Form JJU	Form	990
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Department of the Treasury

Internal Revenue Service

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

AF	or th	e 2017 calendar year, or tax year beginning and o	ending		
B C	heck if oplicab	e: C Name of organization		D Employer identific	cation number
	Addre	ROOTS ETHIOPIA, INC.			
	Name			46-1	527090
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	14 LONGMEADOW CIR		608-8	839-1150
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	250,866.
	Amen return	MADISON, WI 53717		H(a) Is this a group re	turn
	Applie diam	F Name and address of principal officer: MEGHAN WALSH		for subordinates	? Yes X No
	pendi	<sup>ng</sup> 14 LONGMEADOW CIR, MADISON, WI 53717		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) c	or 🗌 527	lf "No," attach a	list. (see instructions)
		te: WWW.ROOTSETHIOPIA.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year of	of formation: 2013 N	I State of legal domicile: WI
Pa	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: SUPPO			IDENTIFIED
anc		SOLUTIONS FOR JOB CREATION AND EDUCATION			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
0V6	3				7
& G	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ $ .			7
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			0
iviti	6	Total number of volunteers (estimate if necessary)			9
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.
				Prior Year	Current Year
ər	8	Contributions and grants (Part VIII, line 1h)		308,483.	236,161.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		126.	162.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,569.	5,565.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		311,178.	241,888.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		246,549.	169,325.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)  22,70		40 454	CF 214
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		48,454.	65,314.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		295,003.	234,639.
	19	Revenue less expenses. Subtract line 18 from line 12		16,175.	7,249.
Net Assets or Fund Balances			Beg	jinning of Current Year	End of Year
sset 3alai	20	Total assets (Part X, line 16)		184,475.	197,856.
ot A:	21	Total liabilities (Part X, line 26)		225.	6,357.
ž3	22	Net assets or fund balances. Subtract line 21 from line 20		184,250.	191,499.
	rt II	Signature Block			
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, 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.

Sign	Signature of officer	Date
Here	MEGHAN WALSH, BOARD CHAIR           Type or print name and title	
Paid	Print/Type preparer's name Preparer's signature Date KIRSTEN HOUGHTON R/14/	18 Check PTIN If self-employed P01273230
Preparer	Firm's name SVA CERTIFIED PUBLIC ACCOUNTANTS, S.C.	Firm's EIN 39-1203191
Use Only	Firm's address 1221 JOHN Q. HAMMONS DRIVE	
	MADISON, WI 53717	Phone no.608-831-8181
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2017)

	990 (2017) ROOTS ETHIOPIA, INC.	46-1527090	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	ROOTS ETHIOPIA, INC. IS A NON-PROFIT THAT EXISTS BECAUSE		
	ACCESS TO WORK AND EDUCATION ARE THE FOUNDATIONS FOR BUI		
	POVERTY-FREE WORLD. IT BELIEVES THAT THERE SHOULD BE NO		
		ASSISTS	
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>v</b>
	prior Form 990 or 990-EZ?	Yes .	
~	If "Yes," describe these new services on Schedule O.	<b>V</b>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X Yes	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	manaurad by avpapage	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	ine total expenses, and	
4a		ue\$ 3,52	26.
на	(Code:) (Expenses \$IS5,/IZ• including grants of \$II6,394•) (Reven LEARNING RESOURCE PROJECTS PROVIDE RESOURCES AND SUPPORT		
	THE QUALITY OF UNDER-RESOURCED RURAL SCHOOLS SO THEY CAN		<u> </u>
	QUALITY OF EDUCATIONAL OPPORTUNITIES FOR THE COMMUNITY.		
	INCLUDE: MATERIALS AND EQUIPMENT FOR THE CLASSROOMS, LAB		
	LIBRARIES; SPORTS AND LEADERSHIP PROGRAM RESOURCES; CONT		
	EDUCATION AND SKILL DEVELOPMENT FOR TEACHING PROFESSIONA		R
	OF SUBSTANDARD SCHOOL FACILITIES. DURING 2017, THE ORGAN	•	
	SUPPORT AND/OR PROJECTS FOR 14 RURAL SCHOOLS SERVING APP		_
	15,000 STUDENTS AND THEIR COMMUNITIES. THE ORGANIZATION		
	PROFESSIONAL DEVELOPMENT FOR 60 SCHOOL STAFF IN SCIENCE		
	SPECIAL NEEDS SUPPORT; OPENED 2 MORE SPECIAL NEEDS CLASS		
	SNNPR REGION; EXPANDED THE YOUTH SPORTS LEADERSHIP PROGR		A
4b	(Code:) (Expenses \$43,706. including grants of \$37,482. ) (Reven		
	SCHOOL SPONSORSHIPS PROVIDE THE RESOURCES FOR STUDENTS T		SS
	TO AND EXCEL IN QUALITY EDUCATIONAL OPPORTUNITIES. BETW	EEN JANUARY 1	,
	TO AND EXCEL IN QUALITY EDUCATIONAL OPPORTUNITIES. BETW 2017 AND DECEMBER 31, 2017, THE ORGANIZATION FUNDED MORE		,
			/
	2017 AND DECEMBER 31, 2017, THE ORGANIZATION FUNDED MORE		,
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	2017 AND DECEMBER 31, 2017, THE ORGANIZATION FUNDED MORE		,
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4c	2017 AND DECEMBER 31, 2017, THE ORGANIZATION FUNDED MORE SCHOOL SPONSORSHIP PROGRAM PARTICIPANTS.	THAN 175	,
4c	2017 AND DECEMBER 31, 2017, THE ORGANIZATION FUNDED MORE         SCHOOL SPONSORSHIP PROGRAM PARTICIPANTS.	THAN 175	
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4d 4e	2017 AND DECEMBER 31, 2017, THE ORGANIZATION FUNDED MORE         SCHOOL SPONSORSHIP PROGRAM PARTICIPANTS.	THAN 175 THAN 175 VINGS GROUPS, AIN SUSTAINABI D A BETTER 31, 2017, THI HELP SAVINGS OUP PROGRAM AI ) Form <b>99</b>	

