	000
Form	<b>330</b>

# \*\* 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.



Department of the Treasury Internal Revenue Service

АГ	or une	and and a sear, or tax year beginning and	enaing				
<b>В</b> с	heck if oplicabl	C Name of organization D Employer identification number					
Address ROOTS ETHIOPIA, INC.							
	Name Chang		46-152709	90			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)					
	Final return	14 LONGMEADOW CTR	Room/suite	608-347-2			
	termin			<b>G</b> Gross receipts \$	541,454.		
	Amen return			H(a) Is this a group re			
	Applic tion	F Name and address of principal officer: MEGRAN WALDE		for subordinates			
	pendi	<sup>19</sup> 14 LONGMEADOW CIR, MADISON, WI 53717		H(b) Are all subordinates in			
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 📃 52		list. See instructions		
_		te: NWW.ROOTSETHIOPIA.ORG		H(c) Group exemption			
		organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	L Yea	r of formation: 2013 N	State of legal domicile: WI		
Pa	rt I	Summary					
	1	Briefly describe the organization's mission or most significant activities: SUPP	ORTIN	G COMMUNITY I	DENTIFIED		
ŭ		SOLUTIONS FOR JOB CREATION AND EDUCATION	IN ET	HIOPIA.			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net ass	ets.		
o ve				3	8		
ۍ م		Number of independent voting members of the governing body (Part VI, line 1b)			8		
se	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0		
Ţ	6	Total number of volunteers (estimate if necessary)			9		
Ş			<u>7a</u>	0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.		
				Prior Year	Current Year		
e		Contributions and grants (Part VIII, line 1h)		366,828.	530,088.		
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.		
ş		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		118.	118.		
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,036.	8,689.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		380,982.	538,895.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		322,030.	271,288.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Ц. В	b 	Total fundraising expenses (Part IX, column (D), line 25)  39,4	<u><u> </u></u>	61,395.	104,410.		
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		383,425.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-2,443.	<u> </u>		
<u> </u>		Revenue less expenses. Subtract line 18 from line 12					
ts o unce	00	Tatal accests (David V, lives 10)		eginning of Current Year 206,963.	End of Year 377,297.		
Net Assets or -und Balances	20 21	Total assets (Part X, line 16)		187.	7,324.		
let ∕	21 22	Total liabilities (Part X, line 26)		206,776.	369,973.		
	rt II	Net assets or fund balances. Subtract line 21 from line 20		200,110•	507,713.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ients and to the heet of my	knowledge and belief it is		
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of wi		•	מווט שרווסו, וג 5		
,	30/100						

Sign Here								
	Type or print name and title							
Paid	Print/Type preparer's name LYNN HESLINGA	Preparer's signature	Date Check PTIN 11/10/21 f I self-employed P01273410					
Palu		minicokolinga						
Preparer	Firm's name 🕒 SVA CERTIFIED PU	$BLIC ACCOUNTANTS \stackrel{\cup}{,} S_{\bullet}$	C. Firm's EIN ▶ 39-1203191					
Use Only								
	MADISON, WI 53717 Phone no.608-831-8181							
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		lo				

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

2	ETHIOPIAN FAMILIES SUCCEEDING IN WORK AND AT SCHOOL. WE ASSIST         Did the organization undertake any significant program services during the year which were not listed on the         prior Form 990 or 990-EZ?         If "Yes," describe these new services on Schedule O.         Did the organization cease conducting, or make significant changes in how it conducts, any program services?	'0 es [
2	ACCESS TO WORK AND EDUCATION ARE THE FOUNDATIONS FOR BUILDING A POVERTY-FREE WORLD. IT BELIEVES THAT THERE SHOULD BE NO BARRIERS T ETHIOPIAN FAMILIES SUCCEEDING IN WORK AND AT SCHOOL. WE ASSIST Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	'0 es [
2	POVERTY-FREE WORLD.       IT BELIEVES THAT THERE SHOULD BE NO BARRIERS T         ETHIOPIAN FAMILIES SUCCEEDING IN WORK AND AT SCHOOL.       WE ASSIST         Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?       X         If "Yes," describe these new services on Schedule O.       X         Did the organization cease conducting, or make significant changes in how it conducts, any program services?       Y	es [
2 3	ETHIOPIAN FAMILIES SUCCEEDING IN WORK AND AT SCHOOL. WE ASSIST         Did the organization undertake any significant program services during the year which were not listed on the         prior Form 990 or 990-EZ?         If "Yes," describe these new services on Schedule O.         Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es [
3	Did the organization undertake any significant program services during the year which were not listed on the         prior Form 990 or 990-EZ?         If "Yes," describe these new services on Schedule O.         Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
3	prior Form 990 or 990-EZ? X Y If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Y	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_
I		_
I		es 🗋
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue, if any, for each program service reported.	,
	(Code:) (Expenses \$153,815. including grants of \$131,352. ) (Revenue \$	
	LEARNING RESOURCE PROJECTS PROVIDE RESOURCES AND SUPPORT FOR IMPROV	TNC
	THE QUALITY OF UNDER-RESOURCED RURAL SCHOOLS SO THEY CAN RAISE THE	
	QUALITY OF EDUCATIONAL OPPORTUNITIES FOR THE COMMUNITY. RESOURCES	
	INCLUDE: MATERIALS AND EQUIPMENT FOR THE CLASSROOMS, LABS AND	
	LIBRARIES; SPORTS AND LEADERSHIP PROGRAM RESOURCES; CONTINUING	
	EDUCATION AND SKILL DEVELOPMENT FOR TEACHING PROFESSIONALS, AND REF	λΤ
	OF SUBSTANDARD SCHOOL FACILITIES. DURING 2020, ROOTS ETHIOPIA FUNDE	
	SUPPORT AND/OR PROJECTS FOR 28 RURAL SCHOOLS SERVING APPROXIMATELY	עו
	40,000 STUDENTS AND THEIR COMMUNITIES. ROOTS ETHIOPIA ALSO PROVIDED	<u> </u>
		)
	PROFESSIONAL DEVELOPMENT FOR 130 SCHOOL STAFF; IMPROVED SCHOOL	
	LATRINES; SCIENCE LABS; INITIATED NEW YOUTH SPORTS LEADERSHIP	
	DEVELOPMENT PROGRAMS; IMPROVED SCHOOL LIBRARIES; AND REFURBISHED ON	E
	(Code:) (Expenses \$97,271. including grants of \$83,065. ) (Revenue \$10	
	HUMANITARIAN AID WAS DELIVERED IN DIRECT RESPONSE TO THE COVID-19	
	PANDEMIC. ROOTS ETHIOPIA RECOGNIZED THAT WHILE COVID-19 IS A HEALTH	
	EMERGENCY, ITS IMPACT IS FELT BEYOND JUST PHYSICAL WELL-BEING,	
	PARTICULARLY FOR FAMILIES WITH FOOD INSECURITY. WORKING IN	
	COLLABORATION WITH LOCAL LEADERS AND HEALTH OFFICERS, OUR FIELD TEA	
	DELIVERED FOOD AND HEALTH EDUCATION BENEFITTING OVER 6,000 INDIVIDU	
	OVER 1,000 FAMILIES RECEIVED WHEAT FLOUR, COOKING OIL, SOAP, AND HE	AL.
	EDUCATION TO HELP KEEP FAMILIES SAFE AND HEALTHY. HAND WASHING	
1	DEMONSTRATIONS, SOCIAL DISTANCING PRACTICE, AND CORONAVIRUS INFORMA	TIC
1	WAS SHARED. A REFERRAL LINK FOR FAMILIES CONNECTED NEARLY 400 MOTHE	RS
i	TO THEIR LOCAL HEALTH OFFICER AND FAMILIES WERE ENCOURAGED TO SHARE	
(	GOOD INFORMATION.	
4c	(Code:) (Expenses \$ 51,461. including grants of \$ 43,945. ) (Revenue \$ 1000000000000000000000000000000	
	SCHOOL SPONSORSHIPS PROVIDE THE RESOURCES FOR STUDENTS TO AFFORD AC	CES
	TO AND EXCEL IN QUALITY EDUCATIONAL OPPORTUNITIES. BETWEEN JANUARY	
	2020 AND DECEMBER 31, 2020, ROOTS ETHIOPIA FUNDED MORE THAN 200 SCH	
	SPONSORSHIP PROGRAM PARTICIPANTS. WITH SUPPORT, STUDENT SCHOOL	
	PERFORMANCE INCREASED VIVIDLY INCREASED. FOR EXAMPLE, IN 2017 THE	
	PASSING RATE FOR THE 8TH GRADE EXAMPLE IN MERKATO SCHOOL WAS 20%. F	OR
	THE THREE YEARS ENDED IN 2020, A 100% PASSING RATE HAS BEEN RECORDE	
	STUDENTS AND THEIR FAMILIES ALSO BENEFITTED FROM HUMANITARIAN AID	
	PROGRAMS PROVIDED BY ROOTS ETHIOPIA IN RESPONSE TO THE COVID-19	
:	PANDEMIC.	
	Other program services (Describe on Schedule O.)	
	(Expenses \$ 15,136. including grants of \$ 12,926.) (Revenue \$ )	
4e -	Total program service expenses ► 317,683.	000
	Forr SEE SCHEDULE O FOR CONTINUATION(S)	n <b>99(</b>

