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

Department of the Treasury Internal Revenue Service

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.

ΑF	or the	2022 calendar year, or tax year beginning	and	ending					
В с	heck if	C Name of organization			D Employer identif	ication number			
	Addres	ROOTS ETHIOPIA, INC.							
	Name change	Doing business as			46-15270	90			
	Initial return Final return/	Number and street (or P.O. box if mail is not deli 14 LONGMEADOW CIR	vered to street address)	Room/suite	E Telephone number 608-347-				
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	779,504.			
	Ameno		•		H(a) Is this a group	return			
	Application	F Name and address of principal officer: MEGI	HAN WALSH		for subordinate	s? Yes X No			
	pendin	⁹ 14 LONGMEADOW CIR, MADIS	SON, WI 53717		H(b) Are all subordinates	included? Yes No			
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions			
	Vebsit				H(c) Group exemption	on number			
		organization	sociation Other	L Year	of formation: 2013	M State of legal domicile; WI			
Pa	rt I	Summary							
ce		Briefly describe the organization's mission or most s				IDENTIFIED			
Governance			tinued its operations or dispos			ssets.			
ver	_	Number of voting members of the governing body (3	· _				
		Number of independent voting members of the government							
s S		Total number of individuals employed in calendar ye				0			
Activities		Total number of volunteers (estimate if necessary)				7			
ctiv		Total unrelated business revenue from Part VIII, colo				0.			
_<		Net unrelated business taxable income from Form 9				0.			
					Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)			497,952.	772,827.			
	9	Program service revenue (Part VIII, line 2g)			0.				
	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		57.				
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		5,211.				
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		503,220.				
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		359,836. 0.	· · · · · · · · · · · · · · · · · · ·			
			Renefits paid to or for members (Part IX, column (A), line 4)						
es	15	Salaries, other compensation, employee benefits (P			0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), Iir			0.	0.			
y X	b	Total fundraising expenses (Part IX, column (D), line			00 521	100 630			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,			90,531.				
		Total expenses. Add lines 13-17 (must equal Part IX			450,367.				
_ c		Revenue less expenses. Subtract line 18 from line 1	2		52,853. ginning of Current Year	24,724. End of Year			
Net Assets or Fund Balances		T (D) (Ве	425,343.				
sse. Bala	20	Total assets (Part X, line 16)			2,517.				
let A	21	Total liabilities (Part X, line 26)			422,826.				
Pa	rt II	Net assets or fund balances. Subtract line 21 from l Signature Block	Ine 20		422,020.	117,550.			
		Ities of perjury, I declare that I have examined this return, i	including accompanying schedules	s and stateme	ents, and to the hest of m	y knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer				iy kilowidago alla bollol, it is			
,	001100	gand completes beclaration of proparor (earlier than emocr	The bacoa on an information of wi	non properor	That any knowledge.				
Sigr	,	Signature of officer			Date				
Her		MEGHAN WALSH, BOARD CHAIR							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	[Date Check	PTIN			
Paid		LYNN HESLINGA	18		if self-emplo	P01273410			
Prep			IC ACCOUNTANTS,	s.c.		39-1203191			
Use		Firm's address 1221 JOHN Q. HAMMO							
	-	MADISON, WI 53717			Phone no. 6 (08-831-8181			
May	tho IE	25 discuss this return with the preparer shown above	ve? See instructions			X Ves No			

765.

661,

61,216.) (Revenue \$

Form 990 (2022)

Total program service expenses

62,477. including grants of \$

Form 990 (2022) 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		X
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,			
D	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	175		
15		15	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	21	
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
40	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? If "Yes,"			\ . ,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

			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		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₩.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		х
06	Schedule L, Part I	25b		
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		х
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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 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		<u> X</u>
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		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30		38	Х	
Par		_ 55		Ь
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)

