ef	ile G	RAPHIC prin	t - DO NOT PROCESS	As Filed Data -			DLN: 9	93492	2135040054
				Short Fo	orm			омв	No 1545-1150
	00		Return of Or			ncome Ta	ax.		
	nJi	990-EZ Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code						2013	
2			h Da nat antar Carial Carry	(except private fo		de mublie. Du l			
			Do not enter Social Securi IRS generation	rally cannot redact the			aw, the	One	en to Public
		he Treasury	Information about Form	990-EZ and its instructi	ions is at <u>www.irs</u>	s.gov/form99	<u>o</u> .		spection
		le Service							
			year, or tax year beginning (C Name of organization)1-01-2013 ,	and ending 12-31-	2013	D Employ	er iden	tification number
_		change	Global Roots						
	lame ch	nange	Number and street (or P O box,	If mail is not delivered to sti	reet address) Room/s	uite	20-5051 E Telephor		 Der
_	nıtıal ref		220 2nd Ave S Unit 111						
	erminat		City or town, state or province, c	ountry, and ZIP or foreign po	stal code		F Group Ex	emptio	
_		d return on pending	Seattle, WA 98104	·····,, ······			Number		-
~ ^			Cash 🔽 Accrual Other ((ization is not
GA	ccoun	ting Method I	Cash I Accrual Other (specity) 📭			to attach 90, 990-E		
ΙW	ebsite	🗈 🕨 www.globalroot	s org				,	_,	,
J Tax	k-exem	pt status(check of	only one)? 🔽 501(c)(3) 🕮 🔽 501	(c)() 🛋(insert no) 🔽 494	7(a)(1) or Г 527				
K Fo	orm of	organızatıon	Corporation F Trust F	Association Г Other					
			b, to line 9 to determine gros		eipts are \$200,00	00 or more, or			
_	below) art I		or more, file Form 990 inste Expenses, and Chang		r Fund Palana		▶\$13		
	41 L I	Check If the	organization used Schedule	O to respond to any que	estion in this Part	I	••••		·····
	1	Contributions	, gifts, grants, and similar am	ounts received				1	130,389
	2	Program servi	ce revenue including governr	nent fees and contracts				2	
	3	Membership d	bership dues and assessments					3	
	4	Investment income					4		
	5a	Gross amount	ss amount from sale of assets other than inventory						
ē	b		other basis and sales expens			5b	0		
ц,	с	Gain or (loss)	from sale of assets other tha	n inventory (Subtract li	ne 5b from line 5a)		5c	
Reven	6	Gaming and fu	Indraising events						
_	а	- Gross income	from gaming (attach Schedul	le G ıf greater than \$15	,000)	6a			
	b	Grace income	from fundraising events (not	uncluding ¢	of contribution				
	U		ng events reported on line 1)			15			
		sum of such g	ross income and contribution	s exceeds \$15,000)		6b	о		
	с	Less directe	xpenses from gaming and fun	draising events .		6c	0		
	d	Net income or	(loss) from gaming and fundi	aising events (add lines	s 6a and 6b and s	ubtract line 6 d	:)	6d	
	7a	Gross sales o	f inventory, less returns and a	allowances		7a			
	b	Less cost of	goods sold			7b	0		
	с	Gross profit o	r (loss) from sales of inventor	ry (Subtract line 7b from	n line 7a)	· · · · ·		7c	
	8	O ther revenue	e (describe in Schedule O)					8	
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d,	7c, and 8			►	9	130,389
	10	Grants and sir	milar amounts paid (list in Sc	hedule O)				10	
	11	Benefits paid (to or for members					11	
	12	Salarıes, othe	r compensation, and employe	e benefits				12	53,080
5	13	Professional fe	ees and other payments to in	dependent contractors				13	4,462
ens	14	Occupancy, re	ent, utilities, and maintenance	e				14	4,600
Expense	15	Printing, publi	cations, postage, and shippir	ıg				15	53
	16	O ther expense	es (describe in Schedule O)					16	71,130
	17	Total expense	s. Add lines 10 through 16				- -	17	133,325
n	18	Excess or (de	ficit) for the year (Subtract lii	ne 17 from line 9)				18	-2,936
សូទខ្ម	19	Net assets or	fund balances at beginning o	f year (from lıne 27, col	umn (A)) (must ag	gree with			
Net As		end-of-year fig	gure reported on prior year's	return)				19	10,816
Ne	20	O ther changes	s in net assets or fund balanc	es (explain in Schedule	0)			20	
	21	Net assets or	fund balances at end of year	Combine lines 18 throi	ugh 20		🕨	21	7,880
For	Paper	work Reduction	n Act Notice, see the separat	e instructions.	Cat No	0 10642I			990-EZ (2013)