18951.01

Form	000	(2020)
Form	990	(2020)

 Form 990 (2020)
 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	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		Х
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	Х	
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		77	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		v	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III	19 20a		X
20а ь		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		х
032003			990	(2020)
				/

032003 12-23-20

4

Form	990	(2020)
	330	(2020)

 Form 990 (2020)
 ROOTS ETHIOPIA, INC.
 46-1527090
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		<u> </u>
270				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
<b>L</b>	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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 X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Degarding Other IDS Filings and Tax Compliance			·
	Check if Schedule O contains a response or note to any line in this Part V			
	Onlinectoniza		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
b		ז		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
032004	12-23-20	Form	990	(2020)
	5			

2020.05000 ROOTS ETHIOPIA, INC. 18951.01

Form	<u>990 (2020)</u> ROOTS ETHIOPIA, INC. 46-1527	090	Р	<sub>age</sub> 5
Par	<b>TV</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
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		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		37	
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>ETHIOPIA</b>	<u>4a</u>	X	
	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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D				
~		-		
	Enter the amount of reserves on hand	14a		X
14a h			1	
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14b	1	
15		15		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		- 23
	If "Yes," complete Form 4720, Schedule O.		990	(0000)

Form **990** (2020)

032005 12-23-20

Form	990 (	(2020)
------	-------	--------

ROOTS ETHIOPIA, INC.

Check if Schedule O contains a response or note to any line in this Part VI

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 on Schedule O. See instructions. X

		і I		0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		8			
	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 on Schedule 0.			•			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X X X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	,	0-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (	Code )		•		1
		<u>venue</u> (	<u>, , , , , , , , , , , , , , , , , , , </u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				100		
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y before	ining the lo		114		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f $ " $\gamma$						
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen						
	taxable entity during the year?				16a		X
b	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 organ						
200	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ WI						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-	I (Section 50	J1(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain)	n on Sch	nedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			icy, and	financ	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records	•			
	MEGHAN WALSH - 608-347-2960						
	14 LONGMEADOW CIRCLE, MADISON, WI 53717						
							(202

Form 990 (2020)	ROOTS ETHIOPIA, INC.	46-1527090 Page <b>7</b>						
Part VII Comper	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employe	Employees, and Independent Contractors							
Check if So	chedule O contains a response or note to any line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

See instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c	Pos heck	itior more	than		Reportable	Reportable	Estimated
	hours per week					is botl pr/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the
	related	ustee o	truste		9	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	tional		ploye	t com	_			and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MEGHAN WALSH	20.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(2) JEANNE M OLSON	20.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) ANN LAYNE	5.00									
BOARD MEMBER		Х						0.	0.	0.
(4) JESSICA STEINBERG	10.00									
BOARD MEMBER (ENDED 7/7/2020)		Х						0.	0.	0.
(5) ANNE MCCONNELL	5.00									•
BOARD MEMBER	<b>- - - - - - - - - -</b>	Х				-		0.	0.	0.
(6) ASCHELAW CHAMISO	5.00								0	0
BOARD MEMBER	10.00	Х						0.	0.	0.
(7) KONGIT GIRMA	10.00								0	0
BOARD MEMBER (8) WENDY HARPER	10.00	Х				-		0.	0.	0.
TREASURER	10.00	x		x				0.	0.	0.
(9) CAMI BLUMENTHAL	5.00	^						0.	0.	0.
BOARD MEMBER	5.00	х						0.	0.	0.
								0.		
						$\vdash$				
						<u> </u>				
		4								
		<u> </u>	<u> </u>		<u> </u>					
		-								
						1	1			Form <b>990</b> (2020)

8

032007 12-23-20

Form 990 (2020)

46-1527090

		S ETH	IIOPIA,	IN	c.						46-1	<u>5270</u>	90	Pa	age <b>8</b>
Par	t VII Section A. Officers, Direct	ors, Trust		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title		<b>(B)</b> Average hours per week (list any	box offic	not c , unles	ss per	ition more rson i	than o s both pr/trus	ı an	(D) Reportable compensation from the	(E) Reportable compensatic from related organization	on d	am o	(F) timate ount o other pensat	of
			hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	om the anizati I relate nizatio	e on ed
												+			
												+			
												-			
												-			
												$\rightarrow$			
	Subtotal									0.		0.			0.
	Total from continuation sheets t									0.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (include								o re	_	000 of reportable				••
	compensation from the organizati					G. G.D		,		, , , , , , , , , , , , , , , , , , ,					0
														Yes	No
3	Did the organization list any <b>form</b>		-		•	•			Ŭ	• •					v
4	line 1a? If "Yes," complete Sched For any individual listed on line 1a											····  -	3		X
	and related organizations greater												4		Х
5	Did any person listed on line 1a re												_		v
Sec	rendered to the organization? If " tion B. Independent Contractors	<u>Yes," com</u>	plete Schedule	e J fo	or su	ich r	oers	on .				<u></u>	5		Х
1	Complete this table for your five h	ighest cor	npensated ind	ере	nder	nt co	ontra	actor	rs th	nat received more than \$	5100,000 of comp	oensati	on fro	m	
	the organization. Report compens		he calendar ye	ear e	ndir	ng w	ith c	or wi	thin I		ear.				
	Name and	(A) business	address	NC	ONE	2				(B) Description of s	ervices	Cc	(C ompen		n
2	Total number of independent con \$100,000 of compensation from t	•	•	ot lin	niteo	d to t	thos C		ted	above) who received mo	ore than				
												F	orm <b>S</b>	<b>990</b> (2	2020)