Form	990	(2017)
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 Form 990 (2017)
 ROOTS ETHIOPIA, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X			
	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		- 23
D		11b		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			- 23
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	44-1		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х

Form **990** (2017)

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 Form 990 (2017)
 ROOTS ETHIOPIA, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
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		X
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		X
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		X
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	Х	

Form 990 (2017)

732004 11-28-17

Form	1 990 (2017) ROOTS ETHIOPIA, INC. 46-1527	090	Р	<sub>age</sub> 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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	Х	
b	If "Yes," enter the name of the foreign country:  ETHIOPIA			
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		x
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		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
b				
~	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
a		13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U U	organization is licensed to issue qualified health plans			
~				
C 14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
			990	(2017)

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Form	990	(2017)
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 Form 990 (2017)
 ROOTS ETHIOPIA, INC.
 46-1527090
 Pag

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. .... X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

4 -		1	1		Ye	s
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		7		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			_		
b	Enter the number of voting members included in line 1a, above, who are independent	•		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2	2 X	_
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			. 3	3	
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?	. 4	L .	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		. 5	;	
6	Did the organization have members or stockholders?			6	;	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint	one or			
	more members of the governing body?			7	а	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7	b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?		-	8	a X	
	Each committee with authority to act on behalf of the governing body?					_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					+
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			g		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				, I	
	tion Direction of the internal Research about policies not required by the internal Re	evenue	Code.)		Ye	
10-	Did the exercitive have lead charters branches as efficience?					5
	Did the organization have local chapters, branches, or affiliates?			10	a	+
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, amiliates,			
						+
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11	a X	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
						$\neg$
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12	!b	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe			
	in Schedule O how this was done			12	2c	
13	Did the organization have a written whistleblower policy?			1:	3	
14	Did the organization have a written document retention and destruction policy?			1	4	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15	ia	
b	Other officers or key employees of the organization			15	ib	T
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	ith a			
16a	taxable entity during the year?			16	a	
16a					-	
		te its n	a. norpanon			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	ı's			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organ	nization		16	ih.	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements?	nization		16	ib	
b Sec	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? <b>tion C. Disclosure</b>	nization		16	ib	
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? <b></b>	nization			•	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶ <u>WI</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	nization			•	
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶WI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available. Check all that apply.	nization	on 501(c)(3)s only)		•	
b Sec 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶WI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other <i>(explain</i> )	(Section	on 501(c)(3)s only) hedule O)	availa	ble	
b Sec 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶WI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	(Section	on 501(c)(3)s only) hedule O)	availa	ble	
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>WI</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other ( <i>explain</i> Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	(Section (Section (Section) (Section) (Section)	on 501(c)(3)s only) hedule O) f interest policy, ar	availa	ble	
b <b>Sec</b> 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>WI</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other ( <i>explain</i> Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	(Section (Section (Section) (Section) (Section)	on 501(c)(3)s only) hedule O) f interest policy, ar	availa	ble	
b Sec 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>WI</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other ( <i>explain</i> Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	(Section (Section (Section) (Section) (Section)	on 501(c)(3)s only) hedule O) f interest policy, ar	availa	ble	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen-	nsated	rugo
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."

