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Short Form Return of Organization Exempt From Income Tax

2016

OMB No. 1545-1150

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| A | or the | 2016 calenda | r year, or tax year beginning January 1 , 2016, and ending | Decer | mber 3 | 1 , 20 16 |
|---------------|--|--------------------|---|---------------------------------------|---------------------|------------------------------|
| В | Check if applicable C Name of organization | | Employ | er iden | tification number ? | |
| | Address o | change | | 473 | 3677208 | |
| | Name cha | E Telephone number | | | | |
| $\overline{}$ | initial retu Final retu | rn/terminated | | 703- | 217-6592 | |
| ᆸ | Amended | | City or town, state or province, country, and ZIP or foreign postal code | Group | Exem | otion |
| | Application | on pending | Fairfax, VA 22038-1382 | Numb | er 🕨 | ? |
| G / | Account | ting Method: | ✓ Cash | eck 🕨 | ☐ if t | he organization is no |
| | Vebsite | | | juired t | o attac | h Schedule B |
| JT | ax-exer | npt status (chec | ck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Fo | rm 990 |), 990-E | Z, or 990-PF). |
| | | • | ☑ Corporation ☐ Trust ☐ Association ☐ Other | | | |
| | | | to to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as | sets | | |
| _ | | | are \$500,000 or more, file Form 990 instead of Form 990-EZ | . • | \$ | |
| Р | art I | | e, Expenses, and Changes in Net Assets or Fund Balances (see the ins | | | |
| _ | | | the organization used Schedule O to respond to any question in this Part I. | | | |
| ? | 1 | | ns, gifts, grants, and similar amounts received | · - | 1 | 133,813.43 |
| ? | 2 | - | rvice revenue including government fees and contracts | · - | 2 | |
| ? | 3 | - | p dues and assessments | · - | 3 | |
| ? | 4 | Investment | | · - | 4 | |
| | 5a | | unt from sale of assets other than inventory | | | |
| | b | | or other basis and sales expenses | | E- | |
| | 6 6 | | s) from sale of assets other than inventory (Subtract line 5b from line 5a) If fundraising events | · - | 5c | |
| | а | Gross inco | me from gaming (attach Schedule G if greater than | | | |
| Ę | | \$15,000) . | 6a 6a | | z- " | , |
| Revenue | ь | Gross incor | ne from fundraising events (not including \$ of contributions) | 3(0) | - [] | |
| æ | <u> </u> | | ising events reported on line 1) (attach Schedule G if the | 13 | 78 | |
| | [| | n gross income and contributions exceeds \$15,000) | 6957 | q | |
| | С | | expenses from gaming and fundraising events | | 器 | |
| | d | | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra | 1625 - | | |
| | _ | line 6c) . | | T | 6d | |
| | 7a | | of inventory, less returns and allowances | | | |
| | b | | of goods sold | | | |
| | C | | or (loss) from sales of inventory (Subtract line 7b from line 7a) | · - | 7c | |
| | 8 9 | | ue (describe in Schedule O) | | 9 | 122 912 43 |
| | 10 | | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | - | 10 | 133, 813.43 |
| | 11 | | d to or for members | · ⊢ | 11 | |
| Ø | 12 | - | ner compensation, and employee benefits 2 | · · | 12 | |
| Expenses | 13 | | I fees and other payments to independent contractors | _ | 13 | 7,845.93 |
| be | 14 | | rent, utilities, and maintenance | - | 14 | |
| M | 15 | | blications, postage, and shipping | · · | 15 | 2,351.06 |
| | 16 | | nses (describe in Schedule O) 2 | · · · · · · · · · · · · · · · · · · · | 16 | 79, 974.01 |
| | 17 | | nses. Add lines 10 through 16 | | 17 | 90,170.70 |
| (A) | 18 | Excess or (c | deficit) for the year (Subtract line 17 from line 9) | . 1 | 18 | 43,642.73 |
| set | 19 | Net assets | or fund balances at beginning of year (from line 27, column (A)) (must agree w | rith 🗌 | | |
| Ass | | | figure reported on prior year's return) | | 19 | |
| Net Assets | 20 | Other chang | ges in net assets or fund balances (explain in Schedule O) | . [| 20 | |
| Z | 21 | Net assets | or fund balances at end of year. Combine lines 18 through 20 | > [| 21 | 43,642.24 |
| | | | | | | - 000 F7 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2016)



