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Form	990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						ırn	OMB No 1545-0687	
. •	in .	For cales	ndar year 2018 or other tax year begin		•		, 20	୬ଲ 1 0	
_		roi caiei	Go to www irs.gov/Form990				, 20		
	tment of the Treasury al Révenue Service	▶ Do	not enter SSN numbers on this form a				1(c)(3)	Open to Public Inspection for 55 501(c)(3) Organizations Only	
A	Check box if address changed				ne changed and see instructions		D Emp	loyer identification number loyees' trust, see instructions)	
B Exe	empt under section		ROOT CAPITAL, INC						
X	501(C)(CB_)	Print	Number, street, and room or suite no	faPO	box, see instructions		04-3	3478123	
	408(e) 220(e)	or						E Unrelated business activity code	
	408A 530(a)	i y pe	130 BISHOP ALLEN DR	(See	instructions)				
	529(a)		City or town, state or province, country	,					
C Bo	ok value of all assets]							
at e	Book value of all assets CAMBRIDGE, MA 02139-3309 F Group exemption number (See instructions) ▶								
		G Che	ck organization type ► X 501	(c) cor	poration 501(c)) trust	401(a) trust Other trust	
H E	nter the number of	•	nization's unrelated trades or busine				be the onl	y (or first) unrelated	
	ade or business her	-				complete Parts	s I-V If mo	re than one, describe the	
fir	st in the blank spa	ice at the	end of the previous sentence, cor	nplete	Parts I and II, complete a So	chedule M for e	each addition	onal	
tr	ade or business, th	en comple	ete Parts III-V						
I D	uring the tax year,	was the	corporation a subsidiary in an affili	ated gr	oup or a parent-subsidiary c	ontrolled group	2	▶ Yes No	
			identifying number of the parent cor	poratio					
الَقُا	ne books are in care	e of ▶BR	YAN WOLINER		Telephon	e number 🕨 6	17-299	-2424	
Pai	t Unrelated	Trade o	or Business Income		(A) Income	(B) Exp		(C) Net	
c ta	Gross receipts or	sales							
⊷db	Less returns and allowa	inces	c Balance ▶	1c					
≥2	Cost of goods so	ld (Schedi	ule A, line 7)	, 2					
S	Gross profit Sub	tract line	2 from line 1c	3			free to		
4a	Capital gain net ii	ncome (a	ttach Schedule D)	4a				3	
ПР	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b			75		
Z۵	Capital loss dedu	ction for t	rusts	4c			4.7		
Z 5	Income (loss) from a p	artnership or	an S corporation (attach statement)	5				53	
SGANNED	Rent income (Sch	edule C)		6					
(C)	Unrelated debt-fir	nanced in	come (Schedule E)	7					
8	Interest, annuities, roya	alties, and re	nts from a controlled organization (Schedule F)	8					
9	Investment income of a	section 501	1(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt	activity in	ncome (Schedule I)	10					
11	Advertising incom	ne (Sched	ule J)	11			- Maugate Novince	- d	
12	,		tions, attach schedule)	12			and the		
13			ough 12	13	0				
Par			Taken Elsewhere (See instr				(Except	for contributions,	
			be directly connected with [me)			
14			directors, and trustees (Schedule K	_	RECIEVED	1	<u>14</u>		
15	Salaries and wage	es		임.	OCT 28-2019	<i>.</i> .	15		
16	Repairs and main	tenance		函	OCT 2 8 2019 · 6		<u>16</u>		
17	Bad debts			- <u>L</u>			17		
18	Interest (attach se	chedule) (see instructions)	····C	COEN TIT		18		
19							· · · <u>19</u>		
20			See instructions for limitation rules)				<u>20</u>		
21			4562)						
22			on Schedule A and elsewhere on re				221		
23									
24			compensation plans						
25									
26			Schedule I)						
27			chedule J)						
28			chedule)						
29			s 14 through 28						
30			le income before net operating					n v v v v v v v v v v v v v v v v v v v	
31			g loss arising in tax years beginnin	-					
32 For 5			e income Subtract line 31 from line	JU	<u></u>		32	5 000-T (2010)	

