salari 5-10 Profes Total fi Other Total Rever	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines 8 through 11 (Part IX, es and similar amounts paid (Part IX, es, other compensation, employee) sisional fundraising fees (Part IX, column (D), lexpenses (Part IX, column (A), line expenses (Part IX, column (A), line expenses Add lines 13–17 (must line less expenses Subtract line 18 assets (Part X, line 16) liabilities (Part X, line 26)	2g)	e	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5 5,501,9 hing of Curren Year 115,526,8 78,419,6	09	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347 -3,844,877 End of Year 141,261,244 108,602,390
A Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progr Inves Other Total 12) Grant Benef Salari 5-10 Profes Total fi Other Total Rever	am service revenue (Part VIII, line tment income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines (Part IX), es, other compensation, employee (Part IX), es, other compensation, employee (Part IX), column (D), lines (Part IX), column (D), lines (Part IX), column (A), lines (Part IX), column (A), lines (Part IX), column (A), lines (Part IX),	2g)	Begini	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5 5,501,9 hing of Curren Year 115,526,8 78,419,6 37,107,2	09	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347 -3,844,877 End of Year 141,261,244 108,602,390 32,658,854
A Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progr Inves Other Total 12) Grant Benef Salari 5-10 Profes Total fi Other Total Rever	am service revenue (Part VIII, line the the the theoret income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines (Part IX, estands and similar amounts paid (Part IX, estands and fundraising fees (Part IX, column (Part IX, estands and fundraising fees (Part IX, column (D), lexpenses (Part IX, column (A), line expenses (Part IX, column (A), line expenses Add lines 13–17 (must nue less expenses Subtract line 18 liabilities (Part X, line 16)	2g)	Begini	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5 5,501,9 hing of Curren Year 115,526,8 78,419,6 37,107,2	09	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347 -3,844,877 End of Year 141,261,244 108,602,390 32,658,854
A Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r pena	Progr Inves Other Total 12) Grant Benef Salari 5-10 Profes Total fi Other Total Rever	am service revenue (Part VIII, line the the the theoret income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines (Part IX, estands and similar amounts paid (Part IX, estands and fundraising fees (Part IX, column (Part IX, estands and fundraising fees (Part IX, column (D), lexpenses (Part IX, column (A), line expenses (Part IX, column (A), line expenses Add lines 13–17 (must nue less expenses Subtract line 18 liabilities (Part X, line 16)	2g)	Begini	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5 5,501,9 hing of Curren Year 115,526,8 78,419,6 37,107,2 dules and status based on a	09	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347 -3,844,877 End of Year 141,261,244 108,602,390 32,658,854
A Kind Baseces of Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r penanowled rer ha	Progr Inves Other Total 12) Grant Benef Salari 5-10 Profe: Total fi Other Total Rever Total Net a Sigr Sign L RAN	am service revenue (Part VIII, line timent income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines 6 (Part IX), es, other compensation, employee (Part IX), es, other compensation, employee (Part IX), column (D), line expenses (Part IX, column (D), line expenses (Part IX, column (A), line expenses Add lines 13–17 (must line less expenses Subtract line 18 assets (Part X, line 16)	2g)	Begini	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5 5,501,9 hing of Curren Year 115,526,8 78,419,6 37,107,2 dules and status based on a	09	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347 -3,844,877 End of Year 141,261,244 108,602,390 32,658,854
Not Assets of Laborates and Laborates Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r penanowled rer ha	Progr Inves Other Total 12) Grant Benef Salari 5-10 Profe: Total fi Other Total Rever Total Net a Sigr Ilties of dge and is any k	am service revenue (Part VIII, line timent income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines (Part IX) es, other compensation, employee) assional fundraising fees (Part IX, column (D), line expenses (Part IX, column (D), line expenses (Part IX, column (A), line expenses Add lines 13–17 (must line less expenses Subtract line 18 assets (Part X, line 16)	A), lines 3, 4, and 7d)	Begini	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5 5,501,9 hing of Curren Year 115,526,8 78,419,6 37,107,2 dules and status based on a	09	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347 -3,844,877 End of Year 141,261,244 108,602,390 32,658,854
Here Balances Expenses of Land Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r pena	Progr Inves Other Total 12) Grant Benef Salari 5-10 Profe: Total fi Other Total Rever Total Total Net a Sigr Ilties of dige and dis any k *** Sign RAN Type	am service revenue (Part VIII, line timent income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines 13 (Part IX, es, other compensation, employee)) assional fundraising fees (Part IX, column (D), line expenses (Part IX, column (A), line expenses (Part IX, column (A), line expenses Add lines 13–17 (must line less expenses Subtract line 18 assets (Part X, line 16)	A), lines 3, 4, and 7d)	Begini . Begini . Sying scheonan officer)	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5 5,501,9 hing of Curren Year 115,526,8 78,419,6 37,107,2 dules and status based on a	09	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347 -3,844,877 End of Year 141,261,244 108,602,390 32,658,854 , and to the best of mation of which
Pand Balances Expenses Pand Balances Pand Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r pena	Progr Inves Other Total 12) Grant Benef Salari 5-10 Profe: Total fi Other Total Rever Total Net a Sigr Ilties of dige and as any k	am service revenue (Part VIII, line timent income (Part VIII, column (A), line revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (revenue—add lines 13 (Part IX, es, other compensation, employee)) assional fundraising fees (Part IX, column (D), line expenses (Part IX, column (A), line expenses (Part IX, column (A), line expenses Add lines 13–17 (must line less expenses Subtract line 18 assets (Part X, line 16)	A), lines 3, 4, and 7d)	Begini ying scheonan officer)	16,302,9 8,055,3 222,1 24,580,4 1,442,4 7,324,2 10,311,8 19,078,5 5,501,9 hing of Curren Year 115,526,8 78,419,6 37,107,2 dules and status based on a	09	7,221,264 11,893,488 169,098 278,620 19,562,470 0 9,608,293 0 13,799,054 23,407,347 -3,844,877 End of Year 141,261,244 108,602,390 32,658,854 , and to the best of mation of which