ROOTS ETHIOPIA, INC.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				<u>)</u>			(D)	(E)	(F)
Name and Title	Average hours per week	(do not check m			itior more rson i	than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MEGHAN WALSH	10.00								0	
BOARD CHAIR	10.00	Х		X				0.	0.	0.
(2) JEANNE M OLSON	10.00	.,		37						0
TREASURER	10.00	Х		X				0.	0.	0.
(3) LAUREN WERNER VICE CHAIR	10.00	x		x				0.	0.	0.
(4) ANN LAYNE	5.00	^						0.	0.	0.
BOARD MEMBER	5.00	x						0.	0.	0.
(5) LYNN STEINBERG	5.00									
BOARD MEMBER THROUGH 11/2017		х						0.	0.	0.
(6) JESSICA STEINBERG	10.00									
BOARD MEMBER		х						0.	0.	0.
(7) MELISSA HODGES	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) ASCHELAW CHAMISO	5.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
		-								
		-								
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		ETHIOPIA,	IN	IC.						46-15	5270	90	Pa	age <b>8</b>			
Par	t VII Section A. Officers, Directors, T		ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)							
	(A) Name and title	Average hours per weekPosition (do not check more than one 		(do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Average         Position           hours per         (do not check more than one box, unless person is both an officer and a director/trustee)         C		compensation from	(E) Reportable compensatio from related	ı	am	(F) timate ount o other	of
	(list any hours for related organizations below line)			In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga anc	oensa om the anizati I relate nizatio	e on ed			
	Sub total								0.		0.			0.			
	Sub-total Total from continuation sheets to Par								0.		0.			0.			
	Total (add lines 1b and 1c)								0.		0.			0.			
2	Total number of individuals (including b compensation from the organization		ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	)			0			
													Yes	No			
3	Did the organization list any <b>former</b> offi line 1a? If "Yes," complete Schedule J f				•	•	•		•			3		Х			
4	For any individual listed on line 1a, is th	e sum of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization							
5	and related organizations greater than S Did any person listed on line 1a receive										····  -	4		X			
Sec	rendered to the organization? <i>If</i> "Yes," tion B. Independent Contractors	complete Schedul	e J f	or sı	ıch ı	oers	on .					5		Х			
1	Complete this table for your five highes	t compensated inc	lepe	nde	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensati	on fro	m				
	the organization. Report compensation (A)		ear e	endir	ng w	ith c	or wi	thin	the organization's tax y (B)	ear.		(C	)				
	Name and busin		N	ONE	3				Description of s	ervices	Co	omper		า			
								$\neg$									
2	Total number of independent contracto \$100,000 of compensation from the org		ot lir	nited	d to f	thos (		ted	above) who received me	ore than							
							-			l	F	orm <b>S</b>	<b>990</b> (2	2017)			

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rt VII				46-152	
	Check if Schedule O contains a response or note to any line	e in this Part VIII	( <b>)</b>		·····
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue ex from tax u sectior 512 - 5
1 a	Federated campaigns 1a				
b	Membership dues 1b				
С	Fundraising events 1c 3,468.				
d	Related organizations 1d				
е	Government grants (contributions)				
1a b c d f g h	All other contributions, gifts, grants, and				
	similar amounts not included above If 232,693. Noncash contributions included in lines 1a-1f: \$ 375.				
g		236,161.			
n		230,101.			
	Business Code				
2 a b					
c					
d					
2a b c d e f					
f	All other program service revenue				
	Total. Add lines 2a-2f				
3	Investment income (including dividends, interest, and				
	other similar amounts)				
4	Income from investment of tax-exempt bond proceeds	162.			1
5	Royalties				
	(i) Real (ii) Personal				
	Gross rents				
	Less: rental expenses				
	Rental income or (loss)				
	Net rental income or (loss)				
7 a	Gross amount from sales of (i) Securities (ii) Other				
L	assets other than inventory				
U	Less: cost or other basis and sales expenses				
~	Gain or (loss)				
	Net gain or (loss)				
	Gross income from fundraising events (not				
	including \$ 3 , 468 . of				
	contributions reported on line 1c). See				
	Part IV, line 18 a 7,082.				
b	Less: direct expenses <b>b</b> 5,043.				
с	Net income or (loss) from fundraising events	2,039.			2,0
9 a	Gross income from gaming activities. See				
	Part IV, line 19 a				
	Less: direct expenses b				
	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns				
L.	and allowances a 7,461. Less: cost of goods sold b 3,935.				
	<b>°</b>	3,526.	3,526.		
С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	5,520.	5,520•		
11 a					
n a b					1
6					
d	All other revenue				
-	Total. Add lines 11a-11d				
е					

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ROOTS ETHIOPIA, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	169,325.	169,325.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с		12,125.	2,855.	9,270.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	15,917.	1,183.	1,250.	13,484
12	Advertising and promotion	1,458.			<u>13,484</u> 1,458
13	Office expenses	14,948.	8,137.	3,151.	3,660
14	Information technology	204.			204
15	Royalties				
16	Occupancy				
17	Travel	10,509.	10,385.	124.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29.		29.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MATERIALS AND SUPPLIES	6,524.	5,539.	684.	301
b	MERCHANT CHARGES	3,600.			3,600
c		-,			- / • • •
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	234,639.	197,424.	14,508.	22,707
<u>25</u> 26	Joint costs. Complete this line only if the organization				,,,,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	ouroutonal oumpargn and runuraising solicitation.				

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2017.04010 ROOTS ETHIOPIA, INC.

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Form **990** (2017)

ROOTS ETHIOPIA, INC.