Form	990-T_(2	018)				Page 2
Par	t III	Total Unrelated Business Taxable	e Income			· ·
33	Total	of unrelated business taxable income com	nputed from all unrelated	f trades or businesses (see	
		tions)	•		1	
34	_	ts paid for disallowed fringes				22,751
		ion for net operating loss arising in t				1 22,131
35		. 3	, , ,	•	I .	
		tions)				
36		of unrelated business taxable income before	•		I .	00 751
	of lines	33 and 34			· · 36	22,751
37	Specifi	c deduction (Generally \$1,000, but see line 37 i	nstructions for exceptions) .		37	1,000
38	Unrela	ted business taxable income Subtract line	37 from line 36 If line	37 is greater than line	36,	
	enter t	ne smaller of zero or line 36			38	21,751
Par	t IV	Tax Computation			•	
39		zations Taxable as Corporations Multiply line 3	8 by 21% (0.21)		. ▶ 39	4,568
40	-	•	tructions for tax com		· • • • • • • • • • • • • • • • • • • •	, , , , ,
40				•	1	-
		ount on line 38 from Tax rate schedule or		1 1041)		-
41	,	ax See instructions				
		tive minimum tax (trusts only)				
43	Tax or	Noncompliant Facility Income See instructions			43	
44	Total_/	odd lines 41, 42, and 43 to line 39 or 40, which	ever applies		44	4,568
Par	t V	Tax and Payments				
45 a	Foreigi	tax credit (corporations attach Form 1118, trus	sts attach Form 1116)	. 45a		
		redits (see instructions)				
	Genera	I business credit Attach Form 3800 (see instruct	nons)	. 450		
		or prior year minimum tax (attach Form 8801 or			45-	4
		redits Add lines 45a through 45d				
46	Subtra	ct line 45e from line 44				4,568
47	Other ta	xes Check if from Form 4255 Form 8611	Form 8697 Form 8	8866 Other (attach schedu	ıle) . 47	
48	Total t	x Add lines 46 and 47 (see instructions)			48	4,568.
49	2018 n	et 965 tax liability paid from Form 965-A or Form	n 965-B, Part II, column (k), li	ıne 2	49	
		nts A 2017 overpayment credited to 2018				
		stimated tax payments			00	
		posited with Form 8868				
		organizations Tax paid or withheld at source (s				
		withholding (see instructions) · · · · · ·				
				1		
		or small employer health insurance premiums (a	•	. 301		
g		redits, adjustments, and payments Form 24	139	.		
	F	orm 4136 Other	Total	▶ 50g		
51	-	ayments Add lines 50a through 50g			51	5,000
52	Estima	ed tax penalty (see instructions) Check if Form	2220 is attached		<u>52</u>	
53	Tax du	e If line 51 is less than the total of lines 48, 49,	, and 52, enter amount owed		. ▶ 53	
54	Overpa	yment If line 51 is larger than the total of lines	48, 49, and 52, enter amoun	it overpaid	. ▶ 54	432
		e amount of line 54 you want Credited to 2019 estir		Refunde		
Pari		Statements Regarding Certain Ad		formation (see instru	ctions)	
	_	time during the 2018 calendar year, did		·		r authority Yes No
	•	financial account (bank, securities, or other	-	-		
		Form 114, Report of Foreign Bank and	· · · · · · · · · · · · · · · · · · ·	_		1 1 1
			Financial Accounts II 1	es, enter the name of	me roreiç	gn country X
	_	CS, KE, MX, PE, SG				
57	During	the tax year, did the organization receive a distr	ribution from, or was it the g	rantor of, or transferor to, a	foreign tru	st? X
	If "Yes,"	see instructions for other forms the organization	may have to file			
58		ne amount of tax-exempt interest received or acc				
	l u	nder penalties of perjury, I declare that I have examined the correct and security than tall the correct and security that it is not considered that I have examined the correct and security that it is not considered that I have examined the correct and security that it is not considered the correct and security that it is not considered the correct and security that it is not considered the correct and security that is not considered	his return, including accompanying	schedules and statements, and to	the best of	my knowledge and belief, it is
Sign	າ ⊾ ຶ	(- · · · · · · · · · · · · · · · · · ·	L		May the	IRS discuss this return
Here		Bryan Woliner	2019-10-17 05 _{in} 7	rerim cfo		e preparer shown below
		ignature of effectora71F334EB	Date Title			ctions)? X Yes No
		Print/Type preparer's name	Preparer's signature	Date		PTIN
Paid		SCOTT THOMPSETT	Sith Shompett	10/9/2019		If D00741400
Prep			p - 1		self-employe	26 6055550
•	Only	Firm's name GRANT THORNTON LLP	D DIOOD NEW YORK		Firm's EIN	
		Firm's address ▶ 757 THIRD AVENUE, 3F	VD FLOOK, NEW YORK,	NY 10017-2013	Phone no 4	212-599-0100
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ROOT CAPITAL, INC

Form 990-T (2018)							Page <u>3</u>	
Schedule A - Cost of Go	oods Sold. Er	iter method	of invento	ry valuation I	<u> </u>			
1 Inventory at beginning of y	beginning of year . 1			6 Inventory	at end of yea	ar	6	
2 Purchases				7 Cost of	goods so	ld. Subtract line		
3 Cost of labor	3	-		6 from I	ıne 5 En	ter here and in		
4a Additional section 263A co	osts			Part I, line	2		7	
(attach schedule)	4a			8 Do the	rules of	section 263A (v	with respect to Yes No	
b Other costs (attach schedu	le) . 4b					or acquired for		
5 Total Add lines 1 through						<u> </u>		
Schedule C - Rent Income	(From Real P	roperty a	nd Person	al Property	Leased V	Vith Real Prope	rty)	
(see instructions)								
1 Description of property						· · · · · · · · · · · · · · · · · · ·		
(1)								
(2)								
(3)								
(4)								
	2 Rent recei	ved or accrue	ed					
for personal property is more than 10% but not percentage			age of rent for	and personal property (if the nt for personal property exceeds nt is based on profit or income) 3(a) Deductions directly connected with the incolumns 2(a) and 2(b) (attach school and 2				
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of co	• •	•				(b) Total deducted Enter here and or		
here and on page 1, Part I, line 6						Part I, line 6, colu	mn (B) ▶	
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructio	ns)	2 [Sadustians disastly as	procted with or allocable to	
				s income from or		3 Deductions directly connected with or allocable to debt-financed property		
Description of debt-financed property all			allocable to debt-financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted b. of or allocable to debt-financed proper (attach schedule)		ble to property				income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals					Enter her Part I, lin	e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Total dividends-received deducti						▶		

Form **990-T** (2018)