BOSTON, MA 02109

Firm's address ► 75 STATE STREET

Use Only

Phone no (617) 723-7900

) (Revenue \$

including grants of \$

20,380,682

(Expenses \$

Total program service expenses ►

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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^{\square}	9	Yes	
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^{\bullet}	10		No
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
_		F	orm 99 0	(2014)

	Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Schedule O contains a response of note to any line in this Part V		Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 172			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country •KE, MX, CS, SG, PE			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			NO
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		1	
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

	Check if Schedule O co	ontains a respoi	ise or note to	anv	line in this Part VI														
--	------------------------	------------------	----------------	-----	----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Se	ection 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			
	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			
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	Yes	
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?	3		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8				
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Reven	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Reveni	ue Cod Yes	e.) No
	ection B. Policies (This Section B requests information about policies not required by the Internal R Did the organization have local chapters, branches, or affiliates?	10a		
10a	Did the organization have local chapters, branches, or affiliates?		Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No

- List the States with which a copy of this Form 990 is required to be filed►AL , AK , AR , CA , CO , CT , DC , FL , GA , HI , IL , KS , KY , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply own website. Another's website. Upon request. Other (explain in Schedule O)
 - 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ►RANDALL ATKIN
 130 BISHOP ALLEN DRIVE 2ND FLOOR
 Cambridge, MA 021393309 (617) 299-2424

Form 990 (2014)	
-----------------	--

)	a	g	e	7
---	---	---	---	---

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	, ,	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours		han d n is l	ne l	oox, an			(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	•	1,698,589	0	155,738

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►16

	_		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Stitching Progresso Foundation, KEIZERSGRACHT 452 1016 GD AMSTERDAM, 0 NL	AGRONOMIC COORD	589,778
Insource Services Inc, 148 Linden Street WELLESLEY, MA 02482	IT Services	114,650
		_

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►2

Part \		Statement of Check if Sched	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
so	1a	Federated cam	paigns 1a					
unt	ь	Membership di	ues 1b					
9 E	c	Fundraising ev	ents 1c					
ğΨ	d		zations 1d					
<u>=</u>				241.626				
ns,	e	Government grant	ts (contributions) 1e	311,636				
ë ë	f	All other contributi	ons, gifts, grants, and 1f ot included above	6,909,628				
寶美	g	Noncash contribut	ions included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	l .	1a-1f \$			7,221,264			
<u>ပညာ</u>	_ n	Total. Add line	sia-if	· · · •	7,221,204			
e E	_			Business Code				
ven	2a .	LOAN INTEREST		522298	8,678,848	8,678,848		
æ. æ.	b	LOAN FEES		522298	1,570,459	1,570,459		
MCA	°	RECOVERED LOAN	IS	522298	1,644,181	1,644,181		
Š	d							
a	e	<u> </u>						
Program Serwoe Revenue	f	All other progra	am service revenue					
	g	Total. Add line	s 2a-2f		11,893,488			
	3		come (including dividen lar amounts)		152,280			152,280
	4		stment of tax-exempt bond		0			
	5	Royalties .		🕨	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)	0	0				
	d	Net rental inco	me or (loss)		0			
	l _	Con an amount	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	8,900,000					
	ь	Less cost or other basis and	8,883,182					
		sales expenses Gain or (loss)	16,818					
	c d		ss)	<u> </u>	16,818			16,818
	8a		from fundraising	· · · · · · ·	·			,
Other Revenue		events (not inc \$	 s reported on line 1c)					
<u>.</u>			a					
ţ	b		(penses b					
0	C		(loss) from fundraising	events 🛌	0			
	94		from gaming activities ne 19 a					
	b	Less direct ex	openses b					
	С		(loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and all						
	ь	Less cost of g	oods sold b					
	С	Net income or	(loss) from sales of ınv	entory .	0			
		Mıscellaneou	s Revenue	Business Code				
	11a	CONTRACT R	EVENUE	900099	258,620	258,620		
	b	OTHER REVEN	NUE	900099	20,000	20,000		
	c	• 11						
	d		ue					
	e		s 11a-11d	•	278,620			
	12	Total revenue.	See Instructions .	►	19,562,470	12,172,108		169,098