| Form | , 990-EZ (2016) | | | | | Page 2 |
|-------|--|-----------------------|---------------------------------------|---|-------------|--|
| | rt II Balance Sheets (see the instructions | for Part II) | | | | |
| | Check if the organization used Schedule | | ny question in this | Part II | | 🗆 |
| | | | 1 | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | [| | 22 | 43,642.24 |
| 23 | Land and buildings | | | | 23 | · |
| 24 | Other assets (describe in Schedule O) | | | | 24 | |
| 25 | Total assets | | | | 25 | 43,642.24 |
| 26 | Total liabilities (describe in Schedule O) | | | | 26 | · · · · · · · · · · · · · · · · · · · |
| 27 | Net assets or fund balances (line 27 of column | | | | 27 | 43,642.24 |
| Par | | | | Part III) | | |
| | Check if the organization used Schedule | • | | • | | Expenses |
| Wha | t is the organization's primary exempt purpose? | | <u> </u> | | | quired for section |
| | cribe the organization's program service accompli | | f ite three largest p | rogram convices | | (c)(3) and 501(c)(4) anizations; optional for |
| | neasured by expenses. In a clear and concise n | | | | . ~ | ers.) |
| | ons benefited, and other relevant information for e | | р. от. ст. | , | ļ | |
| 28 | Child sponsorship program. 67 children and families | s benefited through p | rovision of health car | e, school | | T |
| | supplies clothing shoes and training | | | | | |
| | | | | | | |
| ? | (Grants \$) If this amount | includes foreign gra | ints, check here . | ▶ 🗇 | 288 | 4,791.89 |
| 29 | Mobilization: Education and awareness raising in th | | | | | |
| | | | | | | { |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | ints, check here . | ▶ 🗍 | 29 6 | 25,552.01 |
| 30 | Ethiopia operations: program services and impleme | | | | - | |
| | capacity building, teacher training, and strategic pla | noing | | | Ì | |
| | | | | | 1 | |
| | (Grants \$) If this amount | includes foreign gra | ints, check here | ▶ 🗂 | 30a | 28,304 80 |
| 31 | Other program services (describe in Schedule O) | | | | | |
| • | , , | includes foreign gra | | | 316 | . l |
| 32 | Total program service expenses (add lines 28a | through 31a) | | . | 32 | |
| Par | | | | | ıstru | ctions for Part IV |
| | Check if the organization used Schedule | - • - • | | | | 🗀 |
| | | (b) Average | (c) Reportable ? | (d) Health benefits, | Т. | |
| | (a) Name and title | hours per week | compensation (Forms W-2/1099-MISC) | contributions to employ benefit plans, and | | Estimated amount of other compensation |
| | | devoted to position | (if not paid, enter -0-) | deferred compensation | | ottor compensation |
| Susa | n Conway | † | | | \top | |
| Chief | Executive Officer | - 25 | l | | o | 0 |
| Amb | er Corson | | <u> </u> | | 十 | |
| Treas | SUICEL | -∫ 5 | l | | o | 0 |
| Chris | tine Conway | | | | + | |
| Secre | | 5 | ١ | ļ | اه | 0 |
| | tney Taylor | | | | + | <u></u> |
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| | | 1 | 1 | I | - 1 | |

| Part | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | | Г |
|--------|---|------------|--------|---------------|
| | mende menter to the art of entertain and entertain about contours of the bond to any question in and | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | • |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | - | | |
| 35a | change on Schedule O (see instructions) | 34 | | |
| JJa | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | v |
| c | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35b 35c | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | _ |
| b | Did the organization file Form 1120-POL for this year? | 37b | | v |
| 36a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | | |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | ٠ |
| b b | If "Yes," complete Schedule L, Part II and enter the total amount involved | { i | | |
| 39 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 | | | |
| a b | Gross receipts, included on line 9, for public use of club facilities | 1 1 | | |
| 10a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4955 ► | | | |
| ь | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | (|
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | |
| 41 | List the states with which a copy of this return is filed ▶ | لتت | | |
| 12a | The organization's books are in care of ▶ Apex Accounting Telephone no. ▶ | 703-94 | 4-8228 | 3 |
| | Located at A740 20th Road North Unit 3309 Arlington VA | 222 | | |
| b | 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)? If "Yes," enter the name of the foreign country: | 42b | Yes 🗸 | N |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶ | 42c | | • |
| 13 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | . 1 | > [|
| | | | Yes | N |
| 4a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | - |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | | |
| | explanation in Schedule O | 44d | | • |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | • |
| b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-FZ (see instructions) | | , | |