032008 12-23-20

		2020) ROOTS ETHIOPIA, INC.			46-1527	090 Page <b>9</b>
Pa	rt VII	Statement of Revenue				
		Check if Schedule O contains a response or note to any lin		( <b>D</b> )	(0)	
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a 5	Federated campaigns     1a       Membership dues     1b				
ů Č	u c					
ſfts,	d d	Related organizations				
, Gi nila	e					
Sir	f	All other contributions, gifts, grants, and				
buti	-	similar amounts not included above <b>1f</b> 530,088.				
Ö	g	Noncash contributions included in lines 1a-1f				
	h	Total. Add lines 1a-1f	530,088.			
		Business Code				
e	2 a					
e vi	b					
ר Senu	с					
Jen	d					
Program Service Revenue	е					
Δ.		All other program service revenue				
	9 3	Total. Add lines 2a-2f         Investment income (including dividends, interest, and				
	3	other similar amounts)	118.			118.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	•	(i) Real (ii) Personal				
	6 a	Gross rents 6a				
	b					
	с	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory <b>7a</b>				
	b	Less: cost or other basis				
nue		and sales expenses 7b				
venue	с	Gain or (loss) 7c				
, Re		Net gain or (loss)				
Other	8 a	Gross income from fundraising events (not				
Ò		including \$ of				
		contributions reported on line 1c). See Part IV, line 18 8a 4,601.				
	h	Part IV, line 18         8a         4,601.           Less: direct expenses         8b         9.				
		Net income or (loss) from fundraising events	4,592.			4,592.
		Gross income from gaming activities. See	_, _, _,			_, = , = .
		Part IV, line 19 9a				
	b	Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances 10a 6,647.				
	b	Less: cost of goods sold 10b 2,550.				
	с	Net income or (loss) from sales of inventory	4,097.	4,097.		
Ś		Business Code				
eou Ie	11 a					
Miscellaneous Revenue	b					
Sev	С					
Nis	a	All other revenue				
		Total. Add lines 11a-11d	538,895.	4,097.	0.	4,710.
00000	12	Total revenue. See instructions	1 330,033.	<u> </u>		Form <b>990</b> (2020)
03200	9 12-23	-20	1.0			

11591110 767667 18951.0

2020.05000 ROOTS ETHIOPIA, INC. 18951.01


Form 990 (2020)

ROOTS ETHIOPIA, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 3b, 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	271,288.	271,288.		
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 (nonemployees):				
а	Management	10.056	4 455		
	Legal	10,856.	1,457. 4,519.	89.	9,310
С	Accounting	15,274.	4,519.	10,755.	
d	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.)	40,582.	19,227.	4,250.	<u>17,105</u> 10
12	Advertising and promotion	10.			10
13	Office expenses	30,065.	20,539.	1,148.	8,378
14	Information technology	492.			492
15	Royalties				
6	Occupancy				
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,258.		1,258.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.)	4,230.		367.	3,863
d h	MATERIALS AND SUPPLIES	1,493.	653.	594.	246
u c	BAD DEBT EXPENSE	150.	0.5.5.	150.	240
c d		T 20.			
d		c 1	0.1.0		
	All other expenses	375,698	**************************************	18,611.	30 101
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	۵۲۵, C1 C	JT/ (003.	10,011.	39,404
6	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

032010 12-23-20

2020.05000 ROOTS ETHIOPIA, INC.

11

18951.01

11591110 767667 18951.0

30

31

32

33

206,776.

206,963.

Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

30

31

32

33

_		· · · · · · · · · · · · · · · · · · ·							
		Check if Schedule O contains a response or note	e to any line in this Part X						
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year			
	1	Cash - non-interest-bearing		135,334.	1	303,198.			
	2	Savings and temporary cash investments		29,572.	2	29,691.			
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net		41,214.	4	43,208.			
	5	Loans and other receivables from any current or							
		trustee, key employee, creator or founder, subst	antial contributor, or 35%						
		controlled entity or family member of any of thes	se persons		5				
	6	Loans and other receivables from other disqualif	fied persons (as defined						
		under section 4958(f)(1)), and persons described	l in section 4958(c)(3)(B)		6				
	7	Notes and loans receivable, net			7				
	8	Inventories for sale or use			8				
	9			843.	9	1,200.			
	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 1			12				
	13	Investments - program-related. See Part IV, line 1	11		13				
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11			15				
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	206,963.	16	377,297.			
	17	Accounts payable and accrued expenses		187.	17	7,324.			
	18	Grants payable			18				
	19	Deferred revenue			19				
	20	Tax-exempt bond liabilities			20				
	21	Escrow or custodial account liability. Complete F			21				
	22	Loans and other payables to any current or form	ner officer, director,						
		trustee, key employee, creator or founder, subst	antial contributor, or 35%						
		controlled entity or family member of any of thes	se persons		22				
	23	Secured mortgages and notes payable to unrela	ted third parties		23				
	24	Unsecured notes and loans payable to unrelated	d third parties		24				
	25	Other liabilities (including federal income tax, page	yables to related third						
		parties, and other liabilities not included on lines	s 17-24). Complete Part X						
		of Schedule D			25				
	26	Total liabilities. Add lines 17 through 25		187.	26	7,324.			
		Organizations that follow FASB ASC 958, che	ck here 🕨 🔀						
		and complete lines 27, 28, 32, and 33.							
	27			123,448.	27	285,884.			
	28	Net assets with donor restrictions		83,328.	28	84,089.			
		Organizations that do not follow FASB ASC 9	58, check here 🕨 📃						
		and complete lines 29 through 33.							
	29	Capital stock or trust principal, or current funds			29				
	20	Daid in an applied ourplus, or land, building, or ag	uninment fund		20				

12

369,973.

377,297. Form **990** (2020)

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Form	1990 (2020) ROOTS ETHIOPIA, INC.	46-152	7090	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	538		
2	Total expenses (must equal Part IX, column (A), line 25)	2	375		
3	Revenue less expenses. Subtract line 2 from line 1	3			97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	206	5,7'	76.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	369	),9'	<u>73.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
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 on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

032012 12-23-20

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
2020
Open to Public Inspection

Name of the organization							identification number			
	ROOTS ETHIOPIA						6-1527090			
Part I Reason fo	r Public Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructior	IS.				
The organization is not a p	rivate foundation because it is:	(For lines 1 through 12, c	heck only	one box.)						
1 🗌 A church, conv	ention of churches, or association	on of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).					
2 A school descri	bed in section 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
<b>3</b> A hospital or a	cooperative hospital service org	anization described in s	ection 170	)(b)(1)(A)(ii	ii).					
	arch organization operated in co				•	)(iii). Enter	the hospital's name,			
city, and state:	-	, ,				~ /	• •			
	operated for the benefit of a co	ollege or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in			
	(1)(A)(iv). (Complete Part II.)									
	, or local government or govern	mental unit described in	section 17	70(6)(1)(4)	(14)					
	that normally receives a substa					o gonoral r	ublic described in			
	•	antial part of its support if	on a gove	ennentai		ie general j				
	(1)(A)(vi). (Complete Part II.)									
	ust described in section 170(b)					I				
-	research organization described			-		-	-			
•	a non-land-grant college of agric	culture (see instructions).	Enter the I	name, city	, and state of	the college	or			
university:										
-	that normally receives (1) more					-	•			
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment									
income and uni	related business taxable income	e (less section 511 tax) fro	om busines	sses acqui	red by the ore	anization a	fter June 30, 1975.			
See section 50	9(a)(2). (Complete Part III.)									
11 An organization	organized and operated exclus	sively to test for public sa	fety. See	section 50	09(a)(4).					
12 An organization	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or									
more publicly s	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in									
lines 12a throug	gh 12d that describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	l 12g.				
a 🔄 Type I. A sup	porting organization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving			
the supported	d organization(s) the power to re	egularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting			
organization.	You must complete Part IV, S	ections A and B.								
b 🗌 Type II. A su	oporting organization supervised	d or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ring			
control or ma	nagement of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
organization(	s). You must complete Part IV,	Sections A and C.								
c 🗌 Type III func	tionally integrated. A supportir	ng organization operated	in connect	tion with, a	and functiona	ly integrate	d with,			
its supported	organization(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.					
d Type III non-	functionally integrated. A sup	porting organization oper	ated in co	nnection w	vith its suppo	ted organiz	ation(s)			
	nctionally integrated. The organi					Ũ				
	see instructions). You must co		•		-					
	ox if the organization received a	-				II. Type III				
	ntegrated, or Type III non-function				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , pe				
, ,	supported organizations		ig organiz							
	information about the support	ed organization(s)								
(i) Name of support		(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other			
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)			
		above (see instructions))								
 Total										
	Iction Act Notice, see the Inst	ructions for Form 990 or	990-F7	032021 01	1 25-21 <b>Scho</b>	dule A (For	m 990 or 990-EZ) 2020			
				002021 01-		aale <i>n</i> (EUI	IN OUD OF OUT-LE EUZU			