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	126,410.	1	140,663.
	2	Savings and temporary cash investments	29,220.	2	29,337.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	28,845.	4	27,856.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	104 475	15	107 056
	16	Total assets. Add lines 1 through 15 (must equal line 34)	184,475.	16	197,856.
	17	Accounts payable and accrued expenses	225.	17	6,357.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
oilit		key employees, highest compensated employees, and disqualified persons.			
Liabilities	00	Complete Part II of Schedule L		22 23	
	23 24	Secured mortgages and notes payable to unrelated third parties		23 24	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	225.	26	6,357.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and		20	070070
		complete lines 27 through 29, and lines 33 and 34.			
ces	27	Unrestricted net assets	126,323.	27	112,659.
ılan	28	Temporarily restricted net assets	57,927.	28	78,840.
I Be	29	Permanently restricted net assets	- / -	29	
nnc		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ē		and complete lines 30 through 34.			
tsc	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	184,250.	33	191,499.
	34	Total liabilities and net assets/fund balances	184,475.	34	197,856.

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	1990 (2017) ROOTS ETHIOPIA, INC.	46-152	7090	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
			~ ~ ~ ~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,888.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,639.
3	Revenue less expenses. Subtract line 2 from line 1	3		,249.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	184	,250.
5	Net unrealized gains (losses) on investments	5		
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		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	191	,499.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>  </u>
				res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb	
			C	90 (2017)

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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name	of the	organization
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									er identification number 46-1527090			
_	ROOTS ETHIOPIA, INC.         4           Part I         Reason for Public Charity Status (All organizations must complete this part.) See instructions.         4											
Pa	3.											
The	organi	zation is not a private found		<b>.</b> .	-	,						
1		A church, convention of chu	urches, or association	on of churches described	in sectio	on 170(b)(1	1)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governi	mental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that normal	lly receives a substa	antial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	l in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or			
		university:										
10		An organization that normal	lly receives: (1) more	e than 33 1/3% of its sup	port from o	contributio	ns, membersl	nip fees, an	d gross receipts from			
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	ts support f	from gross investment			
		income and unrelated busin	ness taxable income	e (less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.			
		See section 509(a)(2). (Cor										
11		An organization organized a	-	•	•							
12		An organization organized a	-	-	-			•				
		more publicly supported org	-						Check the box in			
		lines 12a through 12d that o	• •			-		-				
а		<b>Type I.</b> A supporting orga	-	-	• • •	-						
		the supported organization			majority c	of the direc	tors or truste	es of the su	upporting			
		organization. You must c	-									
b		<b>Type II.</b> A supporting orga	-				-		-			
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	-									
С		Type III functionally inte						ly integrate	ed with,			
		its supported organization										
d		Type III non-functionally	•					•				
		that is not functionally int	0	<b>e</b> ,	•		-	an attentiv	/eness			
		requirement (see instructi		-								
е		Check this box if the orga					Туре I, Туре	II, Type III				
		functionally integrated, or	•••	nally integrated supporting	ng organiz	ation.						
f		r the number of supported o	•									
<u> </u>		vide the following information ) Name of supported	i about the support	(iiii) Type of organization	(iv) Is the orga	anization listed	(v) Amount or	fmonetary	(vi) Amount of other			
	· ·	organization	(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see ir	-	support (see instructions)			
		-		above (see instructions))	103							
Tota	al											
		enerwork Deduction Act N		wetiens for Form 000 o	000 E7							

Schedule A (Form 990 or 990-EZ) 2017 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 13

 Schedule A (Form 990 or 990-EZ) 2017 ROOTS ETHIOPIA, INC.
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 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	117,131.	208,707.	167,823.	308,483.	236,161.	1038305.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge $\dots$							
4	Total. Add lines 1 through 3	117,131.	208,707.	167,823.	308,483.	236,161.	1038305.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						20,129.	
	Public support. Subtract line 5 from line 4.						1018176.	
	ction B. Total Support			[				
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	117,131.	208,707.	167,823.	308,483.	236,161.	1038305.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources $\dots$		45.	59.	126.	162.	392.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						1038697.	
	Gross receipts from related activities,	-				12		
13	First five years. If the Form 990 is for	-			•			
See	organization, check this box and stor ction C. Computation of Publi							
14	Public support percentage for 2017 (I	ine 6, column (f) di <sup>,</sup>	vided by line 11. c	olumn (f))		14	98.02 %	
15	Public support percentage from 2016					15	97.33 %	
16a	33 1/3% support test - 2017. If the o					ore, check this bo		
	stop here. The organization qualifies							
b	stop here. The organization qualifies as a publicly supported organization         b 33 1/3% support test - 2016. 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							
17a	10% -facts-and-circumstances test							
-	and if the organization meets the "fac	-						
	meets the "facts-and-circumstances"			•	•	•		
b	10% -facts-and-circumstances test							
	more, and if the organization meets th	-						
	organization meets the "facts-and-circ				• •			
18	Private foundation. If the organization			•				
	<b>*</b>			· · ·		dule A (Form 990		

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### Schedule A (Form 990 or 990 EZ) 2017 ROOTS ETHIOPIA, INC.