| Did the organization engage, directly or into candidates for public office? If "Yes," of Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scludid the organization engage in lobbying year? If "Yes," complete Schedule C, Partist the organization a school as described in Did the organization make any transfers to if "Yes," was the related organization a secomplete this table for the organization's employees) who each received more than | complete Schedule C s only as must answer que hedule O to respond activities or have a t II n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organization five highest compen | estions 47–49b and sto any question in the section 501(h) election in the section in the s | 52, and complete the his Part VI | . 46 he tables t e tax . 47 . 48 . 49a . 49b ctors, truste | Yes | es |
|---|--|--|--|---|---|---|
| Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par is the organization a school as described in Did the organization make any transfers to if "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than | s only is must answer que hedule O to respond activities or have a t II | estions 47–49b and state any question in the section 501(h) election in the section in the se | 52, and complete the his Part VI | te tax 47 48 49a 49b tors, truste | Yes | |
| All section 501(c)(3) organization 50 and 51. Check if the organization used Scl Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par is the organization a school as described in Did the organization make any transfers to fi "Yes," was the related organization a secondlete this table for the organization's employees) who each received more than | hedule O to respond activities or have a it II In section 170(b)(1)(A)(io o an exempt non-cha ection 527 organization five highest compents | section 501(h) election in the section in the se | n in effect during the | e tax 47 48 49a 49b ctors, truste | Yes | |
| Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par is the organization a school as described in Did the organization make any transfers to "Yes," was the related organization a secomplete this table for the organization's employees) who each received more than | activities or have a till | section 501(h) election | n in effect during the | . 47 . 48 . 49a . 49b | es, ar | No V |
| year? If "Yes," complete Schedule C, Par is the organization a school as described in Did the organization make any transfers to if "Yes," was the related organization a secomplete this table for the organization's employees) who each received more than | t II | ii)? If "Yes," complete saritable related organizon? | Schedule E | . 47 . 48 . 49a . 49b | es, ar | No V |
| Did the organization make any transfers to if "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than | o an exempt non-cha ection 527 organization five highest compents \$100,000 of compents | aritable related organizon? | ration? | . 48 . 49a . 49b ctors, truste | es, ar | ~ |
| Did the organization make any transfers to if "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than | o an exempt non-cha ection 527 organization five highest compents \$100,000 of compents | aritable related organizon? | ration? | . 49b tors, truste | es, ar | |
| Complete this table for the organization's employees) who each received more than | five highest compen \$100,000 of compe | sated employees (oth | | tors, truste | es, ar | |
| employees) who each received more than | \$100,000 of compe | | | | | 1 |
| (a) Name and title of each employee | | Tourist Home organ | | 7 | vone. | |
| | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MiSC) | (d) Health benefits, contributions to employed benefit plans, and deferred compensation | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Complete this table for the organization | 's five highest comp | ensated independent | contractors who ead | ch received | more | thar |
| (a) Name and business address of each independ | dent contractor | (b) Type of serv | ice (| (c) Compensat | ion | |
| | | | | | | |
| | | | | | | |
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| | | - | | | | |
| | | - | | | | |
| otal number of other independent contra | actors each receiving | over \$100,000 | | <u> </u> | | |
| | Total number of other employees paid over the organization of the organization from the organization from the organization from the organization of the organization of the organization complete Scheduling the organization complete Scheduling from the organization complete Schedulin | Total number of other employees paid over \$100,000 | deveted to position (Forms W-2/1099-MiSC) Fotal number of other employees paid over \$100,000 | Compensation Total number of other employees paid over \$100,000 | Total number of other employees paid over \$100,000 | the compensation (Forms W-2/1099-Milsc) Compensation Compens |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Jusan Sign Signature of officer Susan Conway, Executive Director Here Type or print name and title PTIN Preparer's signature Date Print/Type preparer's name Check if if self-employed **Paid Preparer** Firm's name Firm's EIN **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? See instructions ▶ ✓ Yes ☐ No

?

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** Three Roots international 47-3677208 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 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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: 5 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 33/s/6 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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) d 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). (i) Name of supported organization (v) Amount of monetary (ii) EIN (iii) Type of organization (iv) is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