Part II	Balance Sheets (see the instructions for Part II)	
	Check if the organization used Schedule O to respond to any question in this Part II	 ম

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	3,680	22	2,474
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	7,170	24	5,440
25	Total assets	10,850	25	7,914
26	Total liabilities (describe in Schedule O)	34	26	34
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) $\$.	10,816	27	7,880

Part III	Expenses (Required for section 501		
	rganızatıon's primary exempt purpose? rass roots humanitarıan relief efforts	org	(3) and 501(c)(4) anizations and section 47(a)(1) trusts,
measured by	organization's program service accomplishments for each of its three largest program services, as expenses. In a clear and concise manner, describe the services provided, the number of persons d other relevant information for each program title.		ional for others)
28 See Addit	ional Data Table		
(Grants \$)	If this amount includes foreign grants, check here 🛛 🕨 🦵	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here 🛛 🕨 🦵	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here 🛛 . 🔹 🕨 🦵	30a	
31 Other pro (Grants \$)	gram services (describe in Schedule O) If this amount includes foreign grants, check here 🕨 🦵	31a	
32 Total prog	jram service expenses (add lines 28a through 31a) 🛛 🕨	32	113,339
	List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the insi Check if the organization used Schedule O to respond to any question in this Part IV.		·

(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(e) Estimated amount of other compensation
See Addıtıonal Data Table			

Form	990-EZ (2013)			Page 3
Ра	rt V Other Information (Note the Schedule A and personal benefit contract statement requirem			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v	<u></u>	<u></u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy			
	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule (35b		No
с	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νο
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions F 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 🕨, section 4912 🕨, section 4955 🍉			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь		No
с	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of 🕨 <u>Richard Montgomery</u> Telephone no	► <u>(50</u>	3)866	-9525
	Located at PO Box 28416 Portland, OR ZIP + 4	9	7228	
Ь	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)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
с	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	42c		No
	If "Yes," enter the name of the foreign country 🕨			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here	•••		▶□
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed			No
~	Instead of Form 990-EZ			No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	-+++C		
a	explanation in Schedule O	44d		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No
				<u> </u>

Form **990-EZ** (2013)

Form	n 990-EZ (2013)	 	Page 4
		 Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
Ра	rt VI Section 501(c)(3) organizations only	 	

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for li	nes 50
and 51	
Check of the component of the date of the many and the same more than on the Depth VIT	

	Check if the organization used Schedule O to respond to any question in this Part VI				
			Yes	No	
47	Dıd 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	47		No	
48	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	48		No	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No	
Ь	If "Yes," was the related organization a section 527 organization?	49b		No	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
f Total number of other employees pa	aid over \$100,000 .			▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$10

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3 nonexempt charitable trusts must attach a completed Schedule A .

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (othe knowledge.

Sign Here		***** Ignature of officer Ichard Montgomery President & CEO ype or print name and title	
Daid		Print/Type preparer's name Lisa A Joerin	Preparer's signature
Paid Preparer		Firm's name 🕨 Simpson & Company	
Use Onl		Firm's address 🕨 2165 SW Main Street	
		Portland, OR 97205	

May the IRS discuss this return with the preparer shown above? See instruction

 Software ID:
 13000170

 Software Version:
 2013v3.1

 EIN:
 20-5051527

 Name:
 Global Roots

Form 990EZ, Part III - Statement of Program Service Accomplishments

	rrying out the organization's exempt purposes. In a clear and concise vided, the number of persons benefited, and other relevant information for others.)
offers emotional support to orpha	sted our local partner in support of a large home where he shelters and ns and provides a garden for the children If this amount includes foreign grants, check here
	orphanages for abandoned children If this amount includes foreign grants, check here
Project Gaza Supporting project (Grants \$ 500)	s that help needy children Creating a vegetable garden for children If this amount includes foreign grants, check here ► 🔽
Cambodıa Chıldren's Garden (Grants \$ 2,849)	If this amount includes foreign grants, check here 🏾 . 🔹 🕨 🔽
USA Childrens Garden (Grants \$ 9,160)	If this amount includes foreign grants, check here 🕨 🦵

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Patrick Firouzian Vice President	0	0		
James V Gearhart Treas Sec	0	0		
Sheila Capestany Director	0	0		
Suzanne Parry Dırector	0	0		
Richard Montgomery President/ED	40 00	48,000		