	990 (2014)				Page 10
	Statement of Functional Expenses			1-t l (A)	
sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this		 (B)	(c)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,190,621	613,729	401,736	175,156
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	6,969,575	5,815,360	978,747	175,468
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	117,404	100,722	14,803	1,879
9	Other employee benefits	939,692	703,605	190,880	45,207
10	Payroll taxes	391,001	292,285	79,860	18,856
11	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
а	Management	0			
ь	Legal	80,010	43,998	36,012	
С	Accounting	103,780	,	103,780	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0			<u>-</u> _
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	221,337	36,277	185,060	
12	Advertising and promotion	0			
13	Office expenses	238,773	186,347	43,588	8,838
14	Information technology	350,685	270,733	58,467	21,485
15	Royalties	0			
16	Occupancy	600,018	468,452	122,777	8,789
17	Travel	1,221,178	1,097,986	94,973	28,219
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	196,267	146,715	40,087	9,465
20	Interest	2,056,594	2,056,594		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	99,541	65,954	27,679	5,908
23	Insurance	64,398	48,139	13,153	3,106
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ALLOWANCE FOR LOAN LOSS	6,291,880	6,291,880		
b	OTHER PROF PROGRAM SUPPORT	1,875,132	1,857,130		18,002
С	OTHER DIRECT COSTS	340,502	240,702	94,051	5,749
d	MEMBERSHIP & PUBS	58,959	44,074	12,042	2,843
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	23,407,347	20,380,682	2,497,695	528,970
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		20,691,551	1	26,071,832
	2	Savings and temporary cash investments		0	2	2,628,162
	3	Pledges and grants receivable, net		13,090,539	3	8,315,567
	4	Accounts receivable, net		565,750	4	1,016,900
	5	Loans and other receivables from current and former officers, directively employees, and highest compensated employees. Complete Paschedule L			-	0
ø	6	Loans and other receivables from other disqualified persons (as desection $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, a employers and sponsoring organizations of section $501(c)(9)$ volumbeneficiary organizations (see instructions) Complete Part II of Sc	nd contributing ntary employees'	0	5	0
et				0	6	0
Assets	7	Notes and loans receivable, net		0	7	0
**	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		300,672	9	422,391
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10	a 850,266			
	ь	Less accumulated depreciation 10	b 714,683	208,959	10c	135,583
	11	Investments—publicly traded securities		9,045,149	11	198,006
	12	Investments—other securities See Part IV, line 11	0	12	0	
	13	Investments—program-related See Part IV, line 11		70,224,192	13	100,038,039
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		1,400,020	15	2,434,764
	16	Total assets. Add lines 1 through 15 (must equal line 34)		115,526,832	16	141,261,244
	17	Accounts payable and accrued expenses		2,043,217	17	2,788,034
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
φ.	21	Escrow or custodial account liability Complete Part IV of Schedule	e D	1,331,107	21	1,928,261
Liabilitie	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified	trustees,			
аę		persons Complete Part II of Schedule L		2,020,111	22	2,050,000
	23	Secured mortgages and notes payable to unrelated third parties .		72,928,129	23	101,803,463
	24	Unsecured notes and loans payable to unrelated third parties .		0	24	0
	25	Other liabilities (including federal income tax, payables to related tand other liabilities not included on lines 17-24) Complete Part X	of Schedule			
		D		97,062	25	32,632
	26	Total liabilities. Add lines 17 through 25		78,419,626	26	108,602,390
ي. d)		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ at	nd complete			
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		11,921,431	27	12,269,634
<u>ର</u>	28	Temporarily restricted net assets	• •	25,185,775	28	20,389,220
<u> </u>	29	Permanently restricted net assets	• •	23,103,773	29	20,363,220
or Fund Balances	29	Organizations that do not follow SFAS 117 (ASC 958), check here is	 	0	29	
<u> </u>		complete lines 30 through 34.	- j aliu			
0	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
45.	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net /	33	Total net assets or fund balances		37,107,206	33	32,658,854
Ź	34	Total liabilities and net assets/fund balances		115,526,832	34	141,261,244
	L			1,525,552		

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19,	562,470
2	Total expenses (must equal Part IX, column (A), line 25)	2		23,4	107,347
3	Revenue less expenses Subtract line 2 from line 1	3		-3,8	344,877
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		37,:	107,206
5	Net unrealized gains (losses) on investments	5			47,139
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		- (550,614
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		32,6	558,854
Par	t 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: Software Version:

EIN: 04-3478123
Name: Root Capital Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

	Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
(1) Jeremy Mındıch Chair	1 0	х		х				0	0	0
(1) Katherine Borsecnik	1 0	х		х				0	0	0
Vice Chair (2) Hank Cauley	0 0	X						0	0	0
Asst Clerk	0 0	^					_	Ů	0	
(3) Ken Ansın	1 0	х						0	0	О
Board Member (4) Peter Bernard	1 0						\vdash			
Board Member	0 0	Х						0	0	0
(5) Dan Crısafullı	1 0	х						0	0	0
Board Member (6) Melissa Dann	0 0						-			
Board Member	0 0	х						0	0	0
(7) Marcela Escobarı	1 0	V						0	0	0
Board Member	0 0	Х						0	0	0
(8) Ryan Israel	1 0	X						0	0	0
Board Member (9) Paul Leander-Engstrom	0 0						 			
Board Member	0 0	Х						0	0	0
(10) Elizabeth Luckett	1 0	x						0	0	0
Board Member (11) Funke Oyewole	0 0						┞			
Board Member	0 0	Х						0	0	0
(12) Simon Winter	1 0	x						0	0	0
Board Member (13) Philip Martin Brown	1 0						\vdash			
Board Member (14) Rick Peyser	0 0	Х						0	0	0
Board Member	0 0	х						0	0	0
(15) Tom Kaneb	1 0	, , , , , , , , , , , , , , , , , , ,								
Board Member (thru 3/14)	0 0	Х						0	0	0
(16) Juan Morillo	1 0	X						0	0	0
Board Member (thru 3/14) (17) William F Foote	0 0 40 0						-			
CEO & President	0 0			х				275,589	0	29,556
(18) Randall Atkın	40 0			х				174,251	0	30,979
SVP Fin, and Treasurer	0 0							174,231	0	30,979
(19) Lubna Maria Elia SR Dir of Governance & Clerk	40 0			х				116,439	0	6,403
(20) Liam Brody	40 0				х			169,399	0	18,445
SVP of Comm & Mktg (21) Catherine Gill	40 0				X			165,714	0	25,682
SVP of Investor Relations (22) Brian Milder	0 0 40 0									
SVP of Strategy, Adv, & Innov	0 0				Х			168,275	0	9,889
(23) Nathaniel Schaffran	40 0					x		149,123	0	7,279
SVP of Lending (24) Darcy Salinger	0 0 40 0					<u> </u>	1	1.5,125		.,2.3
(24) Darcy Salinger Chief Credit Officer	0 0					x		138,146	0	7,725
CHICL CIEUR OTHCE!	1 00	1	<u> </u>		1	1	1		1	<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

0 0

VP of Latin America

	1									
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th person and a	ion (nan o n is b	ne b oth	ox, u an of	ınless ficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) Mary Helen Nsangou Senior Director of HR & Admin	40 0					x		114,163	0	9,366
(1) Bryan G Woliner Director of Finance	40 0					х		108,850	0	10,040
(2) Jeronimo Bollen	40 0					х		118,640	0	374

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313016145

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Total

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.