| Par | Support Schedule for Organiza | ations Descr | ibed in Secti | ions 170(b)(1 |)(A)(iv) and | 170(b)(1)(A)(v | i) | |
|---|--|----------------|-----------------|------------------|----------------------|-----------------|--------------|--|
| | (Complete only if you checked the | | | | • | • | alify under | |
| Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) | | | | | | | | |
| | ion A. Public Support | | | | | , | | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | Ì |] | 1 | | |
| | membership fees received. (Do not include any "unusual grants.") | | | } | ĺ |] | | |
| • | | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid | | | | 1 | | | |
| | to or expended on its behalf | | | | | | 1 | |
| 3 | The value of services or facilities | | | | | | | |
| _ | furnished by a governmental unit to the | | | } | ţ | } | | |
| | organization without charge | | | ł | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | | |
| 5 | The portion of total contributions by | | | | | | | |
| | each person (other than a | _ | | Į | Į | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included on | | | |] | | | |
| | line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | } | <u> </u> - | - | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | |
| | ion B. Total Support | | | L | <u> </u> | · | | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | |
| 7 | Amounts from line 4 | | | | | | | |
| 8 | Gross income from interest, dividends, | | | | } | | • | |
| | payments received on securities loans, | | } | } | } | j | | |
| | rents, royalties and income from similar | | | | { | ļ, i | | |
| _ | sources | | | | | ļ | | |
| 9 | Net income from unrelated business activities, whether or not the business | | | | | ļ | | |
| | is regularly carned on | 1 | | ļ | ļ | | | |
| 10 | Other income. Do not include gain or | | | | | | | |
| •• | loss from the sale of capital assets | | | | Į | | | |
| | (Explain in Part VI.) | | ł | | l | 1 | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | | |
| 13 | First five years. If the Form 990 is for the | | | d, third, fourth | n, or fifth tax y | ear as a sectic | on 501(c)(3) | |
| <u> </u> | organization, check this box and stop he | | | <u> </u> | | | | |
| Section 14 | on C. Computation of Public Suppor Public support percentage for 2016 (line 6 | | | 1 column (f) | | 14 | <u></u> % | |
| 15 | Public support percentage from 2015 Sch | • • • | | | | 15 | / | |
| 16a | 331/3% support test—2016. If the organi | | | | | | | |
| | box and stop here. The organization qua | | | | | | ▶ 🗆 | |
| b | 331/3% support test - 2015. If the organi | | | | | is 331/3% or m | ore, check | |
| | this box and stop here. The organization | qualifies as a | publicly suppo | rted organizat | i o n , , , , | | 🕨 🔲 | |
| 17a | 10%-facts-and-circumstances test 20 | | | | | | | |
| | 10% or more, and if the organization me | | | | | | | |
| | Part VI how the organization meets the " | facts-and-circ | | est. The organi | zation qualifie | s as a publicly | · · · | |
| _ | organization | | | | | | | |
| b | 10%-facts-and-circumstances test—20 | | | | | | | |
| | 15 is 10% or more, and if the organization in Part VI how the organization in | | | | | | | |
| | supported organization | | · · · · · | | | | ▶ □ | |
| 18 | Private foundation. If the organization di | d not check a | | | a, or 17b, chec | k this box and | see | |
| | instructions | | | | | | | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Secti | on A. Public Support | | | | | | |
|---------|--|--|-----------------|-----------------|---------------|-------------|-------------|
| Caler | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | ĺ | į . | | 85,901 | 133,813.43 | 219,714.43 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | 1 |] | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | j | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | ! | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | 1 | | | | | |
| | furnished by a governmental unit to the | 1 | | | | 1 | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | 85,901 | 133,813 43 | 219,714 43 |
| 7a | · · · · · · · · · · · · · · · · · · · | ! | Į i | | | | |
| | received from disqualified persons . | ļ | | | | | |
| ь | Amounts included on lines 2 and 3 | } | ł | | | | |
| | received from other than disqualified | | } | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | (| ļ | | | 1 | |
| | · · · · · · · · · · · · · · · · · · · | ļ | | | | | |
| 8 8 | Add lines 7a and 7b | - | | | | | |
| 0 | fine 6.) | | - | | | | 219,714.43 |
| Secti | on B. Total Support | <u> </u> | l | | L | | 217,714.43 |
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | (4) 2012 | (6) 2010 | (0) 2014 | 85,901 | 133,813.43 | 219,714.43 |
| | Gross income from interest, dividends, | | | | 30,701 | | |
| | payments received on securities loans, rents, | ļ | į | | | | |
| | royalties and income from similar sources . | | 1 | | | | |
| Ь | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | 1 | Ì | | | 1 | |
| | acquired after June 30, 1975 | , | 1 | | | 1 | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | ļ | į | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | ! |) | | ĺ | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | , | | | | |
| | and 12.) | لـــــــــــــــــــــــــــــــــــــ | <u> </u> | L | 85,901 | 133,813,43 | 219,714.43 |
| 14 | First five years. If the Form 990 is for the | | | - | - | | |
| So o ti | organization, check this box and stop he | | | | | | 🕨 🗸 |
| 15 | on C. Computation of Public Support Public support percentage for 2016 (line to | | | 2 - clumn (f) | | 145 | 0/ |
| 16 | Public support percentage for 2016 (line a Public support percentage from 2015 Sci | | | | | 15 | <u>%</u> |
| | on D. Computation of Investment In | | | | · · · · · · · | 110 | |
| 17 | Investment income percentage for 2016 (| | | v line 13 colur | nn (fl) | 17 | % |
| 18 | Investment income percentage from 2015 | | • • | • | | 18 | |
| 19a | 331/3% support tests—2016. If the organ | | | | | | |
| | 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/3% support tests—2015. If the organiz | • | _ | • | | | |
| ~ | line 18 is not more than 331/3%, check this | | | | | | |
| 20 - | Private foundation. If the organization di | = | - | | - | - | === |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| | ion 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 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| 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 | , | |
| Č | bid the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) urposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4a 4b | -4 | |
| C | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 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 | | |
| 6 | Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 5c | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 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 I of Schedule L (Form 990 or 990-EZ). | 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | 10a | | |
| ь | 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.)