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		or 990EZ		PUDIIC C nplete if the organiz	ation is a see					(1)	2	01	3
Treasu		of the enue Service	2	 Attach to I Informatio 	n about Sche		n 990 or 990-			is at		to P spect	ublic ion
Name	e of th	he organiz	ation		<u></u>	initiong of / It	<u></u>		Employer	ident if ica	tion nu	ımber	
	l Roots												
		Deces							20-5051				
	rt I			Iblic Charity Sta te foundation becaus						istructio	ns.		
1				ion of churches, or a									
2				d in section 170(b)(1)(I)(A)(I).				
2	, L			perative hospital se				n 170/b)/1)					
4	, L			h organization operat	_					1)/ A \/		r tha	
-	ļ			ity, and state	teu in conjun		nospital des	cribed in set		INAM	J. LIILE	the	
5	Γ			erated for the benefi	t of a college	e or universi	ty owned or o	perated by a	a governmen	tal unit de	escribe	d ın	_
		section	170(b)(1)((A)(iv). (Complete P	art II)								
6	Γ	A federa	l, state, or	local government or	r government	tal unit desc	rıbed ın secti	ion 170(b)(1	L)(A)(v).				
7	고 -	describe	ed in sectio	at normally receives on 170(b)(1)(A)(vi).	(Complete F	Part II)			ental unit or f	rom the g	eneral	public	
8 9			-	: described in sectior at normally receives			-	-	utions mam	harahın f		d	
9	ļ			vities related to its e									5
				oss investment inco									
			-	ganization after June				•		tax) nom	Dusine	3363	
10													
11	, L	An organ one or m the box a	An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated					Check ated					
e f g	Γ	other that section If the or check th	an foundat 509(a)(2) ganızatıon nıs box	ox, I certify that the ion managers and ot received a written d 2006, has the organ	her than one etermination	or more pub from the IR	licly support	ed organızat Type I, Typ	tions describ e II, or Type	ed in sec	tion 50	9(a)(1)or
			persons?										
				irectly or indirectly of				persons des	scribed in (ii)			Yes	No
				governing body of th			17				L1g(i)		
				er of a person descr							.1g(ii)		
h				lled entity of a person ng information about						Ľ	1g(iii)		
	supported organization organization in the organization organization in m				mone	i) A mount of monetary support							
				instructions))	Yes	No	Yes	No	Yes	No			
					1 65		1 65		105				
Tota													

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

Schedule A	(Form	aan	or Q	an-	E7)	201	3
Schedule A		990	019	90-	L Z J	201	Э

18

Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🕨 **1** Gifts, grants, contributions, and membership fees received (Do not 95,332 103,549 136,832 121,493 130,389 587,595 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to Ω the organization without charge 95,332 103,549 136,832 121,493 130,389 587,595 4 Total. Add lines 1 through 3 The portion of total contributions 5 by each person (other than a governmental unit or publicly 132,208 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 455,387 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🕨 95,332 103,549 136,832 121,493 130,389 587,595 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 117 252 95 464 and income from similar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on 10 Other income Do not include gain 0 or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 588,059 through 10) Gross receipts from related activities, etc (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 77 440 % 15 Public support percentage for 2012 Schedule A, Part II, line 14 15 75 030 % 16a 33 1/3% support test-2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ₽⊽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ►□ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►Γ b 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under