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

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(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			I.	•	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization':	s first, second, thi	d, fourth, or fifth t	ax year as a section	n 501(c)(3) orga	anization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2017 (	ine 8, column (f) di	ivided by line 13, d	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 20	<b>017</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the					3 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-06-17						990 or 990-EZ) 2017
			15	5		-	-

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Yes No

### 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.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.**
- c 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**.
- **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.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2017

10b

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11         Has the organization accepted a gift or contribution from any of the following person?         Image: Control of the Control of the Control of the Control of				Yes	No
bedrow, the governing body of a supported organization?     b A family member of a portion described in (a) or (b) above? // "Yes" to a, b, or c. provide detail in Part VI.     Section B. Type I Supporting Organizations     for the directors, trustees, or membership of one or more supported organizations have the power to     regularly apoint or elect at least a majority of the organization is directors or trustees at all times during the     trustym? // "Ve," describe in Part VI new the supported organization of amount one supported organization,     describe how the powers to appoint and/or memore directors or trustees at all times during the     trustym? // "Ve," describes. If the organization is directors or trustees at all times during the     trustym? of "Ve," describes. If the organization darge or the powers directors or     controlled the usported organizations or trustees during organization,     describe how the powers to appoint and/or memore directors or trustees were allocated among the supported     organizations correlated on the powers directors or trustees were allocated among the supported     organization correlated on the powers directors or     trustees of each of the organization. The powers during that powers during that operated,     uservised, controlled the supporting organization. The "section in     Part N how providing supporting Organizations     The autoented organization is supported organization, by the last day of the fifth month of the     organization power during that operated,     uservised, or on trustees during the tax year also a majority of the directors     or trustees of the organization was watted in the same persons that controlled or managed     the organization governing documents in effect on the date of notification,     the organization spectral organization is supported organizations, by the last day of the fifth month of the     organization spectral organization was watted in the same peasons that controlled or managed     the organization spectre in t	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a period decrede in (a) above?     c. A 5% controlled entity of a period decrede in (b) above?     c. A 5% controlled the directors, insteeds, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at a limes during the tax year? ( <i>H</i> , <i>V</i> ) ( <i>escole in PerV II) nove</i> to apported organization ( <i>escole decal in PerV</i> ).     Controlled the organization's activities. ( <i>H</i> are organization is directors or trustees at a limes during the tax year? ( <i>H</i> , <i>V</i> ) ( <i>escole in PerV II) nove</i> to supported organization, decredie hever the beneft of any apported organization, decredie hever, persisting organization experted for apported organization, decredie hever, persisting organization and removes supported organization, decredie hever, persisting organization or trustees of the beneft of any apported organization? <i>H</i> 'ves, "explain in ParV II how control to the support of organization? <i>H</i> 'ves, "explain in ParV II how control or an anagenetic of a cranication is directors or trustees during the tax year? ( <i>H</i> 'Ves, "explain in ParV II how control or an anagenetic of a cranication is directors or trustees of any apported organization? <i>H</i> 'ves, "explain in ParV II how control or an anagenetic of a cranication is directors or trustees of the supporting organization? <i>H</i> 'ves, "explain in ParV II how control or an anagenetic of an anagenetic of an anagenetic organization is support of organizations. Supporting Organization is support of organization and the same persons that controlled or managed the support of a comparised organization ( <i>H</i> 'Ves, "explain the provided UT how control or an anagenetic of the organization is support of organizations. Support of organizations and the asset of the angonetic organization ( <i>H</i> 'Ves, ''escole in ParV II how control or an anagenetic of the support of the organization is supported organization, the same persons that controlled or managed the support of	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		
Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or left at least a majority of the organization's directors or trustees at all times during the tax year? If Wo,' describe n PAT V how the apported organization of directors or trustees (a unit of the supported) organization, and what conditions or restrictions, if any, applied to supported organization, the supported organization operated, supervised, or controlled the supported organization of the time supported organization(s) that conditions or restrictions, if any, applied to such powers during the tax year?  2 Did the organization operate for the benefit of any supported organization of the time the supported organization(s) that conditions or restrictions, if any, applied to such powers during the tax year?  3 Part VI how be powers to gother directors or trustees were allocated among the supported organization(s) that conganizations and what conditions or restrictions, or trustees during the tax year?  4 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)?  4 Were a majority of the organization's supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization spectra dogget dogg	b	A family member of a person described in (a) above?	11b		
