OOO T	Exempt Organization Business Income Tax Return					OMB No. 1545-0047	
(and proxy tax under section 6033(e))  For calendar year 2019 or other tax year beginning07-01, 2019, and ending 06-30, 2020					2019		
Internal Revenue Service	► Do r	not enter SSN numbers on this form as it may be made public if your organization is a					
Check box if address changed		Name of organization ( Check box if name changed and see instructions.)		D Employer identification number (Employees' trust, see instructions.)			
B Exempt under section	Print	ROOTS COMMUNITY SCHOOL		(=,	(Employees track, eee metrocaener)		
X 501( C ) (3 )	or	Number, street, and room or suite no. If a P.O. box, see instructions.	1		2-2375063  E Unrelated business activity code		
408(e) 220(e)	Туре	2133 W WOODIN AVE			instructions	•	
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code					
529(a)  C Book value of all assets	<b>F</b> 0"	CHELAN, WA 98816		812930	)		
at end of year		oup exemption number (See instructions.)	401/	a) truct		Other trust	
217,285 H Enter the number o		eck organization type ► x 501(c) corporation 501(c) trust   inization's unrelated trades or businesses. ► 1  Describe the		a) trust			
trade or business h	Ū		•		<b>,</b>		
		end of the previous sentence, complete Parts I and II, complete a Schedule M for		-		C	
trade or business, t			Jacii	additionic			
	•	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group	ın?		▶ □	Yes x No	
•		identifying number of the parent corporatior▶	φ			100 110	
·		BOOKS ON POINT Telephone number	<b>▶</b> (5	09)67	0-8958	<b>B</b>	
		e or Business Income (A) Income		Expense		(C) Net	
1a Gross receipts or		7,304				(2)	
<b>b</b> Less returns and							
2 Cost of goods sol	ld (Sched	ule A, line 7)					
3 Gross profit. Sub	•					7,304	
4a Capital gain net in	ncome (a	ttach Schedule D) 4a					
		7, Part II, line 17) (attach Form 4797) 4b					
c Capital loss dedu	ction for t	rusts					
5 Income (loss) from	m a partn	ership or an S corporation (attach					
statement)							
6 Rent income (Sch	hedule C)						
7 Unrelated debt-fire	nanced in	come (Schedule E)					
8 Interest, annuities,	royalties, a	nd rents from a controlled organization (Schedule F) . 8					
9 Investment income	of a section	n 501(c)(7), (9), or (17) organization (Schedule G) 9					
10 Exploited exempt	activity in	ncome (Schedule I)					
11 Advertising incom	ne (Sched	lule J)					
,		ions; attach schedule)					
		ough 12				7,304	
		t Taken Elsewhere (See instructions for limitations on deduction	s.) (l	Deduct	ions m	ust be directly	
		the unrelated business income.)					
		directors, and trustees (Schedule K)		T	14	3,182	
-				H	15		
•				E	16		
				H	17		
		(see instructions)		l H	18	006	
		4562)			19	986	
		on Schedule A and elsewhere on return			21b		
					22		
•		ompensation plans		H	23		
		S			24		
		(Schedule I)		1	25		
		Schedule J)			26		
		chedule)		1	27	4,564	
		es 14 through 27			28	8,732	
		e income before net operating loss deduction. Subtract line 28 from line 13		H	29	(1,428)	
		g loss arising in tax years beginning on or after January 1, 2018 (see		ŀ		. , ===	
	-				30		
		e income. Subtract line 30 from line 29		ļ	31	(1 428)	