2020.05000 ROOTS ETHIOPIA, INC.

14

### Schedule A (Form 990 or 990-EZ) 2020 ROOTS ETHIOPIA, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Calendar year (or fincal year beginning in) ►       (g) 2016       (g) 2017       (g) 2018       (g) 2019       (g) 2020       (f) Total         10 (fits, grants, contributions, and any "unusual grants")       308, 483.       236, 161.       352, 322.       366, 828.       530, 088.       1793882.         2 Tax revenues levide for the organization without charge       and any account of the fits of the organization without charge       and a services or facilities       and a services or facilities <th>260</th> <th>ction A. Public Support</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	260	ction A. Public Support											
membership lese received. (Do not include any Pruscule) grants?       308, 483. 236, 161. 352, 322. 366, 828. 530, 088. 1793882.         2 Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalt       308, 483. 236, 161. 352, 322. 366, 828. 530, 088. 1793882.         3 The value of services or facilities turnished by a governmental unit to the organization without charge       308, 483. 236, 161. 352, 322. 366, 828. 530, 088. 1793882.         5 The portion of total contributions by each person (fore than a governmental unit or publicly supported organization include on line 1 that exceeds 2% of the amount shown on line 11, column (f)       308, 483. 236, 161. 352, 322. 366, 828. 530, 088. 1793882.         6 Public support. Subset the torm text.       308, 483. 236, 161. 352, 322. 366, 828. 530, 088. 1793882.         6 Constances from interest, dividends, payments received on securities locations, rents, rontal and income from interest, dividends, payments received on securities user, rents, rontal and income from interest, dividends, payments received on securities users from related actives, etc. (see instructions)       12         11 Total asport. Add lines 7 through 10 C constructions from related actives, etc. (see instructions)       12         12 Constructions from related actives, etc. (see instructions)       12         14 Public support. Add lines 7 through 10 C constructions for related actives, etc. (see instructions)       12         15 First 5 years. If the Form 900 is for the organization first, second, third, fourth, or fifth tax year as a section 501(cg) organization, meakt this box and stop here. The organization a	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total					
include any 'unusual grants.')       308,483.236,161.352,322.366,828.530,088.1793882.         2 Tax revenues levied for the organization in the organization is benefit and other part to or expended on its benefit       308,483.236,161.352,322.366,828.530,088.1793882.         3 The value of services or facilities turnished by a governmental unit to the organization without charge and any appointed organization included on line 1 that exceeds 2% of the amount shown on line 11.       308,483.236,161.352,322.366,828.530,088.1793882.         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.       201,230.         6 Public support.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (d) 2019         Caleedary set (of field year beginning in)       7 Amounts from line 4       308,483.236,161.352,322.366,828.530,088.1793882.         9 Net income from interest, dividends, payments received on securities loans, ronts, royattes, and income from similar sources a clouded paint and sources a cloude paint cloude paint cloude paint cloude paint cloude paint cloude pain	1	Gifts, grants, contributions, and											
2       Tar versues levid for the organization is behalf         3       The value of services or facilities it municide by a governmental into the organization without charge         4       Tatal. Add lines 1 through 3         5       The portion of total contributions by ach person (other thran a governmental unit or publicly supported organization) included on line 1 thackeeds 2% of the amount shown on line 11.         column (f)       201, 230.         6       Public support. B-total Support.         (a) 2016       (b) 2017         (c) 2018       (d) 2019         (a) 2020       (f) Total         308, 483.       236, 161.       352, 322.         366, 828.       530, 088.       1793882.         8       Gross income from interest       126.       162.         1       118.       654.         1       126.       162.       130.         1       Total support.       1794536.		•											
introvis benefit and either paid to or expended on its behalf			308,483.	236,161.	352,322.	366,828.	530,088.	1793882.					
ar expended on its behalf         3 The value of services or facilities timisfield by a governmental unit to the organization without charge         4 Total. Add lines 1 through 1         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 threaceeds 2% of the amount shown on line 11, column (f)         6 Public support.         6 Public support.         6 Arguing in the acceeds 2% of the amount shown on line 11, column (f)         7 Amounts from line 4         8 Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources.         9 Net income from similar sources.         11 Total support.         12 Gross income to nor similar sources.         12 Total support.         13 First System. Hether or not the business is regularly carried on securities loans, rents, royaties, and income from similar sources.         9 Net income from interelate divines, activities, whether or not the business is regularly carried on securities loans, rents, royaties, and income from similar sources.         11 Total support.         26 To Show these or not the business is regularly carried on securities loans, rents, royaties, and in the normalized business activities, whether or not the business is regularly carried on the business is regularly carried on the total support percentage for 2020 (ine 6, column (f), divided by line 11, column (f))       12         14 Total support tot.       17.94536.<	2	6											
3       The value of services or facilities furnished by a governmental unit to the organization without charge         4       Total. Add lines 1 through 3         308,483.236,161.352,322.366,828.530,088.1793882.         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)         201,230.       201,230.         6       Public support 1 calcrading from line 4         1592652.       Section B. Total Support         Caliedary year (of fisel year beginning in) Y       (a) 2016         7       Amount shown on line 11, column (i)         Caliedary year (of fisel year beginning in) Y       (a) 2016         7       Amount shown on line 4.1         Caliedary year (of fisel year beginning in) Y       (a) 2016         7       Amount shown on line 4.1         0       0.201, 2.30.         11       Total support. Additions, rents, royalles, and income from inithrest, dividends, payments received on other bourses is regularly carried on 0.1         12       Gross receipts from related activities, etc. (see instructions)       12         12       Gross receipts from related activities, etc. (see instructions)       12         13       First Syearch 11       He low poor percentage for 2020 (ins 6, column 6, divided by lins 11, column (f)		•											
function of the organization without charge       308,483.236,161.352,322.366,828.530,088.1793882.         5 The portion of total contributions by each preson (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)       308,483.236,161.352,322.366,828.530,088.1793882.         6 Public support. Subtactive 5 row line 1.       1592652.         Section B. Total Support       1592652.         Celledary set (or fisely sar beginning in) ►       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       308,483.236,161.352,322.366,828.530,088.1793882.       306,828.530,088.1793882.       1793882.         8 Gross income from interest, dividends, payments received on securities loans, rents, royallies, and income from interest, dividends, sequents received on securities loans, rents, royallies, and income from interest, organization or loss from the sale of capital assets (Explain in Part VI).       126.162.130.118.118.654.         9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).       12         11 Total support. Add lines / through 10       1794536.         24 Gross receipts from related activities, etc. (see instructions)       12         13 First Syeers, If the Form 900 is for the organization's first, second, third, fourth, or fifth tax years as a section 501(c)(3) organization, check this box and stop here.       14       88.75 second 501(c)(3) organization of Publi		or expended on its behalf											
the organization       without charge       308,483.236,161.352,322.366,828.530,088.1793882.         a Total. Add lines 1 through 3       308,483.236,161.352,322.366,828.530,088.1793882.         b 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 (i)       201,230.         c Public support. Subract line 5 ton line 4.       1592652.         Section B. Total Support       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       308,483.236,161.352,322.366,828.530,088.1793882.       (f) Total       (f) Total         7 Amounts from line 4       308,483.236,161.352,322.366,828.530,088.1793882.       (f) Total         8 Gross income from line 4.       308,483.236,161.352,322.366,828.530,088.1793882.       (f) Total         9 Net income from unrelated business a activities, whether on not the business is regularly carried on on the sequelarly carried on the sequ	3	The value of services or facilities											
4 Total. Add lines 1 through 3       308, 483. 236, 161. 352, 322. 366, 828. 530, 088. 1793882.         5 The portion of total contributions by each preson (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)       201, 230.         6 Public support. Solvest lines 1 tomine 1.       201, 230.       1592652.         Section B. Total Support       308, 483. 236, 161. 352, 322. 366, 828. 530, 088. 1793882.         8 Gross income from interest, dividends, payments received on securities loans, errst, royatiles, and income from similar sources.       126. 162. 130. 118. 118. 654.         9 Net income from interest, activities, whether or not the business is regularly carried on or to the said of capital assets (Explain In Part VI)       1794536.         11 Total support. Additions fitrongh 10       12       1794536.         12 Gross receipts from reliate advitties, etc. (see instructors)       12         11 Total support term reliate advitties, etc. (see instructors)       12         12 Gross receipts from reliate advitties, etc. (see instructors)       12         13 First Syears. If the Form 900 is for the organization (din dot check the box on line 13, and line 14 58. 75. 96       97. 739. 96         14 Public support percentage from 2018 Schedule A, Part II, II to 14       15. 97. 73. 9         14 Public support percentage from 2019 Schedule A, Part II, II to 14       16. 97. 73. 9         15 3 1/3% support tet - 2000. If the or		, ,											
5 The portion of total contributions by each person (dther than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i)       201,230.         6 Public support. Subtract thes from the a       1592652.         Section B. Total Support         Calledar year (or fiscal year beginning in) (a) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total         7 Amounts from line 4         308, 483.       236, 161.       352, 322.       366, 828.       530, 088.       1793882.         8 Gross income from interest, dividends, payments received on securities losiness 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)       12       1794536.         1794536.         1794 526.         Section C. Computation of Public Support Percentage         4         4         4         4       201, 423.         1         1         126.       162.       130.       118.       11794536.         1		the organization without charge											