Section B. Type I Supporting Organizations  Yes No  regularly appoint or elect at least a majority of the organization's directors or trustees all times during the tax year 11 * No, * describe in Par VI how the supported organization's directors or trustees during the tax year 11 * No, * describe in Par VI how the supported organization's directors or trustees were allocated among the supported organization or elect the temef of any supported organization of the supported organization organization parts the organization of the supported organization of the support and/or remove during the tax year.  2 Did the organization operated, supervised, or controlled the supported organization of the thin the supported organization operated, supervised, or controlled the supported organization of the thin the supported organization operated, supervised, or controlled the supported organization of the then the support of the organization of the then the support of the support of the organization of the then the support of the organization of the then organization of the organization of the then organization of the support organization of the support organization of the then organization of the then organization of the support organization of the then organization of the then organization of the organization of the support organization of the organization of the support organization of the then organization of the organizat	с	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		
<ol> <li>Old 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 n Part VI how the supported organization's directed arong the supported organization, describe how the powers to appoint and/or errow directs or trustees are allocated arong the supported organization, describe how the powers to appoint and/or errow directs or trustees are allocated arong the supported organization, and what conditions or restrictions, if any, applied to such powers during the tax year.</li> <li>Did the organization oparted the supporting organization offer than the supported organization offer than the supported organization, if 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supporting organization, if 'Yes,' explain in Part VI how providing organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of an end to organization and what was vested in the same persons that controlled or managed the supporting organizations and what conditions, by the last day of the fifth month of the organization results was vested in the same persons that controlled or managed the organization's governing documents in effect on the date of ontification, and (ii) copies of the organization's apported organization's supported organization's apported organization's apported organization's apported organization's and the organization's apported organization's supported organization's apported organization's a</li></ol>					
regularly appoint or least at least a majority of the organization's directions or trustees at all times during the tax year? If "No," describe in Pert VI how the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the torganization or restrictions, diverse during the tax year. 2 Did the organization servicines. If the organization index more supported organization (b) that operated, supervised, or controlled the supported organization (b) that operated. 2 Not the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of the supported organization (b) that operated. 2 Not trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors. 1 Were a majority of the organization's directors or trustees during the tax year (b) and the organization's directors. 1 Did the organization provide to each of its supported organization, by the last day of the ffth month of the organization is directors, or trustees either (i) appointed organization (b). 2 Were any of the organization is directors, or trustees either (i) appointed organization's. 2 Were any of the organization is directors, or trustees either (i) appointed organization's. 2 Were any of the organization is directors, or trustees either (i) appointed organization's. 3 a supported organization is dincorted at the organization is the organization				Yes	No
tax year? If 'No,' describe in Pert 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 apoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any supported organization of the support of organization (s) that operated, supervised, or controlled the support of the support of organization (s) that operated. Section C. Type II Supporting Organizations Yes No. Section D. All Type III Supporting Organizations. Yes No. The organization provide to each of its supported organizations, by the last day of the fifth month of the organization s directors or trustees of each of the organization s directly field as of the directors. Yes No. Or the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's directification, or the directification, and (ii) copies of the organization's directly directifications, or trustees were allocated and organization's activities of each of the organization's activities (a point edit of organization's activities organization's activities of each of the organization's directly directification, the directors or trustees and a mount of support provided during the piror tax year, (i) a written notice describing the type and amount of support provided during the piror tax year, (i) a written notice describing the type and amount of support or prevised supported organization's activities of each of the organization's activities of the directification, and (ii) copies of the organization's directificatin', and (ii) copies of	1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
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<ul> <li>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.</li> <li>3 Section E. Type III Functionally Integrated Supporting Organizations</li> <li>3 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>a The organization subjected the Activities Test. Complete line 2 below.</li> <li>b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</li> <li>a Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive? If 'Yes," then in Part VI the reasons for the organization's position that its supported organization's involvement, one or more of the organization's position that its supported organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's novidement.</li> <li>3 Parent of Supported Organization's involvement.</li> <li>3 Parent of Supported Organization's novidement.</li> <li>3 Parent of Supported Organization's position that its supported organization(s) would have engaged in these activities of each of the supported organization's involvement.</li> <li>3 Parent of Supported Organization's Provide details in Part VI.</li> <li>b Did the organization have the power to regulary appoint or elect a majority of the officers, directors, or trustees of ea</li></ul>			2		
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				B) Supporting Organizations
Schedule A	(Form 990 or 990-EZ) 2017	ROOTS	ETHIOPIA,	INC.