2014

Open to Public Inspection

Employer identification number Name of the organization Root Capital Inc 04-3478123 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 7,037,823 9,166,388 17,970,983 16,302,985 7,221,264 57,699,443 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 7,037,823 9,166,388 17,970,983 16,302,985 7,221,264 57,699,443 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 14,742,067 on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 42,957,376 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 8 10 11 12 13

	beginning in) 🟲	(a) 2010	(D) 2011	(6) 2012	(u) 2013	(e) 2	717	(I) I otal	
7	A mounts from line 4	7,037,823	9,166,388	17,970,983	16,302,985	7	,221,264	57,699,443	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	145,785	141,723	183,231	228,383		152,280	851,402	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							0	
11	Total support Add lines 7							58,550,845	
12	through 10 Gross receipts from related activi	L ties, etc (see ins	tructions)			12	<u></u>		
13									
	organization, check this box and s						<u></u>	<u></u>	
	ection C. Computation of Pu								
14	Public support percentage for 201	4 (line 6, column	(f) divided by line	e 11, column (f))		14		73 368 %	
15	Public support percentage for 201	3 Schedule A, Pa	rt II, line 14			15		56 800 %	
b 17a	33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
					Sche	dule A (F	orm 990	or 990-EZ) 2014	

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	За		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year						
1 Amounts paid to supported organizations to accom							
2 Amounts paid to perform activity that directly furthexcess of income from activity							
3 Administrative expenses paid to accomplish exemp	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	nured)						
6 Other distributions (describe in Part VI) See instru	JCTIONS						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2014 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		(::)	(:::)				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1 Distributable amount for 2014 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2014							
a From 2009							
b From 2010							
c From 2011							
d From 2012							
e From 2013							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2014 from Section D, line 7 \$							
A pplied to underdistributions of prior years							
b Applied to 2014 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2015. Add lines 3j and 4c							
8 Breakdown of line 7							
a From 2010							
b From 2011							
c From 2012							
d From 2013							

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493313016145

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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.

Open to Public

Revenue Service Information about Schedule D (F	orm 990) and its instructions is at <u>www</u>	.irs.gov/	<u>form990</u> .	Inspect	ion	
me of the organization ot Capital Inc		Emp	loyer identifica	tion numbe	r	
ot capital inc		04-	3478123			
art I Organizations Maintaining Donor		Funds	or Accounts	. Complet	e ıf	th
organization answered "Yes" to Form 9						
	(a) Donor advised funds		(b) Funds and	other accou	nts	
Total number at end of year						_
Aggregate value of contributions to (during year)						
Aggregate value of grants from (during year)						_
Aggregate value at end of year						_
Did the organization inform all donors and donor ac funds are the organization's property, subject to th			ised	☐ Yes	Г	No
Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the bo conferring impermissible private benefit?				┌ Yes	Гі	No
t II Conservation Easements. Complet	e if the organization answered "Yes	" to Forn	n 990. Part IV	/. line 7.		_
Purpose(s) of conservation easements held by the				7		_
Preservation of land for public use (e.g., recrea	,	fan histor	ıcally ımportant	: land area		
☐ Protection of natural habitat	Preservation of	fa certifie	d hıstorıc struc	ture		
Preservation of open space						
Complete lines 2a through 2d if the organization he easement on the last day of the tax year	eld a qualified conservation contribution	ın the forn	n of a conserva	tion		
			Held at the	End of the	Year	r
Total number of conservation easements		2a				
Total acreage restricted by conservation easemen	ts	2b				
Number of conservation easements on a certified h	nstoric structure included in (a)	2c				
Number of conservation easements included in (c) historic structure listed in the National Register	acquired after 8/17/06, and not on a	2d				
Number of conservation easements modified, trans the tax year ►	ferred, released, extinguished, or termin	ated by th	ne organization	during		
Number of states where property subject to conse	vation easement is located ►					
Does the organization have a written policy regard enforcement of the conservation easements it hold	ng the periodic monitoring, inspection, h	iandling of	violations, and	┌ Yes	Г	No
Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation eas	sements o	luring the year			
Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easeme	ents durin	g the year			
Does each conservation easement reported on line and section 170(h)(4)(B)(II)?	2(d) above satisfy the requirements of	section 17	70(h)(4)(B)(ı)	┌ Yes	Гі	No
In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	f the footnote to the organization's financ					
Complete if the organization answered			her Similar .	Assets.		
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide, in Part XIII, the text of the footnotes.	ssets held for public exhibition, education	on, or rese	arch in furthera			
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide the following amounts relating to t	S 116 (ASC 958), to report in its reven ssets held for public exhibition, education	ue statem	ent and balance		ıc	
(i) Revenue included in Form 990, Part VIII, line	L		► \$			_
(ii) Assets included in Form 990, Part X			- ¢			
If the organization received or held works of art, his following amounts required to be reported under SF	•		cial gain, provid	de the		
Revenue included in Form 990, Part VIII, line 1	· · · · · · · · ·		b - ⊄			
Assets included in Form 990, Part X			► \$			