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) 6 Public support. Substrative Show ine 4 8 Gross income from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 14 Public support percentage from 209 Schedule A, Part II, Ine 14 15 Gross receipts from related activities, etc. (see instructions) 14 Public support percentage from 209 Schedule A, Part II, Ine 14 15 Gross receipts from related activities as a publicly supported organization 15 Public support percentage from 209 Schedule A, Part II, Ine 14 15 Gross receipts from relate activities, etc. (see instructions) 16 Public support test - 2020. If the organization did not check the box on line 13, refs, refs, and line 14 is 33 1/3% support test - 2020. If the organization did not check the box on line 13, refs, or 16b, and line 14 is 53 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization to 174 10% - fact-and-circumstances test - 2020. If the organization did not check a box on line 13, refs, refs			308,483.	236,161.	352,322.	366,828.	530,088.	1793882.					
governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f)       201,230.         6 Public support.       2012,230.         7 Amounts from line 4.       1592652.         Section B. Total Support       (a) 2016         Calendary year (of fiscal year beginning in) ▶       (a) 2016         7 Amounts from line 4.       308,483.236,161.352,322.366,828.530,088.1793882.         8 Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources and income from unrelated business activities, whether or not the business is regularly carried on or Oses from the sale of capital assets (Explain in Part VI)       126.162.130.118.118.654.         11 Total support. Add lines 7 through 10       1794536.         12 Gross receipts from related activities, etc. (see instructions)       12         13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.         8 Public support percentage from 2019 Schedule A, Part II, line 14.       14       38.75 %         14 Dublic support percentage for 2020 (life c) column (f) divided by line 11, column (f)       14       88.75 %         15 Public support percentage form 2019 Schedule A, Part II, line 14.       15       97.39 %         16 33 1/3% support test - 2020. If the organization did not check abox on line 13 or 16a, and line 14 is 31/3% or m	5	•											
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, columm (f)       201,230.         6 Public support. Subset line 4 some 4.       1592652.         Section B. Total Support       308,483.236,161.352,322.366,828.530,088.1793882.         7 Amounts from line 4 and come from interest, dividends, payments received on securities loans, rents, royatiles, and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI).       126.162.130.118.118.654.         9 Net income from interest, dividends, payments received on securities loans, rents, royatiles, and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI).       126.162.130.118.118.654.         9 Net income from interest, dividends, payments received on securities throw related activities, etc. (see instructions)       12         11 Total support. Add lines 7 through 10       1794536.         12 Gross receipts from related activities, etc. (see instructions)       12         13 First 5 years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage from 2019 Schedule A, Part II, line 14       14       88.75 %         14 Dublic support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15 Public support perc													
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       201,230.         6 Public support. Submact line 5 from line 4.       1592652.         Section B. Total Support       11592652.         Calendar year (or fisal year beginning in) ►       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       308,483.       236,161.       352,322.       366,828.       530,088.       1793882.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.       126.       162.       130.       118.       118.       654.         9 Net income from linelated business activities, whether or not the business is regularly carried on													
amount shown on line 11, column (f)       201,230.         6       Public support: Surgerst line 8 from line 4.       1592652.         Section B. Total Support       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7       Amounts from line 4.       308,483.       236,161.       352,322.       366,828.       530,088.       1793882.         8       Gross income from interest, dividends, payments received on securites loans, rents, royatiss, and income from similar sources       126.       162.       130.       118.       118.       654.         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       17945366.       12         11       Total support. Add lines 7 through 10       12       17945366.         22       Gross recepts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       97.39         14       88.75 %       15       97.39       %         15       Poblic support percentage from 2019 Schedule A, Part II, line 14.       13       97.39       %         16a 33 1/3% support test - 20													
column (i)       201,230.         6 Public support. Subject lines 5 from let.4       201,230.         Section B. Total Support       1592652.         Section B. Total Support       308,483.236,161.352,322.366,828.530,088.1793882.         a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.       126.162.130.118.118.654.         9 Net income. Do not include gain or issines is regularly carried on or loss from the sale of capital assets (Explain in Part VI).       12794536.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).       12         13 First S years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14         14 Public support percentage form 200 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15 Public support percentage form 200 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15 Public support percentage form 200 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         16 33 1/3% support test - 2020. (If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization did not check a box on line 13, or 16a, and line 14 is 0% or more, and if the organization qualif													
6 Public support. Subtractines from tree 4.       1592652.         Section B. Total Support       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       308,483.       236,161.       352,322.       366,828.       530,088.       1793882.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources       126.       162.       130.       118.       118.       654.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       12       1794536.         12 Cross receipts from related activities, etc. (see instructions)       12         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         4 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15 Public support percentage for 2020. If the organization dual the tax box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         16 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. T													
Section B. Total Support       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       308,483.       236,161.       352,322.       366,828.       530,088.       1793882.         8 Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from unrelated business activities, whether or not the business is regularly carried on       126.       162.       130.       118.       118.       654.         9 Net income from interest, dividends, payments received on securities loans, rents, royaties, and income from unrelated business activities, whether or not the business is regularly carried on       126.       162.       130.       118.       118.       654.         9 Net income from interest, dividends, payment Ad lines 7 through 10       1794536.       12       1794536.         12 Gross receipts from related activities, etc. (see instructions)       12       1794536.         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       9         24 Public support Percentage from 2019 Schedule A, Part II, line 14       15       97.39       9         16a 33 1/3% support test - 2020. If the organization did not check the 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 organizati													
Calendar year (or fiscal year beginning in)       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       308, 483. 236, 161. 352, 322. 366, 828. 530, 088. 1793882.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       126. 162. 130. 118. 118. 654.         9 Net income from unrelated business activities, whether or not the business is regularly carried on in torols from the sale of capital assets (Explain in Part VI.)       1794536.         12 Gross receipts from related activities, etc. (see instructions)       12         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support test - 2019. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here, and stop here.         13 3 1/3% support test - 2019. If the organization did not check a box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         14 0% -facts-and-circumstances test. 2019. If the organization did not check a box on line 13, fea, or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization         15 3 1/3% support test - 2019. If the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. Th													
7 Amounts from line 4       308, 483. 236, 161. 352, 322. 366, 828. 530, 088. 1793882.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       126. 162. 130. 118. 118. 654.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       126. 162. 130. 118. 118. 654.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       1794536.         11 Total support. Add lines 7 through 10       12         13 First 5 genes. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14         9 Netic support test - 2020. (line 6, column (f), divided by line 11, column (f))       14       88.75 %         14 Public support percentage from 2019 Schedule A, Part II, line 14       53 1/3% or more, check this box and stop here       15         9 33 1/3% support test - 2020. (If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization       13         173 10% - facts-and-circumstances test. 2019. If the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check this box and stop here. Explain in Part VI how				<i></i>									
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       126.162.130.118.118.654.         9       Net income from unrelated business activities, whether or not the business is regularly carried on 10       126.162.130.118.118.654.         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       1794536.         11       Total support. Add lines 7 through 10       12         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       Image: Computation of Public Support Percentage         14       Public support test - 2020. (line 6, column (f), divided by line 11, column (f))       14       88.75 % 15         13       1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Xi         17a       10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. Check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Chec													