						<del> </del>	
Sch	edule A - Cost of Good	ds Sold. En	ter method of in	ventory valuation >			
1	Inventory at beginning of year	r	1	6 Inventory at end of year 6			
2	Purchases		2	7 Cost of goods sold. Subtract line			
3	Cost of labor		3	6 from line 5. Enter here and in Part			
4a	Additional section 263A costs			I, line 2		. 7	
	(attach schedule)		4a	8 Do the rules	s of section 263A (with respec	t to Yes No	
b	Other costs (attach schedule)		4b		oduced or acquired for resale)		
5	<b>Total.</b> Add lines 1 through 4b		5		nization?		
	edule C - Rent Income			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	ee instructions)	(i roiii itee	ii i roperty and	i croonari roperty	Loused With Real Fro	ocity)	
	scription of property						
(1)							
(2)							
(3)							
(4)							
· /		2. Rent recei	ved or accrued				
/-\ I			(b) Faces and a		2(a) Dadwatia a adia ath		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			percentage of rent	nd personal property (if the for personal property exceeds is based on profit or income)	exceeds in columns 2(a) and 2(b) (attach schedule)		
(1)							
(2)							
(3)							
(4)							
Total			Total				
(c) Total income. Add totals of columns 2(a) and 2(b). Enter					(b) Total deductions.	•	
here and on page 1, Part I, line 6, column (A)					Enter here and on page ? Part I, line 6, column (B)		
	edule E - Unrelated De			instructions)			
<u> </u>	oddio E Omolatou Bo	bt i illaliot	<u> </u>	2. Gross income from or	3. Deductions directly connect	ed with or allocable to	
	1. Description of debt-f	financed propert	V	allocable to debt-financed debt-financed			
			,	property	(a) Straight line depreciation (attach schedule)	<ul><li>(b) Other deductions (attach schedule)</li></ul>	
						(**************************************	
(1)							
(2)							
(3)							
(4)							
,	4. Amount of average		e adjusted basis			8. Allocable deductions	
	acquisition debt on or allocable to debt-financed		allocable to inced property	6. Column 4 divided	7. Gross income reportable	(column 6 x total of columns	
	property (attach schedule)		ch schedule)	by column 5	(column 2 x column 6)	3(a) and 3(b))	
(1)				%			
(2)				%			
(3)				%			
(4)				%			
. ,	<u> </u>				Enter here and on page 1,	Enter here and on page 1,	
					Part I, line 7, column (A).	Part I, line 7, column (B).	
Total	s					, ,	
	I dividends-received deducti	ions included	in column 8				

Schedule F - Interest, Anni	uities, Royaities,	and Rents	S FIOII	<u>i Controllea O</u>	rganizations (	see ins	struction	S)
Name of controlled organization	2. Employer identification number		Controlled Organizations  ated income  4. Total of specified		5. Part of colum	n 4 that is	6. Deductions directly connected with income	
organization	identification number	(loss) (see instructions)		payments made	included in the controlling organization's gross income			in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organization	S S			1	-		<b>'</b>	
7. Taxable Income	8. Net unrelated in (loss) (see instruct		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross incom		connected with income in	
(1)								
(2)								
(3)								
(4)								
Totals					Add columns 5 Enter here and Part I, line 8, co	on page 1	, Enter I	columns 6 and 11. here and on page 1, , line 8, column (B).
Schedule G - Investment Inco	me of a Section 5	01(c)(7), (9),						
1. Description of income	2. Amount	of income	3. Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)								
(2)								
(3)								
(4)								
Totals ▶	Enter here and Part I, line 9, c					re and on page 1, ne 9, column (B).		
Schedule I - Exploited Exemp	t Activity Income.	Other Than	Adver	tisina Income (s	ee instructions)			
Description of exploited activity	2. Gross unrelated business inco from trade of business	3. Expenses directly come e or come to or directly connected with production of		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3) (4)								
Totals	Enter here and page 1, Pai line 10, col.	rt I, page	re and on 1, Part I, , col. (B).					Enter here and on page,1. Part II, line 25.
Schedule J - Advertising Inco	me (see instruction	ns)						
Part I Income From Perio	odicals Reported of	on a Consol	idated	Basis				
1. Name of periodical	2. Gross advertising income		irect ing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readershi costs (column 6 minus column 5, bu not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5)) .	•							

Part II	Income From Periodicals Reported on a Separate Basis (For each perio	dical listed in Part II, fill in columns
	2 through 7 on a line-by-line basis.)	

	1					
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)LEEANNE CASAL	DIRECTOR	18 %	3,182
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	3,182		

EEA Form **990-T** (2019)