022) ROOTS ETHIOPIA, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) 46-1527090 Page **5** Part V

b 3a b 4a b 5a b c	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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ETHIOPIA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the y	2b 3a 3b 4a 5a 5b 5c 6a 6b 7a 7b	X	X X X
3a b 4a b 5a c 6a b 7 a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ETHIOPIA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Id Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	3a 3b 4a 5a 5b 5c 6a 6b 7a 7b	X	x x
3a b 4a b 5a c 6a b 7 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ETHIOPIA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Ordanization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	3a 3b 4a 5a 5b 5c 6a 6b 7a 7b	X	x x
b 4a b 5a b c 6a b 7 a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ETHIOPIA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Ord Td Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	3b 4a 5a 5b 5c 6a 6b 7a 7b	X	x x
4a b 5a c 6a b 7	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ETHIOPIA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year	4a 5a 5b 5c 6a 6b 7a 7b	X	X
b 5a b c 6a 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 countryETHIOPIA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	5a 5b 5c 6a 6b 7a 7b	X	X
5a b c 6a b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	5a 5b 5c 6a 6b 7a 7b	X	X
5a b c 6a b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year To d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	5b 5c 6a 6b 7a 7b		X
b c 6a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	5b 5c 6a 6b 7a 7b		X
b c 6a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	5b 5c 6a 6b 7a 7b		X
c 6a b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	5c 6a 6b 7a 7b		х
6a b 7 a	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Ordanization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a 6b 7a 7b		
р 7 а	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Ord Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6b 7a 7b		
7 a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6b 7a 7b		
7 a	were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7a 7b		Х
а	Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7a 7b		Х
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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7b		Х
_	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7b		- 21
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<u> </u>
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7c		1
С	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	"		х
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	1		
e		7e		Х
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

Form **990** (2022)

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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure WI List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MEGHAN WALSH - 608-839-1150

Form **990** (2022)

53717

WI

LONGMEADOW CIRCLE, MADISON,

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne						nper	sate		irector, or trustee.	-
(A)	(B)) Dec	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior more) than (one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week	_				T	,	from the	from related	other
	(list any hours for	direct				_			organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Fori			
(1) MEGHAN WALSH	40.00									
BOARD CHAIR	0000	Х		Х				0.	0.	0.
(2) JEANNE M OLSON	20.00	ļ								
VICE CHAIR	F 00	Х		Х				0.	0.	0.
(3) ASCHELAW CHAMISO	5.00									
BOARD MEMBER	F 00	Х						0.	0.	0.
(4) KONGIT GIRMA	5.00	3,7							_	
BOARD MEMBER	10 00	Х						0.	0.	0.
(5) WENDY HARPER	10.00	. ,		37					_	
TREASURER (6) CAMI BLUMENTHAL	5.00	Х		Х				0.	0.	0.
BOARD MEMBER	3.00	Х						0.	0.	_
(7) WENDI AILOR	5.00	Λ						· ·	0.	0.
BOARD MEMBER	3.00	Х						0.	0.	0.
BOARD MEMBER		Δ						0.	0.	· ·
		1								
-										
		1								
		1								
		1								
		1								
		1								
	1	1	l	l	l	1	1			

Form 990 (2022)

Form 990 (2022) ROOTS ETH									46-15	27	090	Р	age 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		,				
(A) Name and title	(B) Average hours per week (list any	box, offic	not c	ss per	ition more son is	than of structures	n an	(D) Reportable compensation from the	(E) Reportable compensatior from related organizations		ar	(F) stimate nount other opensa	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS(1099-NEC)		fr org an	rom th anizat d relat anizati	e tion ted
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0.		0.			0.
Total number of individuals (including but no compensation from the organization								eceived more than \$100,	000 of reportable				0
3 Did the organization list any former officer,	•	,	,	•	,	,	_		•		2	Yes	No X
 line 1a? If "Yes," complete Schedule J for st For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		Х
Section B. Independent Contractors									100.000 1				
Complete this table for your five highest countries the organization. Report compensation for the organization.	•	•							•	ensat			
(A) Name and business	address	NC	NE	3				(B) Description of s	ervices	C	ompe	c) nsatio	n
Total number of independent contractors (ir \$100,000 of compensation from the organization)	ŭ	ot lim	nited	d to t	thos C		ted	above) who received mo	ore than		Form	990 (2022)