dividends, payments received on securities loans, rents, royalties, and income from similar sources       126.       162.       130.       118.       118.       654.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       1       118.       118.       654.         11 Total support. Add lines 7 through 10       1794536.       12         12 Gross receipts from related activities, etc. (see instructions)       12       1794536.         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       >         24 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15 Public support percentage from 2019 Schedule A, Part II, line 14       15       97.39 %         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       >       >         17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, r13, e, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       >       >       >         17a 10% -facts-and-circumstances test. The organization did not check a box on line 13, r16a, or 16b, and line 14			308,483.	230,101.	354,344.	300,020.	530,088.	1/93002.					
securities loans, rents, royalties, and income from similar sources       126.       162.       130.       118.       118.       654.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       100       100       118.       118.       118.       654.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       11       1794536.       12         11       Total support. Add lines 7 through 10       12       1794536.         12       cross receipts from related activities, etc. (see instructions)       12       1         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here       16         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15       Public support percentage form 2019 Schedule A, Part II, line 14       15       97.39 %         16a 33 1/3% support test - 2020. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       17         17a       10% -facts-and-circumstances test. 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the fact													
and income from similar sources       126.       162.       130.       118.       118.       654.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       1       1       1       654.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       1       1794536.         11 Total support. Add lines 7 through 10       12       1         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       11         organization, check this box and stop here       1       14       88.75 %         14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15 Public support test - 2020. If the organization did not check the box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13 or 16a, and line 14 is 133 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances													
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       1794536.         12 Gross receipts from related activities, etc. (see instructions)       12       1794536.         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       1         14 Public support Percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15 Public support percentage from 2019 Schedule A, Part II, line 14       15       97.39 %         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, r16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       10         17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, r16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization       10         17a 10% -facts-and-circumstances test. The organizat													
activities, whether or not the business is regularly carried on			126.	162.	130.	118.	118.	654.					
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         12       Gross receipts from related activities, etc. (see instructions)         12       Gross receipts from related activities, etc. (see instructions)         12       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15       Public support percentage from 2019 Schedule A, Part II, line 14       15       97.39 %         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a       10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       Image: State S	9												
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       1794536.         11       Total support. Add lines 7 through 10       12         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       Image: Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15       Public support percentage for 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Computation Check this box and stop here. The organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2020. 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       Image: Computation meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-an													
or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Inst 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.75 % 15 Public support percentage for 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. 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 b 33 1/3% support test - 2019. If the organization did not check a box on line 13, no line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organizati		• • •											
assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))  14 88.75 %  15 Public support percentage form 2019 Schedule A, Part II, line 14  15 97.39 %  16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2019. 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  b 33 1/3% support test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organi	10	•											
11 Total support. Add lines 7 through 10 1794536.   12 Gross receipts from related activities, etc. (see instructions) 12   13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)   organization, check this box and stop here Section C. Computation of Public Support Percentage   14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14   15 Public support percentage form 2019 Schedule A, Part II, line 14 15   16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   17a 10% -facts-and-circumstances test - 2020. 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 - 2020. 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 - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization   17a 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly													
12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       Image: Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15       Public support percentage from 2019 Schedule A, Part II, line 14       15       97.39 %         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Computation Computation Qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, r13, r13, r13% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Computation Qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test. The organization did not check a box on line 13, r13, r13, r13, r13, r14, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1704526</td></t<>								1704526					
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15 Public support percentage from 2019 Schedule A, Part II, line 14       15       97.39 %         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         b 33 1/3% support test - 2019. 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       X         17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization       Image: Column 10 in Check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization         10% -facts-and-circumstances test. The organ								1/94530.					
organization, check this box and stop here       Image: Section C. Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       Image:			`	,									
Section C. Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       88.75 %         15       Public support percentage from 2019 Schedule A, Part II, line 14       15       97.39 %         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       IX         b 33 1/3% support test - 2019. 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       IX         17a 10% -facts-and-circumstances test - 2020. If the organization qualifies as a publicly supported organization       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	13		-										
14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       88.75       %         15       Public support percentage from 2019 Schedule A, Part II, line 14       15       97.39       %         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       IX         b 33 1/3% support test - 2019. 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       IX         17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization       Image: Stop for St	500												
15       Public support percentage from 2019 Schedule A, Part II, line 14       15       97.39 %         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶ 🗶         b 33 1/3% support test - 2019. 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 - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization         b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization       ▶ □         a 10% or more, and if the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances					(f)			88 75 %					
<ul> <li>16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2019. 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</li> <li>17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>				-				0 - 0 0					
<ul> <li>stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2019. 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</li> <li>17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 11% Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> <li>c 118 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>													
<ul> <li>b 33 1/3% support test - 2019. 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</li> <li>17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 118 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>	108							N V					
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 11% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 11% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 11% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 11% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 11% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 11% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 11% -facts-and-circu	la			-									
<ul> <li>17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>18 Private foundation. If the organization did not check a box on line 13, 16a, 17a, or 17b, check this box and see instructions</li> </ul>	D												
and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <b>b 118</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <b>b</b>	47-												
<ul> <li>meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>	17a		-										
<ul> <li>b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>		-			-		-						
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization          18       Private foundation.       If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions       Image: Comparization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	۲.		-			-							
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization <b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <ul> <li>Image: Second Sec</li></ul>	D		-					1070 01					
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		· -											
	19	-		•									
	10	Finale foundation. In the organizatio	T did hot check a		a, 100, 17a, 01 170								