Part	Organizations Maintaining Collections	of Art, Hi	stori	cal Tr	easu	res, or Ot	<u>her</u>	Similar Asse	ets (co	ntınued)
3	Using the organization's acquisition, accession, and oth collection items (check all that apply)	er records, c	heck	any of t	he follo	owing that ar	eas	ignificant use of	its	
а	Public exhibition	d	Γ	Loan	or exch	nange progra	ms			
b	Scholarly research	е	Γ	Other	-					
c	Preservation for future generations									
4	Provide a description of the organization's collections at Part XIII	nd explain ho	w the	y furthe	er the o	rganızatıon's	exe	mpt purpose ın		
5	During the year, did the organization solicit or receive d assets to be sold to raise funds rather than to be mainta								Yes	□ No
Par	Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on F	Complete i	f the	organ	ızatıon			s" to Form 990),	,
1a	Is the organization an agent, trustee, custodian or other included on Form 990, Part X?	•				r other asse	ts no		Yes	√ No
b	If "Yes," explain the arrangement in Part XIII and comp	lete the follo	wing t	able						
								Amo	unt	
C	Beginning balance					_1	.с			
d	Additions during the year					1	d			
e	Distributions during the year					1	e			
f	Ending balance					_ 1	.f			
2a	Did the organization include an amount on Form 990, Pa	irt X, line 21	, for e	scrow o	rcusto	dıal account	lıab	ılıty?	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check he	ere if the exp	lanatı	on has	been p	rovided in Pa	art XI	II		I✓
Pai	t V Endowment Funds. Complete if the orga									
	(a)Current	year (t	Prior	year	b (c) Tv	vo years back	(d) Th	ree years back (e	:)Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year en	d balance (lı	ne 1g	, colum	n (a)) h	neld as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ▶									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 10	00%								
За	Are there endowment funds not in the possession of the $% \left(1,,n\right) =\left(1,,n\right) $	organization	that	are held	d and a	dmınıstered	for th	ne		
	organization by							[2 ()	Yes	No
	(i) unrelated organizations						•	3a(i) 3a(ii)		
b	(ii) related organizations		Sched	· · lule R?				3b		
4	Describe in Part XIII the intended uses of the organizat						-			
Par	Land, Buildings, and Equipment. Comp 11a. See Form 990, Part X, line 10.	lete if the o	orgar	ızatıor	n answ	vered 'Yes'	to F	orm 990, Part	IV, lır	ne
	Description of property) Cost o sis (inve		(b)Cost or ot basis (other		(c) Accumulated depreciation	(d) Bo	ook value
1a l	and						<u> </u>			
b E	Buildings									
c l	easehold improvements				0	324,2	241	302,553		113,895
d F	Equipment									
	Other				0	526,0)24	412,129		21,688

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Co	mplete ıf the organızatıon	answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1) LOANS RECEIVABLE	100,038,039	F
10 tall (column (2) made equal (cm 2) c, all () col (2) mile 20 /	100,038,039	Part IV line 11d See Form 990 Part X line 15
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization (a) Descri	answered 'Yes' to Form 990,	, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization (a) Descri	answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization (a) Described to the complete of the organization (a) Described to the complete of the organization (b) Described to the complete of the organization (b) Described to the complete of the organization (a) Described to the complete of the organization (b) Described to the complete of the organization (c) Described to the complete of th	answered 'Yes' to Form 990, ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descri	answered 'Yes' to Form 990, ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (b) Description (c) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (a) Description (b) Description (c) Description (d) Description (e) Description (a) Description (b) Description (c) Description (d) Description (e) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (h) D	answered 'Yes' to Form 990, ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25.	answered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to hold to ho	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability Federal income taxes	answered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to (b) Book value	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability Federal income taxes	answered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to (b) Book value	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability Federal income taxes	answered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to (b) Book value	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability Federal income taxes	answered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to (b) Book value	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability Federal income taxes	answered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to (b) Book value	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability Federal income taxes	answered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to (b) Book value	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability Federal income taxes	answered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to (b) Book value	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability Federal income taxes	answered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to (b) Book value	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability Federal income taxes	answered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to (b) Book value	(b) Book value
Part IX Other Assets. Complete if the organization (a) Described (a) Description of liability Federal income taxes	answered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to (b) Book value	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability Federal income taxes	answered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to (b) Book value	(b) Book value