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on 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		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Secti	on 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-functional	vintogrator		nization (and

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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## Schedule A (Form 990 or 990-EZ) 2017 ROOTS ETHIOPIA, INC.

	rt V Type III Non-Functionally Integrated 509(			• · · · ·
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
0	Line 8 amount divided by line 9 amount	I		
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
Ы				

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Part VI	Supplemental Inform	nation. P	rovide the explanation	ns requi
Schedule A	(Form 990 or 990-EZ) 2017	ROOTS	ETHIOPIA,	INC.

Section D, lines 5, 6, and 8; and Part V, Sectic (See instructions.)	on E, lines 2, 5, and 6. Also complete this part for any additional information.	,
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/32028 10-06-17	Schedule A (Form 990 or 990-EZ)	201

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

ROOTS ETHIOPIA,

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

46-1527090

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is charitable, etc., be successible to the parts unless to the parts unless the the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successible to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be total contributions totaling \$5,000 or more during the year for an exclusively total contributions total total total total total total contributions total total to the parts unless to the parts unless the total contributions total total to the parts unless total t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

		Page <b>2</b>

Name of organization

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# ROOTS ETHIOPIA, INC.

Employer identification number

46 - 1527090

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addit	lional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,530.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,148.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$9,493.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$17,130.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 723452 11-01	-17	\$12,396	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

22 2017.04010 ROOTS ETHIOPIA, INC. 18951.01

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll O Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

46-1527090

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

2017.04010 ROOTS ETHIOPIA, INC.

18951.01

Page **2** 

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ROOTS ETHIOPIA, INC.

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Name of organization

Employer identification number

46-1527090

ROOTS ETHIOPIA, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Pa		1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	( )
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		 \$	
(a)			
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
-		¢	
453 11-01-	17	\$Schedule B (Form	

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24 2017.04010 ROOTS ETHIOPIA, INC.

ame of orga	nization		Employer identification number		
ററനട	ETHIOPIA, INC.		46-1527090		
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition	columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or le	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations		
a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
.					
		e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
·  		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
454 11-01-1	7	25	Schedule B (Form 990, 990-EZ, or 990-PF) (2		

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2017.04010 ROOTS ETHIOPIA, INC.

<sup>18951.01</sup> 

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2017
Department of the Treasury	<b>b</b> a .		Attach to Form 990.			Open to Public
Internal Revenue Service Name of the organization	Go to	www.irs.gov/Fo	rm990 for instructions and the latest	t information.	Employor id	Inspection entification number
Name of the organization						
ROOTS ETHIOPIA	A, INC.		aide the United Otates		46-1527	7090
	art IV, line 14b.	ctivities Out	side the United States. Compl	ete if the orgar	ization answer	ed "Yes" on
		n maintain record	ds to substantiate the amount of its gra	ants and other	assistance.	
			he selection criteria used to award the			X Yes No
2 For grantmakers. D United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
			an be duplicated if additional space is r			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the regior	expenditures for and investments
		in the region	recipients located in the region)		•	in the region
				LEARNING RE PROJECTS, S		
					S, SELF HEL	P
SNNPR, ETHIOPIA	2	13	PROGRAM SERVICES AND GRANTS	SAVINGS GRO	OUPS, AND	197,533.
3 a Sub-total		13				197,533.
b Total from continuat sheets to Part I		0				0.
<b>c Totals</b> (add lines 3a and 3b)	2	13				197,533.
						,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2017

732071 10-06-17

ROOTS ETHIOPIA, INC.

46-1527090

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			LEARNING RESOURCE PROGRAM & SCHOOL SPONSORSHIPS	16 736	WIRE TRANSFERS	0.			
			bi ondondii i b	10,750.					
			recognized as charities by the f					I	
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entities 0								

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

ROOTS ETHIOPIA, INC.

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

Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)	

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# 46-1527090

1	Was the 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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

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Schedule F (Form 990) 2017 ROOTS ETHIOPIA, INC.

Part V Supplemental Information

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

PART I, LINE 2:

MONITORING OF FUNDS: ALL PROSPECTIVE GRANT RECIPIENTS SUBMIT DETAILED/ITEMIZED PROPOSALS TO THE ROOTS ETHIOPIA BOARD FOR REVIEW AND APPROVAL. IF THE PROPOSAL RECEIVES A FAVORABLE VOTE, THE GRANT IS FUNDED VIA WIRE TRANSFER TO THE GRANTEE. THE GRANTEE IS EXPECTED TO IMPLEMENT AND MANAGE THE PROJECT AS OUTLINED IN THE APPROVED GRANT PROPOSAL. THIS INCLUDES: USING AGREED UPON CRITERIA TO SELECT AND APPROVE PROGRAM PARTICIPANTS; MAKE APPROPRIATE PAYMENTS FOR PREAPPROVED EXPENSES; MONITOR THE PROJECT UNTIL COMPLETION WHILE COLLECTING DATA ON VARIABLES AGREED UPON IN ADVANCE; KEEPING DETAILED FINANCIAL RECORDS, PARTICIPANT ROSTERS, AND PROJECT PLANS.

THE GRANT RECIPIENT SUBMITS DETAILED FINANCIAL RECORDS, ROSTERS AND PLANS BOTH PERIODICALLY AND UPON REQUEST. ONCE YEARLY, A MEETING IS HELD ON SITE AT THE INDEPENDENT CONTRACTOR OFFICES WHERE FINANCIAL RECORDS (CASH ACCOUNTING) AND PROJECT RECORDS ARE MADE AVAILABLE TO A MEMBER OF THE ROOTS ETHIOPIA BOARD WHO CONDUCTS A SAMPLE REVIEW OF THE RECORDS. BOARD MEMBERS ALSO CONDUCT SITE VISITS IN PROJECT LOCATIONS TO GATHER DATA AND REVIEW ADHERENCE TO THE AGREED UPON GRANT CONDITIONS.