ender ver (or fice) ver beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Tot Grits, grants, contributions, and membership for a cavier (0) onto itorise reveal to main control on any activity this related to the organization's fax-exempt particle of a services of performed, or facilities furnished in any activity this related to the organization's fax-exempt particle of a services of the organization's fax-exempt particle of expression activities fatt are not a unrelated trade or business under section 513 Image: Control of the organization's fax-exempt particle of expression activities fatt are not a unrelated trade or business under section 513 Image: Control of the organization's fax-exempt particle of expression activities fatt are not a unrelated trade or business under section 513 Image: Control of the organization's fax-exempt particle of expression fatt are evend from druth rate disguiline depressions that exceed the granetar of \$5,000 or 1% of the amounts on luce of an inset of consumers on the 5 Gross income from interest, divelend on lines 1,2, and a received from druth rate in) Image: Control of the organization's fax-exempt particle dusting fatt are evend from interest, divelend a particle dustria fatt are evend from interest, divelend are or of the organization's fatt are evend from interest, divelend are or of the set or are organization's fatt are evend from interest, divelend are organization's fatt are evend from interest, divelend are organization's fatt, second, third, for the are organization's fatt, second from basets excend after line 3, infer, regarded and are organization's fatt, second from basets exceed after line 3, infer, regarded and are organization's fatt, second, the divelend are organization's fast, second, third, for the are organization's fatt, second		Part II. If the organiza	ation fails to q	ualify under the	e tests listed be	elow, please co	omplete Part II	.)
in) in) (i) 2003 (i) 2014 (i) 2012 (i) 2013		ction A. Public Support	1	1	1	1		
Gits_grants_contributions, and membership fers received (00 not include any "unusual grants"). Image: Contributions, and membership fers received (00 not membership fers received (00 not organization's tax-exempt purpose Grass receipts from activules that expanded that is related to the organization's tax-exempt purpose Grass receipts from activules that expanded that is related to the organization's tax-exempt purpose Grass receipts from activules that expanded that is related to the organization's tax-exempt purpose Grass receipts from activules that basines under actions 13. Image: Control of Control Grass receipts from activules that basines under actions 13. Tax revewores level for the organization's tax-exempt purpose Grass received from drategradies. Image: Control of Control Grass received from drategradies. Image: Control Grass received from drategradies. Total Acid lines 2 and 3 dravelar of 55,000 or 1%, of the amount on line 3 for the year income (not be than discussified provements and tax-exed the greater of 55,000 or 1%, of the amount on line 3 for the year income (not be than discussified provements and tax-exed the greater of 50,000 or 1%, of the amount on line 5. Image: Control of Contro	aiel		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Include any "unusual grants") Grass receipts from activities from admissions, metchadies sold or services performed, or facilities from admissions, metchadies sold or services performed, or facilities from admissions, metchadies sold or services are not an unrelated trade or business under section 513 The value of services on facilities from set word for the organization's benefit and either performed, or facilities from set word for the organization's benefit and either performed, or facilities from set word for the and 3 neceword from disqualified and 3 neceword from the set 12, 2 A mounts included on lines 2 and 3 received from the set 2, 2 A mounts included on lines 2 and 3 received from the set 2, 2 A mounts included on lines 2 and 3 received from set there of 2, 000 or 1% of the amount on line 13 for the year Ext and 72 Public support (Subtract line 72 from line 5 Grass income from lines and anceme from similar sources Uncome from uness taxable means taxabl	1	Gifts, grants, contributions, and						
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Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

	Facts And Circumstances Test		
Return Reference	Explanation		

Schedule A (Form 990 or 990-EZ) 2013

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -		DLN: 93492135040054
SCHEDULE O (Form 990 or 990-EZ)	Supplementa	al Information to	o Form 990 or 990-EZ	омв № 1545-0047 2013
Department of the Treasury Internal Revenue Service	Form 9	90 or to provide any ad P Attach to Form 990) or 990-EZ. or 990-EZ) and its instructions is at	Open to Public Inspection
Name of the organization Global Roots		-	Employe	r identification number
			20-505	1527

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$118
Other Expenses 1002	Office Expenses \$1148
Other Expenses 1005	Travel \$14086
Other Expenses 1009	Depreciation \$1730
Other Expenses 1	Food \$11000
Other Expenses 2	School fees \$5999
Other Expenses 3	Garden supplies \$5183
Other Expenses 4	Gardener labor \$5044
Other Expenses 5	Contract services \$4300
Other Expenses 6	Hotel and food \$3461
Other Expenses 7	Meeting expenses \$3322
Other Expenses 8	Chicken feed \$1955
Other Expenses 9	Hen house \$1800
Other Expenses 10	Fundraising expenses \$1735
Other Expenses 11	Wire fees \$1530
Other Expenses 12	Garden lease \$1450
Other Expenses 13	Telephone and Internet \$1330
Other Expenses 14	Education & training \$1234
Other Expenses 15	Payroll administration \$1156
Other Expenses 16	Oversight evaluation \$700

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 17	Grant Writing \$665
Other Expenses 18	Research \$619
Other Expenses 19	Internet \$345
Other Expenses 20	Outreach supplies \$250
Other Expenses 21	Clothing \$250
Other Expenses 22	Security \$200
Other Expenses 23	Medical \$200
Other Expenses 24	Contract expense \$150
Other Expenses 25	Bookstore Expense \$100
Other Expenses 26	Supplies \$57
Other Expenses 28	Parking \$13
Other Assets 1004	Miscellaneous - Beginning \$7170 Miscellaneous - Ending \$5440
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$34 Accounts Payable and Accrued Expenses - Ending \$34