	e D (1 01111 3 3 0) 2 0 1 4					Page 4		
Part		evenue per Audited Financial Star vered 'Yes' to Form 990, Part IV, line 1		nts With Revenue բ	er R	eturn Complete If		
1	Total revenue, gains, and othe	r support per audited financial statements			1	10,909,604		
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12						
a	Net unrealized gains (losses) o	on investments	2a	47,139				
b	Donated services and use of fa	ocilities	2b	270,485				
c	Recoveries of prior year grants		2c					
d	Other (Describe in Part XIII)		2d	-8,970,490				
e .	Add lines 2a through 2d .		$\overline{}$		2e	-8,652,866		
3	Subtract line 2e from line 1 .				3	19,562,470		
4	Amounts included on Form 990	0, Part VIII, line 12, but not on line 1						
a :	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII)		4b					
c .	Add lines 4a and 4b				4 c			
5		4c. (This must equal Form 990, Part I, line			5	19,562,470		
Part X		xpenses per Audited Financial Sta			per	Return. Complete		
1		swered 'Yes' to Form 990, Part IV, line audited financial statements			1	15 220 250		
		t not on Form 990, Part IX, line 25	•		<u> </u>	15,329,359		
		cilities	2a	270,485				
			2b	270,403	-			
			2c		1			
	Other (Describe in Part XIII)		2d		1			
	Add lines 2a through 2d		Zu		2e	270,485		
			•		3	15,058,874		
		D, Part IX, line 25, but not on line 1 :	• •		ب	13,030,074		
		ided on Form 990, Part VIII, line 7b	4a					
	·		4b	+	1			
	Add lines 4a and 4b			0,310,173	4c	8,348,473		
		id 4c. (This must equal Form 990, Part I, lin	ie 18)		5	23,407,347		
	Supplemental Inf		,					
		Part II, lines 3, 5, and 9, Part III, lines 1a	and 4	, Part IV , lines 1b and 2b),			
Part V	, line 4 , Part X, line 2 , Part XI ,	lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal		
ınforma		T						
	Return Reference	Explanation						
Escrow	and Custodial Arrangements	Schedule D, Part IV, Line 2b At times, Routhe entire loan Credit counseling and debt			_			
		many locations, Root Capital bears the res		-		•		
		co-lender, borrower, and commercial buyer. This creates an added measure of security for Root						
		Capital's clients by ensuring that their products can be sold at a fair price, and helps buyers contribute to the local economies. The escrow funds represent a timing difference between						
		repayments from borrowers and transfer of	f funds	due to co-lending partne	ers Th	ne escrow account is		
		also used when a buyer pays Root Capital the full amount of the money owed to a supplier/borrower Root capital deducts the principal and interest owed on its loan and forwards the remaining balance to						
		the supplier/borrower		wed on its found and forwe	rus cii	e remaining balance to		
ASC 74	0	Schedule D, Part X, Line 2 Root Capital is						
		(3) of the Internal Revenue Code and is generally exempt from income taxes pursuant to Section 501						
		(a) ACCDER and Root Capital A C are organized and operated under the regulations of their respective countries, Peru and Mexico Root Capital A C is a registered charitable organization in						
		Mexico The income tax consequences, if						
		have a material effect, individually or in th Capital believes it has taken no uncertain			sinar	iciai statements. Koot		
Other R	evenues not Reported on	Schedule D, Part XI, Line 2d Allowance for			ıgn cu	rrency exchange loss		
Form 99	0	\$(622,016) Interest expense \$(2,056,59	94)	Total \$ (8,970	,490)			
	xpenses not Reported on	Schedule D, Part XII, Line 4b Allowance for	or Ioan	loss \$6,291,879 Inter	est ex	pense \$2,056,594		
rmancia	ıl Statements	Total \$8,348,473						

Jenedale 2 (1 31111 33 3) 23 13		i age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313016145

OMB No 1545-0047

2014

Department of the Treasury

SCHEDULE F

(Form 990)

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

Statement of Activities Outside the United States

Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

Open to Public Inspection

Internal Revenue Service					Trispection			
Name of the organization				Employer ident i	fication number			
Root Capital Inc				04-3478123				
Part I General Information "Yes" to Form 990, Par			e United States. Co	omplete if the organiza	ation answered			
1 For grantmakers. Does the o and other assistance, the gra								
used to award the grants or a	_		·		┌ Yes ┌ No			
	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.							
3 Activites per Region (The following	ng Part I, line 3	table can be du	iplicated if additional spa	ce 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			
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continuation sheets to Part I	4	78			183,627,301			
c Totals (add lines 3a and 3b)	4	78			183,627,301			

Schedule F (Form 990) 2014

Pa				i zations or Entitie ived more than \$5,0		•	3		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are ro or counsel has pro					
3	Enter total nun	nber of other or	ganizations or ent	ities					

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

Part III can be	Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
	1			l .					

Part IV Foreign Forms

1	organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	<u>r</u>	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	I	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	V	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	▽	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Γ	Yes	<u>~</u>	Νo

Schedule F (Form 990) 2014

Software ID: Software Version:

EIN: 04-3478123

Name: Root Capital Inc

Schedule F (Form 990) 2014

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

(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	1	22	Program Services	LOAN DISBURSEMENTS	54,366,602
South America	1	18	Program Services	LOAN DISBURSEMENTS	53,813,905
Central America and the Caribbean	1	24	Program Services	LOAN DISBURSEMENTS	55,486,075

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
North America	1	13	Program Services	LOAN DISBURSEMENTS	13,635,211				
East Asia and the Pacific		1	Program Services	LOAN DISBURSEMENTS	371,008				
Sub-Saharan Africa			Program Services	Lending/Advisory	1,647,238				

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
South America			Program Services	Lending/A dvisory	1,246,840				
Central America and the Caribbean			Program Services	Lending/A dvisory	2,291,727				
North America			Program Services	Lending/A dvisory	746,594				

Form 990 Schedule F Part I - Activities Outside The United States									
(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	, ,				
East Asia and the Pacific			Program Services	Lending/Advisory	22,101				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493313016145

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

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

Open to Public Inspection

Name of the organization Root Capital Inc

Employer identification number

04-3478123

Pa	Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods			
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Form 990 of other organizations Form 990 of other organizations			
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			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 William F Foote, CEO & President	(i) (ii)	275,478 0	0	111 0	11,111 0	18,445 0	305,145 0	0
2 Randall Atkın, SVP Fın, and Treasurer	(i) (ii)	174,251 0	0	0	7,272	23,707	205,230	0
3 Liam Brody, SVP of Comm & Mktg	(i) (ii)	169,288	0	111	0	18,445	187,844	0
4 Catherine Gill, SVP of Investor Relations	(i) (ii)	165,681 0	0	33	6,739	18,943 0	191,396 0	0
5 Brian Milder, SVP of Strategy, Adv, & Innov	(i) (ii)	168,242 0	0	33	6,739 0	3,150	178,164	0
6 Nathaniel Schaffran, SVP of Lending	(i) (ii)	149,123 0	0	0	5,991 0	1,288	156,402 0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

T

Return Reference Explanation

Schedule J (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493313016145

OMB No 1545-0047

Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

Department of the Treasury Internal Revenue Service

Schedule L (Form 990 or 990-EZ)