PART I, LINE 3, COLUMN (E):		
REGION: SNNPR, ETHIOPIA		
(E) SPECIFIC TYPES OF SERVICES	IN REGION: LEARNING	RESOURCE PROJECTS
SCHOOL SCHOLARSHIPS, SELF HELP	SAVINGS GROUPS, AND	INCOME GENERATING
	· · · · ·	

ACTIVITIES

732075 10-06-17

Schedule F (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



46-1527090

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES TO SEND THEIR CHILDREN TO SCHOOL, IT SUPPORTS WOMEN TO CREATE

VALUABLE LOCAL MARKET WORK, AND IT JOINS WITH COMMUNITIES TO IMPROVE

INC.

THEIR SCHOOLS SO EVERYONE HAS A CHANCE TO LEARN.

ROOTS ETHIOPIA,

PART III, LINE 3, CHANGES IN PROGRAM SERVICES: FORM 990,

THE PROGRAM FOR TEMPORARY NUTRITIONAL RELIEF ENDED IN 2017 AS ETHIOPIA

DID NOT EXPERIENCE DROUGHT-RELATED NUTRITION ISSUES TO THE DEGREE IN

2017 THAT WOULD REQUIRE INTERVENTION WITH THE COMMUNITIES THE

ORGANIZATION SERVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SCHOOL LATRINE AS PART OF ITS PILOT WASH PROGRAM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE WELL COMMUNITIES PROGRAM PROVIDES TARGETED RELIEF AND SUPPORT TO

FAMILIES INVOLVED IN ROOTS ETHIOPIA PROGRAMS (E.G. IGA/SHG, SCHOOL

THAT NEED A BRIDGE TO STABILITY FOR CONTINUED SPONSORSHIP)

PARTICIPATION. EXPENSES MAY INCLUDE: IGA SUPPORT IN COMMUNITIES WITHOUT

AN SHG GROUP; ONE-TIME EXPENSES THAT BENEFIT A SPECIFIC COMMUNITY OF

AT-RISK FAMILIES; AID FOR UNFORESEEN MEDICAL COSTS THAT CREATE RURAL.

UNDUE FINANCIAL HARDSHIP; TEMPORARY RELIEF FOR AN EMERGENCY HOUSING

CRISIS; ETC.

EXPENSES \$ 2,436. REVENUE \$ 0. INCLUDING GRANTS OF \$ 2,090.

FORM 990, PART VI, SECTION A, LINE 2:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017) 732211 09-07-17 31

2017.04010 ROOTS ETHIOPIA, INC.

TO THE BOARD TREASURER BEFORE THE I	DATE UPON WI	ICH T	HE 990 WIL	L BE FINA	LIZED
AND FILED WITH THE IRS.					
FORM 990, PART VI, SECTION C, LINE	19:				
FINANCIAL STATEMENTS AVAILABLE TO 7	THE PUBLIC	/IA OR	GANIZATION	'S WEBSIT	Ε.
732212 09-07-17	32		Schedule C	) (Form 990 or 990	)-EZ) (2017)
450731 767667 18951.0	2017.04010	ROOTS	ETHIOPIA,	INC.	18951.01

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ROOTS ETHIOPIA, INC.

FORM 990, PART VI, SECTION B, LINE 11B:

LYNN STEINBERG AND JESSICA STEINBERG ARE SISTERS-IN-LAW.

BOARD MEMBERS RECEIVE A COPY OF THE COMPLETED FORM VIA INTERNAL

Page 2 Employer identification number 46-1527090 (Rev. January 2017)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					er situentinyn	ig number
Type or	Name of exempt organization or other filer, see instructions.			Employe	mployer identification number (EIN) or	
print						07000
File by the	ROOTS ETHIOPIA, INC.			<u> </u>	46-152	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 14 LONGMEADOW CIR	see instruct	ions.	Social se	ecurity numbe	er (SSN)
instructions.	City, town or post office, state, and ZIP code. For a for MADISON, WI 53717	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separat	e application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	)-PF	04	Form 5227			10
Form 990	)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	)-T (trust other than above)	06	Form 8870			12
<ul> <li>If this</li> <li>box</li> <li>1</li> <li>I re for</li> </ul>	organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the	Group Exe and atta	mption Number (GEN) ch a list with the names and EINs of <b>IBER 15, 2018</b> , to file	f this is fo all memb	r the whole g ers the exten	sion is for.
	$\underline{\mathbf{X}}$ calendar year $\underline{2017}$ or					
	<pre> tax year beginning ne tax year entered in line 1 is for less than 12 months, c  Change in accounting period</pre>	, an heck reasc	·	Final retur	· m	
3a lfth	his application is for Forms 990-BL, 990-PF, 990-T, 4720	. or 6069. e	enter the tentative tax. less any			
	nrefundable credits. See instructions.	, , .	······	3a	\$	0.
-	nis application is for Forms 990-PF, 990-T, 4720, or 6069	). enter anv	refundable credits and			
	imated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
by	using EFTPS (Electronic Federal Tax Payment System).	See instruc	ctions.	3c	\$	0.
instructio	If you are going to make an electronic funds withdrawal ns. for Privacy Act and Paperwork Reduction Act Notice.			153-EO an		-EO for payment <b>868</b> (Rev. 1-2017)