232008 12-13-22

ue

			Check if Schedule O contains a	resnonse (or note to any lin	a in this Part VIII			
			Officer if Schedule O contains a	response (or riote to arry iii i	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
								business revenue	from tax under
									sections 512 - 514
ts ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
جَ وَ			Fundraising events	1c					
Ę,				1d					
ig ig			Related organizations						
ns, jin			Government grants (contributions)	1e					
를 당		f	All other contributions, gifts, grants, and						
ᅙ			similar amounts not included above	1f	772,827.				
들임		g	Noncash contributions included in lines 1a-1f	1g \$	1,010.				
S G		h	Total. Add lines 1a-1f			772,827.			
					Business Code				
-	_	_							
<u>.</u>	2								
er v		b							
S T		С							
an ev		d							
Program Service Revenue		е							
P		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3	9	Investment income (including divider						
	3				30.			30.	
			other similar amounts)	30.			30.		
	4		Income from investment of tax-exem	-					
	5		Royalties						
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			· · · · · · · · · · · · · · · · · · ·						
			` ' 	ecurities					
	′	а	(/	ecuniles	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ne			and sales expenses 7b						
Revenue		С	Gain or (loss) 7c						
è			Net gain or (loss)						
her			Gross income from fundraising events (r						
Ğ	٠	u	including \$						
٥				- 1					
			contributions reported on line 1c). So						
			Part IV, line 18						
			Less: direct expenses						
		С	Net income or (loss) from fundraising	g events					
	9	а	Gross income from gaming activities	s. See					
			Part IV, line 19	9a					
		h	Less: direct expenses						
			Net income or (loss) from gaming ac						
			Gross sales of inventory, less returns						
	10	а	• • • • • • • • • • • • • • • • • • • •		6 6 4 7				
			and allowances	I .					
		b	Less: cost of goods sold	10b	958.				
		С	Net income or (loss) from sales of inv	ventory		5,689.	5,689.		
]		_			Business Code				
Snc.	11	а							
ne Tue		b							
ila ven									
Miscellaneous Revenue		C	All allegations						
Ξ̈́			All other revenue						
		е	Total. Add lines 11a-11d					_	
	12		Total revenue. See instructions			778,546.	5,689.	0.	30.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 651,192. individuals. See Part IV, lines 15 and 16 651,192. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 12,895. 3,520. 1,125. 8,250. Legal 17,970. 17,970. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,216. 1,216. column (A), amount, list line 11g expenses on Sch O.) 32,584. 32,584 Advertising and promotion 12 7,847. 217. 7,560. Office expenses 13 630. 630. Information technology 14 15 Royalties 16 Occupancy 8,854. 6,282. 2,572 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,571. 1,571. 23 Other expenses. Itemize expenses not covered 24 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 O.) 11,075. 9,638. 1,437. MERCHANT CHARGES MATERIALS AND SUPPLIES 6,978. 5,826. 1,152. 1,010. 1,010. MISCELLANEOUS С d All other expenses 753,822. 661,765. 38,943. 53,114. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Part .	X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		351,704.	1	267,488
	2	Savings and temporary cash investments		29,747.	2	29,777
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		42,378.	4	152,075
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ	ped in section 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ž	9	Prepaid expenses and deferred charges	1,514.	9	0	
1	l0a	Land, buildings, and equipment: cost or other	.			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
1	1	Investments - publicly traded securities			11	
1	2	Investments - other securities. See Part IV, lin		12		
1	13	Investments - program-related. See Part IV, lin		13		
1	14	Intangible assets			14	
1	15	Other assets. See Part IV, line 11			15	
1	16	Total assets. Add lines 1 through 15 (must e		425,343.	16	449,340
1	17	Accounts payable and accrued expenses		2,517.	17	1,790
1	8	Grants payable			18	
1	9	Deferred revenue		19		
2	20	Tax-exempt bond liabilities		20		
2	21	Escrow or custodial account liability. Complet		21		
ပ္က 2	22	Loans and other payables to any current or fo	ormer officer, director,			
Ĭ		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		22	
- 2	23	Secured mortgages and notes payable to unr			23	
2	24	Unsecured notes and loans payable to unrela	ted third parties		24	
2	25	Other liabilities (including federal income tax,	• •			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
				0 515	25	1 500
2	26	Total liabilities. Add lines 17 through 25		2,517.	26	1,790
ړ		Organizations that follow FASB ASC 958, c	heck here X			
<u>ا</u> ۋ	_	and complete lines 27, 28, 32, and 33.		215 057		104 026
<u>m</u> 2	27	Net assets without donor restrictions		315,957.	27	194,836
<u>n</u> 2	28	Net assets with donor restrictions		106,869.	28	252,714
<u> </u>		Organizations that do not follow FASB ASC	958, check here			
-		and complete lines 29 through 33.				
ှိ 2	29	Capital stock or trust principal, or current fund			29	
SS 3	30	Paid-in or capital surplus, or land, building, or			30	
ا ب	31	Retained earnings, endowment, accumulated		422.026	31	/// FFA
	32	Total net assets or fund balances		422,826.	32	447,550
3	33	Total liabilities and net assets/fund balances		425,343.	33	449,340 Form 990 (202