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

Open to Public Inspection

Co												
Co							0	4-347	8123			
				n 501(c)(3), section								
(a) N				on Form 990, Part I'								
	ame of disqualified p	person (b)		hıp between dısqualı ı and organızatıon	fied	(c) Descr	(c) Description of tran		—		(d) Correcte	
			person	and organization							Yes	No
		<u> </u>										
		urred by orgar		anagers or disqualif		sons during th	e year	under	section			
4958 .								•	> \$			
Enterth	e amount of tax, if a	any, on line 2,	above, re	imbursed by the org	anızatı	on			► \$			
	and/or From I	nterested I	Persons	5.								
ans to					38a, o	or Form 990, P	art IV,	line 2	6, or if t	the orga	anızatıoı	า
ans to	the organization an	swered "Yes"	on Form 9	990-EZ, Part V, line	38a, o	or Form 990, P	art IV,	line 2	6, or if	the orga	anızatıoı	า
ans to		swered "Yes" 90, Part X, line	on Form 9	990-EZ, Part V, line	38a, o				6, or if	the org	anızatıo	า
pans to omplete if ported an Name of	the organization an amount on Form 99	swered "Yes" 00, Part X, line (c) Purpose	on Form 9 2 5, 6, or 2 (d) Loa	990-EZ, Part V, line 22 in to (e	2)	(f) Balance	(g)	In	(h))	(i)Wr	itten
omplete if ported an Name of erested	the organization an amount on Form 99	swered "Yes" 90, Part X, line	on Form 9 5, 6, or 2 (d) Loa or from	990-EZ, Part V, line 22 In to (e the Orig	e) inal			In	(h) Appro) ved		itten
pans to omplete if ported an	the organization an amount on Form 99	swered "Yes" 00, Part X, line (c) Purpose	on Form 9 2 5, 6, or 2 (d) Loa	990-EZ, Part V, line 22 In to (e) the Orig tion? prince	e) inal ipal	(f) Balance	(g)	In	(h) Appro by boa) ved rd or	(i)Wr	itten
nans to implete if ported an Name of erested	the organization an amount on Form 99	swered "Yes" 00, Part X, line (c) Purpose	(d) Loa or from organiza	990-EZ, Part V, line 22 In to (e) the Orig prince amo	e) inal ipal	(f) Balance	(g) defa	In ult?	(h) A ppro by boa commit	ved rd or	(i)Wr agreer	ntten ment
pans to emplete if ported an Name of erested erson	the organization an amount on Form 99 (b) Relationship with organization	swered "Yes" 90, Part X, line (c) Purpose of loan	(d) Loa or from organiza	990-EZ, Part V, line 22 In to (e) the Orig prince amo	inal inal ipal unt	(f) Balance due	(g)	In ult?	(h) A ppro by boa commit) ved rd or	(i)Wr agreer	itten
Name of erested erson	the organization an amount on Form 99	swered "Yes" 00, Part X, line (c) Purpose	(d) Loa or from organiza	990-EZ, Part V, line 22 In to (e) the Orig prince amo	e) inal ipal	(f) Balance	(g) defa	In ult?	(h) A ppro by boa commit	ved rd or	(i)Wr agreer	ntten ment
pans to mplete if ported an Name of erested erson	the organization an amount on Form 99 (b) Relationship with organization	swered "Yes" 90, Part X, line (c) Purpose of loan	(d) Loa or from organiza	990-EZ, Part V, line 22 In to (e) the Orig prince amo	inal inal ipal unt	(f) Balance due	(g) defa	In ult?	(h) A ppro by boa commit	ved rd or	(i)Wr agreer	ntten ment
ans to mplete if ported an Name of erested erson aul der-	the organization an amount on Form 99 (b) Relationship with organization	swered "Yes" 90, Part X, line (c) Purpose of loan	(d) Loa or from organiza	990-EZ, Part V, line 22 In to the Orig princ amo From 2,00	inal inal ipal unt	(f) Balance due	(g) defa	In ult?	(h) A ppro by boa commit	ved rd or	(i)Wr agreer	ntten ment

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.							
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sha of organiz revent Yes	: zation's		

Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)				
Return Reference Explanation				
Loans to Root Capital, Inc Schedule L. Part II Loans to Root Capital, Inc. are documented in a written agreement betwee				

all investors

organization and the related party and subject to review and approval by the Governance Committee of the Board The loans are entered into at arm's length and made within the usual parameters offered to

Schedule L (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313016145

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Root Capital Inc	mployer identification number
·	4-3478123

Return Reference	Explanation
Organization's Mission, Continued	Form 990, Part III, Line 1 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 ROOT CAPITAL CURRENTLY WORKS IN LATIN AMERICA, SUB-SAHARAN AFRICA, AND SOUTHEAST ASIA SINCE 1999, ROOT CAPITAL HAS DISBURSED MORE THAN \$887 MILLION IN CREDIT TO MORE THAN 593 ENTERPRISES ROOT CAPITAL CLIENTS HAVE HELPED IMPROVE LIVELIHOODS FOR MORE THAN 963,000 RURAL HOUSEHOLDS IN AFRICA AND LATIN AMERICA IN CALENDAR YEAR 2014, ROOT CAPITAL DISBURSED \$178 MILLION TO 231 SMALL AND GROWING BUSINESSES (SGBS) WHO REPRESENT MORE THAN 441,000 FARM HOUSEHOLDS IN AFRICA AND LATIN AMERICA 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

Do toons	Funday - Alic -
Return Reference	Explanation
Program Service Accomplishments, Continued	Finance Form 990, Part III, Line 4a Most Root Capital loans can be categorized as follows 1) 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. 2) Long-term fixed-asset loans with terms of up to seven 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 oriental 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 imangement, 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's lending supports sustainable environmental practices that protect rural ecosystems. Crops processed and marketed by Root Capital's lending supports sustainable environmental practices that protect rural ecosystems. Crops processed and marketed by Root Capital's licinities 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 led to a repayment rate of 95% or better since inception. Advise Form 990, Part III, Line 4b Since its launch in 2006, Root Capital's financial advisory services program has successfully strengthened the financial management capacity of 600 producer associations representing thousands of people. These engagements have confirmed that rural produces of the produces of the produces of the produces of the p