| Part | IV Supporting Organizations (continued) | | | |
|-----------------|---|---|----------|-----------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | · · | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| L | below, the governing body of a supported organization? | 11a 11b | ļ | |
| | A family member of a person described in (a) above? 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 | | |
| | on B. Type I Supporting Organizations | 1110 | L | |
| | | | 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 | ì | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | ì | | |
| | 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. | ļ | | |
| _ | | 1_ | <u> </u> | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | 1 | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, | ľ | İ | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | 1 - | L | |
| ocoa | on or type it dupporting organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 1.00 | |
| - | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | 1 | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | _ - |
| Secti | on 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, (i) a written notice describing the type and amount of support provided during the prior tax | ļ | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | |
| | | 1 | ļ | |
| 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). | | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | 2 | | |
| • | significant voice in the organization's investment policies and in directing the use of the organization's | 1 | 1 | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | } | | |
| | supported organizations played in this regard. | 3 | | |
| Section | on E. Type III Functionally Integrated Supporting Organizations | L | لــــــا | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | netri | ctions | |
| | The organization satisfied the Activities Test. Complete line 2 below. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | •)• |
| a b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> . | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in | structi | ons) |
| | | | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | 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 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| | 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. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3h | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jani | zations | |
|---|--------|---------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| 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 | \Box | | |
| 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 |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 10 | | |
| 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 | | ļ |
| 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 | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionall instructions). | y int | egrated Type III supporti | ing organization (see |

| Part | | s) Supporting Organi | zations (continuea) | , |
|----------------|---|-----------------------------|--|---------------------------------------|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | | | |
| 2 | Amounts paid to perform activity that directly furthers exe | rted | | |
| | organizations, in excess of income from activity | | | |
| | Administrative expenses paid to accomplish exempt purp | poses of supported orga | nızations | ļ |
| | Amounts paid to acquire exempt-use assets | | | |
| | Qualified set-aside amounts (prior IRS approval required) | | | |
| | Other distributions (describe in Part VI). See instructions. | | | ļ |
| | Total annual distributions. Add lines 1 through 6. | | - | |
| 8 | Distributions to attentive supported organizations to which | th the organization is res | ponsive | |
| 9 | (provide details in Part VI). See instructions. Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | Line o amount divided by Line 9 amount | 1 | (ii) | (iii) |
| S- | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistributions Pre-2016 | Distributable Amount for 2016 |
| _1_ | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions. | , | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| <u>b</u> | | | | |
| c | From 2013 | | | |
| | From 2014 | | | |
| | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | |] |
| | Applied to 2016 distributable amount | | | |
| <u>i</u> _ | Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from | | | |
| 4 | Section D, line 7: | | | |
| a | Applied to underdistributions of prior years | | | |
| a _ | Applied to 2016 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | |
| • | any. Subtract lines 3g and 4a from line 2. For result | | | ; |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | <u> </u> | | |
| | and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | · · · · · · · · · · · · · · · · · · · |
| а | | | ······································ | |
| b | Excess from 2013 | | | |
| С | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| е | Excess from 2016 | | | |
| | | | | |

| 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.) |
|---------|---|
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

| Name of the organization | Employer identification number |
|--|--------------------------------|
| Three Roots International | 47-3677208 |
| The following expenses are listed in response to line 16, Part 1, of the 990EZ Form: | |
| Other Expenses: | |
| Ethiopia Operations: \$28, 304.80 | |
| Child Sponsorship Program: \$4,791.89 | ······ |
| Mobilization: Volunteer Program. \$25,552.01 | |
| Office Management:\$19,648.40 | |
| Photography & Videography: \$1,189 91 | |
| Website: 139.00 | |
| Currency Exchange Loss: 348.00 | |
| TOTAL: \$79,974.01 | |
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