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1 2 3 4	75 2	8,5 3,8 4,7 2,8	22. 24.		
5 6	Net unrealized gains (losses) on investments Donated services and use of facilities	5					
7 8 9							
10 Pai	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part 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 on Schedule	O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a					
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis						
С	, , , , , , , , , , , , , , , , , , , ,	•		v			
	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Scho		2c	Х			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2022)		

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization ROOTS ETHIOPIA, 46-1527090 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	352,322.	366,828.	530,088.	496,008.	772,827.	2518073.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	352,322.	366,828.	530,088.	496,008.	772,827.	2518073.
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)						607,915.
6	Public support. Subtract line 5 from line 4.						1910158.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	352,322.	366,828.	530,088.	496,008.	772,827.	2518073.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	130.	118.	118.	57.	30.	453.
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						2518526.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the	•				01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	75.84 <u>%</u>
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	83.84 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
k	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
k	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, <u>16b, 17a, or 1</u> 7b	, check this box a	nd see instructions	····
							(Form 990) 2022

Schedule A (Form 990) 2022 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section	A. Public Support	slow, please comp	nete Part II.)				
	ear (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
•	grants, contributions, and	(4) 2313	(2) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotal
-	pership fees received. (Do not						
	de any "unusual grants.")						
	receipts from admissions,						
	nandise sold or services per-						
	d, or facilities furnished in						
,	ctivity that is related to the ization's tax-exempt purpose						
-	receipts from activities that						
	ot an unrelated trade or bus-						
	under section 513						
	evenues levied for the organ-						
	n's benefit and either paid to						
-	pended on its behalf					+	
	alue of services or facilities						
	hed by a governmental unit to						
	rganization without charge						
	Add lines 1 through 5						
	ints included on lines 1, 2, and						
	eived from disqualified persons				-		
	ts included on lines 2 and 3 received ther than disqualified persons that						
exceed	the greater of \$5,000 or 1% of the						
	on line 13 for the year						
	nes 7a and 7b						
8 Publi	c support. (Subtract line 7c from line 6.)						
Section	B. Total Support		1	<u> </u>	_		1
Calendar ye	ear (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ınts from line 6						
	s income from interest,						
	ends, payments received on ities loans, rents, royalties,						
	ncome from similar sources						
b Unrela	ted business taxable income						
(less s	ection 511 taxes) from businesses						
acquir	ed after June 30, 1975						
c Add li	nes 10a and 10b						
	come from unrelated business						
	ties not included on line 10b,						
	ner or not the business is arly carried on						
_	income. Do not include gain						
	s from the sale of capital						
	s (Explain in Part VI.)						
	5 years. If the Form 990 is for th	ne organization's fi	rst second third	fourth or fifth tax	vear as a section	501(c)(3) organizatio	
	this box and stop here	J			•	() ()	· —
	C. Computation of Publi						
	support percentage for 2022 (li			column (f))		15	%
	support percentage from 2021					16	<u> </u>
	D. Computation of Inves					1 10 1	
	tment income percentage for 20			ine 13 column (f)		17	%
	tment income percentage from 2					18	%
	3% support tests - 2022. If the						
							, 13 HUL
	than 33 1/3%, check this box an	=	-				L
	3% support tests - 2021. If the						
	8 is not more than 33 1/3%, che						
∠u Priva	te foundation. If the organizatio	n did not check a	DOX OR LINE 14, 19	a. or 190. check th	iis dox and see in:	SITUCTIONS	1 1

Т..

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	713		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	00		
	9a		
	Qh		
	9b		
	9с		
	30		
	10a		
	iva		
	10b		
_	100	~ 000	

ı uı	Continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	J		
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.	<u>:</u>		
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).	J		
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?			
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).	<u>:</u>		
3	By reason of the relationship described on 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.	;		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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 supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	3		
b	Did the activities described on 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.			
а	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.	3		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	a I		

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

09171018 767667 18951.0

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization **Employer identification number** INC. 46-1527090 ROOTS ETHIOPIA, Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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 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), 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 \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

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 contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 39,278.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$ <u>18,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

ROOTS ETHIOPIA, INC.