Return Reference	Explanation
Business Relationships	Form 990, Part VI, Line 2 Board members Elizabeth Luckett and Jeremy Mindich have a business relationship

Return Reference	Explanation
Form 990 Review Process	Form 990, Part VI, Line 11b The Form 990 was prepared by an independent public accounting firm with information provided by management. The Form 990 is reviewed by the President and Treasurer and presented to the Audit Committee for approval. Upon approval by the Audit Committee, the complete Form 990 is provided to all voting members of the board of directors with opportunity for questions, comments, or edits. Prior to filing with the Internal Revenue Service, Director comments are incorporated as appropriate and the final version of the 990, as it will ultimately be filed, is provided to each voting member.

Return Reference	Explanation
Conflict of Interest Policy	Form 990, Part VI, Line 12c All Root Capital Board members and employees participate in an annual training on Root Capital's Code of Ethics, which includes a Conflict of Interest policy Directors and Officers complete a Conflict of Interest disclosure form each year, which is reviewed by Root Capital's Governance, Risk Management & Compliance (GRC) team, and vetted with legal counsel if needed if it is necessary to review or clear a conflict related to the current work or activity of Root Capital, that conflict is brought before the Governance Committee of the Board if the Director with the conflict serves on the Governance Committee, s/he is recused from the conversation. The Governance Committee ensures that any business decision that could be affected by the particular conflict is considered objectively by the Root Capital team and is in the best interest of the organization. The Governance Committee's conversation and decision with respect to the conflict is recorded in the minutes of the meeting and shared with the whole Board in the subsequent quarterly Board Book. Lending personnel at Root Capital are trained on Root's Conflict of Interest policy in the course of its annual Code of Ethics (COE) workshops. Before these workshops, all of Root Capital's internal policies are shared with the participants and, after the training, participants are asked to sign an acknowledgement form attesting that they have read the policies and completed the training. To ensure that lending personnel are clear regarding what constitutes a conflict of interest, it is always the case that one of the COE vignettes used in the training focuses on a conflict of interest situation involving a credit decision. Those who do not attend the training in person are required to submit a written response to the COE vignettes by year end

Return Reference	Explanation
Compensation Review Process	Form 990, Part VI, Line 15 PER DELEGATION OF THE FULL BOARD OF DIRECTORS EACH YEAR, THE ROOT CAPITAL BOARD OF DIRECTORS' GOVERNANCE COMMITTEE REVIEWS THE CEO'S PERFORMANCE AND COMPENSATION ANNUALLY AND RECOMMENDS A SALARY FOR APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD THIS POWER IS DELEGATED TO THE EXECUTIVE COMMITTEE BY THE BOARD SINCE THE FIRST QUARTER BOARD MEETING OCCURS PRIOR TO SALARY ADJUSTMENTS EACH YEAR THE CEO'S SALARY RECOMMENDATION IS SUPPORTED BY A COMPENSATION STUDY PERFORMED BY AN OUTSIDE COMPENSATION EXPERT EVERY TWO YEARS DOCUMENTATION OF THE DELIBERATION AND DECISION IS FILED IN THE CEO'S PERSONNEL FOLDER Compensation of other officers and key employees is determined by the CEO of the organization using the results of a compensation survey conducted on an annual basis Salaries for all staff, including the CEO, were last reviewed in April 2014

L

Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Line 19 The Organization's audited financials are available on its website. Governing documents and the conflict of interest policy are available upon request

Return Reference	Explanation
_	Form 990, Part XI, Line 9 Foreign Currency Exchange Loss (\$622,016) Consolidation of foreign affiliate financials reported on Form 990 (\$28,598) Total (\$650,614)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493313016145

2014

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Root Capital Inc

(Form 990)

SCHEDULE R

Employer identification number 04-3478123

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.											
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity						
						,					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		512(b) ntrolled
						Yes	No
(1) Root Capital AC Ma Adelina Flores No 20 Colonia C Chiapa, San Cristobal de MX	Prgm Support	МХ	N/A	n/a	Root Capital	Yes	
(2) Asociacin Capacitadora y Catalizadora Av Camino Real 348 Terre El Pilar Lima PE	Prgm Support	PE	N/A	n/a	Root Capital		No

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	ation ansv	ered "Ye	s" on Form	990, Part 1	۷, line 3،	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						
											С

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	Ü)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

No

No

hedule R (Form 990) 2014		Ρa	age :
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	N
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		N
b Gift, grant, or capital contribution to related organization(s)	1b		N
c Gift, grant, or capital contribution from related organization(s)	1c		N
d Loans or loan guarantees to or for related organization(s)	1d		N
e Loans or loan guarantees by related organization(s)	1e		N
f Dividends from related organization(s)	1f		N
g Sale of assets to related organization(s)	1 g		N
h Purchase of assets from related organization(s)	1h		N
i Exchange of assets with related organization(s)	1 i		N
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		N
k Lease of facilities, equipment, or other assets from related organization(s)	1k		N
Performance of services or membership or fundraising solicitations for related organization(s)	11		N
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		N
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		N
• Sharing of paid employees with related organization(s)	10		N
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q		N

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

Z I allo dilattic to dili, of the district to the motivations for minimation on this mast complete	tine inite, interauming co	· ci ca i ciationionipo	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Root Capital AC	Р	762,554	FMV
(2) Asociacin Capacitadora y Catalizadora	Р	1,314,831	FMV

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
/		 .								

Schedule R (Form 990) 2014

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**