032022 01-25-21

11591110 767667 18951.0

)

46-1527090 Page 2

# Schedule A (Form 990 or 990 EZ) 2020 ROOTS ETHIOPIA, INC.

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

46-1527090 Page 3

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	L					
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						
<b>4</b> 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	L					
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organi	zation,
check this box and <b>stop here</b>	0					·
Section C. Computation of Publi						
15 Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
<ul><li>17 Investment income percentage for 20</li><li>18 Investment income percentage from 3</li></ul>					17 18	%
19a 33 1/3% support tests - 2020. If the					· · · · · · · · · · · · · · · · · · ·	
more than 33 1/3%, check this box ar						
<b>b 33 1/3% support tests - 2019.</b> If the						► □
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
032023 01-25-21			,,, <del></del> , <del>_</del> , <del></del>			990 or 990-EZ) 2020
		16	5	2.511		

11591110 767667 18951.0

<sup>2020.05000</sup> ROOTS ETHIOPIA, INC.

1

2

3a

3b

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 "Yest") 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 line 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.)

032024 01-25-21

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

Schedule A (Form 990 or 990-EZ) 2020

2020.05000 ROOTS ETHIOPIA, INC.

17

Iu	Supporting organizations (continuea)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			

the organization maintained a close and continuous working relationship with the supported organization(s).
By reason of the relationship described in line 2, above, 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.

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the n	nethod that the organization	used to satisfy the l	Integral Part Test during	the year (see instructions).
---	-----------------------------	------------------------------	-----------------------	---------------------------	------------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** below.

С		The organization su	pported a governr	nental entity. I	Describe in Part	<b>VI</b> how	you supported a	governmental entity	(see instructions	;).
---	--	---------------------	-------------------	------------------	------------------	---------------	-----------------	---------------------	-------------------	-----

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2

3

2a

2b

3a

3b

Yes No

2020.05000 ROOTS ETHIOPIA, INC.

# Schedule A (Form 990 or 990-EZ) 2020 ROOTS ETHIOPIA, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion 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		
	ion 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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functiona	llv integrate	d Type III supporting orga	nization (see

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) 2020

032026 01-25-21

# Schedule A (Form 990 or 990-EZ) 2020 ROOTS ETHIOPIA, INC.

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	inizations (continue	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e			_	
g	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019 Excess from 2020				
е					

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

	Supplemental Inform				
Schedule A	(Form 990 or 990-EZ) 2020	ROOTS	ETHIO	PIA,	INC.

Section D, lines 5, 6, and 8; and Part V, (See instructions.)	Section E, lines 2, 5, and 6. Also complete this part for any additional infor	mation.
32028 01-25-21		rm 990 or 990-EZ) 202

Schedule A

023171 04-01-20

# Identification of Excess Contributions Included on Part II, Line 5

46-1527090

2020

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
	51,697.	15,806.
	36,447.	556.
	38,150.	2,259.
	218,500.	182,609.
otal Excess Contributions to Schedule A, Part II, Line 5		201,230

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

ROOTS ETHIOPIA,

#### \*\* PUBLIC DISCLOSURE COPY \*

# **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

2020

Employer identification number

46-1527090

Filers of:	Section:			
Form 990 or 990-EZ	$\fbox$ 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 (entering "N/A" in column (b) instead of the contributor name and address), 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  $\dots$   $\blacktriangleright$  \$

**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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

Employer identification number

ROOTS ETHIOPIA

# TNC

ROOTS	ETHIOPIA, INC.		46-1527090
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 contribution	(d) s Type of contribution
1		\$16,19	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$20,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contribution	(d)
<u>3</u>	Name, address, and ZIP + 4	\$200,00	Person X Payroll
(a)	(b)	(c)	(d)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

11591110 767667 18951.0

24 2020.05000 ROOTS ETHIOPIA, INC. Name of organization

Page **3** 

ROOTS ETHIOPIA, INC.

Employer identification number

46-1527090

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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 Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	

# 11591110 767667 18951.0

2020.05000 ROOTS ETHIOPIA, INC. 18951.01

25

Page 4

lame of ore	ganization		Employer identification number
ററനട	ETHIOPIA, INC.		46-1527090
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	b) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
a) No.	Ose duplicate copies of Part III II additional		
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			(d) Description of how with is hold
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
F		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 11-25-2	20	26	Schedule B (Form 990, 990-EZ, or 990-PF) (2

# 11591110 767667 18951.0

2020.05000 ROOTS ETHIOPIA, INC. 18951.01

(Form 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.	2020
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service		www.irs.gov/Fo	orm990 for instructions and the latest	t information.		Inspection
Name of the organization					Employer	identification number
ROOTS ETHIOPI	A TNC.				46-15	27090
Part I General I	nformation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answ	vered "Yes" on
	art IV, line 14b.					
		n maintain record	ds to substantiate the amount of its gra	onts and other	assistance	
			the selection criteria used to award the			X Yes No
		,,		g		
2 For grantmakers.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	ce outside the
United States.		-	-	-		
3 Activities per Regio	n. (The following Part	I, line 3 table ca	an be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service	for and
	in the region	independent contractors	gram services, investments, grants to		e specific typ	investments
		in the region	recipients located in the region)	of service	(s) in the reg	in the region
				LEARNING RE	SOURCE	
				PROJECTS (S	CHOOL	
			PROGRAM SERVICES AND OTHER	RESOURCES &	TEACHER	
SNNPR, ETHIOPIA	2	10	ASSISTANCE	SUPPORT); S	CHOOL	317,683.
	-					
3 a Subtotal		10				317,683.
<b>b</b> Total from continua						_
sheets to Part I		0				0.
c Totals (add lines 3a	2	10				317,683.
and 3b)	4	1 10				517,005.

Statement of Activities Outside the United States

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2020

OMB No. 1545-0047

032071 12-03-20

SCHEDULE F

Schedule	F (Form 990)	) 2020	ROOTS	ETHIOPIA,	INC.	
<b>D</b>	<u> </u>			· ··	<b>A</b> · · · · ·	

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	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SNNPR, ETHIOPIA	GENERAL SUPPORT	255,257.	WIRE TRANSFERS	0.		
	nization by the IRS, o	or for which the grantee	ecognized as charities by the or counsel has provided a sec	tion 501(c)(3) equ	uivalency letter			

Schedule F (Form 990) 2020

Part III can be duplicated if a	Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(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					
GENERAL SUPPORT	SNNPR, ETHIOPIA	1	16 031	WIRE TRANSFER	0.						

### Schedule F (Form 990) 2020 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.

Schedule F (Form 990) 2020

46-1527090

Page 3

**(h)** Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

#### 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. ROOTS ETHIOPIA ADDIS OFFICE PROGRAMS ALSO SUBMIT PROPOSALS FOR FUNDING AND SELECT SOME SITES IN PARTNERSHIP WITH THE LOCAL MINISTRIES OF EDUCATION AND COMMUNITIES. IF THE PROPOSAL IS ACCEPTED, THE GRANT OR PROGRAM/PROJECT IS FUNDED VIA WIRE TRANSFER TO EITHER THE GRANTEE (WHO IMPLEMENTS THE PROJECT) OR THE ROOTS ETHIOPIA ADDIS OFFICE (WHO IS RESPONSIBLE FOR IMPLEMENTING THE PROJECT.) THIS INCLUDES: USING AGREED UPON CRITERIA TO SELECT AND APPROVE PROGRAM PARTICIPANTS; MAKE APPROPRIATE PAYMENTS FOR PRE-APPROVED EXPENSES; MONITOR THE PROJECT UNTIL COMPLETION WHILE KEEPING THE COUNTRY DIRECTOR UPDATED AS TO PROGRESS AND ALSO WHILE COLLECTING DATA ON THE VARIABLES AGREED UPON IN ADVANCE; KEEPING FINANCIAL RECORDS, PARTICIPANT ROSTERS, AND PROJECT PLANS.

THE GRANT RECIPIENT SUBMITS FINANCIAL REPORTS, ROSTERS AND PLANS BOTH PERIODICALLY AND UPON REQUEST. THE ROOTS ETHIOPIA ADDIS OFFICE SUBMITS FINANCIAL REPORTS, ROSTERS AND PLANS BOTH QUARTERLY AND UPON REQUEST. MEETINGS ARE HELD ON SITE AT INDEPENDENT CONTRACTOR OFFICES AND ROOTS ETHIOPIA OFFICES WHERE FINANCIAL RECORDS (CASH ACCOUNTING) AND PROJECT RECORDS ARE MADE AVAILABLE. BOARD MEMBERS AND/OR ROOTS ETHIOPIA STAFF CONDUCT SITE VISITS IN PROJECT LOCATIONS TO GATHER DATA AND REVIEW ADHERENCE TO AGREED UPON PROJECT CONDITIONS. AN EXTERNAL FINANCIAL AUDITOR REVIEWS AND APPROVES ROOTS ETHIOPIA ADDIS OFFICE FINANCIAL RECORDS ANNUALLY.