46-1527090

Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u></u>	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u></u>	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) (c) FMV (or estimate) (see instructions.) (b) Description of noncash property given (c) FMV (or estimate) (see instructions.) (d) Description of noncash property given (e) FMV (or estimate) (see instructions.) (c) FMV (or estimate) (see instructions.) (d) Pescription of noncash property given (e) FMV (or estimate) (see instructions.)

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** ROOTS ETHIOPIA, INC. 46-1527090 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ROOTS ETHIOPIA, INC.

Employer identification number 46-1527090

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	Accoun	ts. Complete if the
	Signification anomored 195 on 10111 coo, 1 aren, into	(a) Donor advis	ed funds	(b) Fund	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised	funds	
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose cor	nferring	
	impermissible private benefit?				Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Ye	es" on Form 990, Par	t IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a l	nistorically i	mportant land area
	Protection of natural habitat		Preservation of a	certified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form of a	a conservati	on easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С					
	Number of conservation easements included in (c) acquired af				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				luring the tax
	year				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it l	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conserv	ation easer	nents during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservation	n easements	during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremer	ts of section 170(h)(4	1)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	nue and expense sta	tement and	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial statements	s that descr	ibes the
	organization's accounting for conservation easements.				
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Othe	r Similar	Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and	balance sh	eet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in furth	erance of p	ublic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and bala	ance sheet v	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthera	ance of pub	lic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	i
	(m)				
2	If the organization received or held works of art, historical treat	sures, or other similar	assets for financial ga	ain, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these	e items:		
а	Revenue included on Form 990, Part VIII, line 1			\$	i
	Assets included in Form 990, Part X)
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			Schedule D (Form 990) 2022

232051 09-01-22

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tı	reasures, or	Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	e following that r	make sign	ificant ι	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	kchange prograr	n					
b	Scholarly research	е	e Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they further	the organization	i's exempt	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o		•	•				_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arran		ete if the organizat	ion answered "\	es" on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							7	_	7
	on Form 990, Part X?						L	Yes		. No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					A		
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f		7	$\overline{}$	7
	Did the organization include an amount on Fo				-			Yes	\vdash	∐ No
Par	rt V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years		Three v	ears back	(e) Four	vears	hack
10	Beginning of year balance	(a) carrone your	(B) i noi you	(C) Two yours	, such (G	, 111100 y	ouro buon	(0) 1 041	youro	Buon
	Contributions Net investment earnings, gains, and losses									
	1									
е	Other expenditures for facilities									
	and programs Administrative expenses									
'										
2	Provide the estimated percentage of the curr	ent vear end halance	e (line 1a, column	(a)) held as:	<u> </u>					
	Board designated or quasi-endowment	•	%	(a)) Hold as.						
		%								
	The percentages on lines 2a, 2b, and 2c sho	, -								
За	Are there endowment funds not in the posse	•	ation that are held	and administere	d for the					
	organization by:	3							Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the									
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a.	See Form 990,	Part X, lin	e 10.				
	Description of property	(a) Cost or o basis (investr		st or other s (other)	(c) Acci depre	umulate	ed	(d) Book	value	e
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other									
<u> Fotal</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B), line	10c.)						0.

Schedule D (Form 990) 2022

Schedule [O (Form 990) 2022 ROOTS ETHIO	PIA, INC.	4	6-1527090 _{Page} 3
Part VII				
	Complete if the organization answered "Yes"		T	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financ	ial derivatives			
(2) Closely	y held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
-	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Coll	umn (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1.	(a) Description of liability			(b) Book value
(1) Fe	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990. Part X. col. (B) line	e 25)		

Schedule D (Form 990) 2022

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

Par	rt XI Reconciliation of Revenue per Audited Financia		per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa			
1	Total revenue, gains, and other support per audited financial stateme	nts	1	778,546.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	3			
b				
С	Recoveries of prior year grants	2c		
d	,	2d		•
е	• • • • • • • • • • • • • • • • • • • •			0.
3	Subtract line 2e from line 1		3	778,546.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а				
b	,	4b		•
С				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I.	line 12.)	5	778,546.
Pai	rt XII Reconciliation of Expenses per Audited Financ		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa			FF2 000
1	Total expenses and losses per audited financial statements		1	753,822.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	, , , , , , , , , , , , , , , , , , , ,			
С				
d	, , , , , , , , , , , , , , , , , , , ,			0
	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	753,822.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
а				
b	,	4b		0
	Add lines 4a and 4b			753,822 .
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part rt XIII Supplemental Information.	I, line 18.)	5	153,844.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		t v, iii ie 4, Fait∧, ii	ne 2, Falt Al,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of the organization					Employer identif	ication number
ROO	TS ETHIOPIA,	INC.				46-152709	0
Par	t I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "\	es" on
	Form 990, Part IV			·			
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other	assistance,	
	the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No
		ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and ot	her assistance outs	ide the
	United States.						
_3				In be duplicated if additional space is n			(s) Tatal
	(a) Region	(b) Number of offices	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
		in the region	agents, and independent	gram services, investments, grants to		specific type	for and
			contractors	recipients located in the region)		(s) in the region	investments in the region
			in the region		LEARNING RE	SOURCE	
					PROJECTS (S		
				PROGRAM SERVICES AND OTHER	RESOURCES &		
SNNPI	R, ETHIOPIA	2	16	ASSISTANCE	SUPPORT]; S	CHOOL	651,192.
	•						
			4.0				6E1 100
	Subtotal	2	16				651,192.
	Total from continuation	0	0				
	sheets to Part I	-	- "				0.
	Totals (add lines 3a	2	16				651,192.
	and 3b)		1				1 551,152.

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

Schedule F (Form 990) 2022

232071 10-17-22

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2022	2 ROOTS	ETHIOPIA, 1	INC.		46-15	27090		Page 2
			Outside the United States.	Complete if the o	rganization answered	l "Yes" on Form	990, Part IV, line 15, for	
recipient who rec	ceived more than \$5,	,000. Part II can be dup	icated if additional space is nee	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I (c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SNNPR, ETHIOPIA	GENERAL SUPPORT	651,192.	WIRE TRANSFERS	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax		
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ightharpoons	
3	Enter total number of other organizations or entities	•	

Schedule F (Form 990) 2022

Part III				ites. Complete i	f the organization answered "Yes'	on Form 990, Part	IV, line 16.	
Part III can be duplicated if action (a) Type of grant or assistance		dditional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Page 5

Part V | Supplemental Information

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

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.

PART I, LINE 3, COLUMN (E):

Part	_P		nformation	n requir	ed by Part						umn (f) (acco counting me				
											additional inf				
REGI	ON:	SNNPR	, ETH	IOP	[A										
(E)	SPE	CIFIC '	<u> </u>	OF	SERVI	CES	IN R	EGION:	LEA	ARNING	RESOU	RCE I	PROJ	ECTS	
(SCH	HOOL	RESOU	RCES	& TI	EACHER	SUF	PORT]; SCH	HOOL	SPONS	ORSHIPS	S; S	ELF	HELP	
GROU	JPS;	HUMAN	ITARI	AN A	AID										

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

ROOTS ETHIOPIA, INC. 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. PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, LEADERSHIP DEVELOPMENT PROGRAMS; IMPROVED SCHOOL LIBRARIES; BEGAN A NEW PROJECT TO DEVELOP A CENTER FOR CHILDREN WITH DISABILITIES. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ATTENDANCE DUE TO PRESSURE TO BE PART OF DAILY LABOR FOR FAMILY SURVIVAL. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HUMANITARIAN AID WAS DELIVERED DUE TO CONSECUTIVE DROUGHT IN THE ROOTS ETHIOPIA WORK AREA. WORKING IN COLLABORATION WITH LOCAL LEADERS OUR FIELD TEAM DELIVERED FOOD BENEFITTING OVER 6,000 INDIVIDUALS. OVER ,000 FAMILIES RECEIVED FLOUR AND COOKING OIL. EXPENSES \$ 62,477. INCLUDING GRANTS OF \$ 61,216. 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.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 46-1527090 ROOTS ETHIOPIA, INC. 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 2022, 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. FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ORGANIZATION'S WEBSITE AND UPON REQUEST.