31

PART I, LINE 3, COLUMN (E):

032075 12-03-20

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020	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.

#### REGION: SNNPR, ETHIOPIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: LEARNING RESOURCE PROJECTS

(SCHOOL RESOURCES & TEACHER SUPPORT); SCHOOL SPONSORSHIPS; SELF HELP

ENTREPRENEUR GROUPS; HUMANITARIAN AID

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.

2020 Open to Public Inspection

OMB No. 1545-0047

ROOTS ETHIOPIA, INC.

Employer identification number 46 - 1527090

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

FAMILIES TO SEND THEIR CHILDREN TO SCHOOL, WE SUPPORT WOMEN TO CREATE

VALUABLE LOCAL MARKET WORK, AND WE JOIN WITH COMMUNITIES TO IMPROVE

THEIR SCHOOLS SO EVERYONE HAS A CHANCE TO LEARN.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN RESPONSE TO THE COVID-19 GLOBAL PANDEMIC, ROOTS ETHIOPIA ADDED A

HUMANITARIAN COMPONENT TO ITS 2020 PROGRAMMING.

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

SPECIAL EDUCATION CLASSROOM. AN OVERALL IMPROVEMENT IN THE SCHOOLS IN

TERMS OF INPUT, OUTPUT, AND OUTCOME LEVEL INDICATORS SET BY THE

MINISTRY OF EDUCATION. SPECIFIC EXAMPLES OF SUCH ACHIEVEMENTS WERE

REGISTERED IN THREE SCHOOLS: MERKATO (PROMOTED FROM LEVEL 1 TO LEVEL

3), TEZA GREBA (PROMOTED FROM LEVEL 2 TO LEVEL 3), AND TUNTO (PROMOTED

FROM LEVEL 2 TO LEVEL 3).

PART III, LINE 4D, OTHER PROGRAM SERVICES: FORM 990, SELF-HELP ENTREPRENEURIAL GROUPS (AKA SHE, FORMERLY INCOME GENERATING ACTIVITIES + SELF-HELP SAVINGS GROUPS) CREATE OPPORTUNITIES FOR HOUSEHOLDS TO DEVELOP AND MAINTAIN SUSTAINABLE SMALL BUSINESS AND SAVINGS PROGRAMS SO FAMILIES CAN BUILD A BETTER FUTURE FOR THEMSELVES. BETWEEN JANUARY 1, 2020 AND DECEMBER 31, 2020, 240 SHE WOMEN AND THEIR FAMILIES CONTINUE TO OPERATE SMALL BUSINESSES WITH MENTORING AND SUPPORT FROM ROOTS ETHIOPIA. AS WITH THE STUDENTS SUPPORTED BY SCHOOL SCHOLARSHIPS THE WOMEN ENGAGED IN SELF-HELP GROUPS BENEFITTED FROM Schedule O (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

33

Name of the o	organiza	ation							identification number
		ROOTS	ETHIOPIA,	INC.				46-3	1527090
HEALTH	AND	NUTRITION	PROGRAMS	ORGANIZED	ВΥ	ROOTS	ETHIOPIA	DURING	THE

EXPENSES \$ 15,136. INCLUDING GRANTS OF \$ 12,926. REVENUE \$ 0.

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

BOARD MEMBERS RECEIVE A COPY OF THE COMPLETED FORM VIA INTERNAL

COMMUNICATIONS AND ARE DIRECTED TO ADDRESS QUESTIONS/POTENTIAL CORRECTIONS TO THE BOARD TREASURER BEFORE THE DATE UPON WHICH THE 990 WILL BE FINALIZED AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE EXECUTIVE COMMITTEE IS INVOLVED WITH PROPOSED OR ONGOING TRANSACTIONS AND MONITORS ANY POTENTIAL CONFLICTS OF INTEREST. IN ADDITION, ALL POSITIONS OF INFLUENCE, FINANCIAL BENEFITS, FINANCIAL INTERESTS AND OTHER POTENTIAL CONFLICTS OF INTEREST MUST BE DISCLOSED IN THE ORGANIZATION'S CONFLICT OF INTEREST CERTIFICATION. DEPENDING UPON THE NATURE OF THE CONFLICT, THIS MAY INCLUDE THE INDIVIDUAL BEING REMOVED FROM A POSITION OF DECISION-MAKING AUTHORITY WITH RESPECT TO THE CONFLICT SITUATION. WHEN A CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD, THE INTERESTED PERSON(S) SHALL CALL IT TO THE ATTENTION OF THE BOARD AND SAID PERSON(S) SHALL NOT VOTE ON THE MATTER. IN ADDITION, THE PERSON(S) SHALL NOT PARTICIPATE IN THE FINAL DECISION OR RELATED DELIBERATION REGARDING THE MATTER UNDER CONSIDERATION.

 FORM 990, PART VI, SECTION B, LINE 15:

 IN FICSAL YEAR 2020, ROOTS ETHIOPIA REVIEWED COMPENSATION FOR ALL

 EMPLOYEES. AS PART OF THIS REVIEW, PEER DATA WAS USED TO ESTABLISH/REFINE

 PAY GRADES AND COMPENSATION BANDS FOR ALL POSITIONS.

 032212 11-20-20

34

ROOTS ETHIOPIA, INC.	46-1527090
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ORGANIZAT	ION'S WEBSITE AND
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	19,227.
MANAGEMENT AND GENERAL EXPENSES	4,250.
FUNDRAISING EXPENSES	17,105.
TOTAL EXPENSES	40,582.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	40,582.

Page 2

Employer identification number

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

				-		
►	File a	separate	application	for eac	ch return.	

► Go to www.irs.gov/Form8868 for the latest information.

**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/e-file-providers/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.

Туре о						axpayer identification number (TIN)		
print	ROOTS ETHIOPIA, INC.					46-1527090		
File by the due date for filing your return. See instructions.         14       LONGMEADOW CIR         City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
Enter th	MADISON, WI 53717 Re Return Code for the return that this application is for (f	ile a senarat	te application for each return)			01		
Applica	·	Return	Application		<u></u>	Return		
Is For Code Is For								
	00 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99		02	Form 1041-A			08		
	720 (individual)	03	Form 4720 (other than individual)			09		
Form 99		04	Form 5227			10		
	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	00-T (trust other than above)	06	Form 8870			12		
<ul> <li>If thi</li> <li>box </li> <li>1</li> <li>tr</li> <li>tr</li> </ul>	e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. The extension is for the organization request calendar year 2020 or tax year beginning the tax year entered in line 1 is for less than 12 months, Change in accounting period	t Group Exe and atta NOVE1 ganization's , an	mption Number (GEN) ch a list with the names and TINs of <u>MBER 15, 2021</u> , to file return for: d ending	If this is fo all member the exem	r the whole ers the extension of the ext	group, check this ension is for.		
	this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069, e	enter the tentative tax, less	20	\$	0.		
	ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 606	9 enter any	refundable credits and	<u>3a</u>	<b>.</b>	<u></u> 0•_		
	stimated tax payments made. Include any prior year over			Зb	\$	0.		
_	alance due. Subtract line 3b from line 3a. Include your p				-*			
	sing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.		
	If you are going to make an electronic funds withdrawa	al (direct det	bit) with this Form 8868, see Form 84	453-EO an		79-EO for payment 8868 (Rev. 1-2020)		