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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning	and	ending	_				
B c	heck if	C Name of organization			D Employer	identific	ation number		
	Addres	ROMERO INSTITUTE]				
	Name change	Doing business as			95-3	527131			
	_Initial _return _Final _return/	Number and street (or P.O. box if mail is not de 210 HIGH ST., 2ND FLOOR	livered to street address)	Room/suite	E Telephone number 831-459-6135				
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipt	s\$	3,407,536.		
	Ameno		.		H(a) Is this a	group re	turn		
	Applic	F Name and address of principal officer: SARA	NELSON		T	ordinates			
	pendir	SAME AS C ABOVE			H(b) Are all sub				
ΙŢ	ax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No,"	attach a	list. See instructions		
J۷	Vebsit	e: WWW.ROMEROINSTITUTE.ORG			H(c) Group e	exemption	n number		
K F	orm of	organization: X Corporation Trust As	sociation Other	L Year	of formation: 19		State of legal domicile: CA		
Pa	art I	Summary							
4	1	Briefly describe the organization's mission or most	significant activities: ADDRES	S SOCIAL	JUSTICE AN	D			
Governance		ENVIORNMENTAL PROBLEMS. APPLICATION O	F RESEARCH, INVESTIGATI	ON, LAW,					
rna	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of it	s net ass	ets.		
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3	7		
ত অ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	3		
		Total number of individuals employed in calendar y					26		
ξ		Total number of volunteers (estimate if necessary)					23		
Activities		Total unrelated business revenue from Part VIII, co					0.		
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11				0.		
					Prior Year		Current Year		
Revenue	l				· · · · · ·	0,333.	2,353,513.		
	l					1,200.	0.		
Зě		Investment income (Part VIII, column (A), lines 3, 4				7,930.	-44,806.		
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				2,920.	1,683.		
		Total revenue - add lines 8 through 11 (must equal			· · · · · ·	6,523.	2,310,390.		
	l	Grants and similar amounts paid (Part IX, column (5	6,500.	105,660.			
	l	Benefits paid to or for members (Part IX, column (A		2.04	0.				
ses	15	Salaries, other compensation, employee benefits (I			2,04	9,293.	1,559,426.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), I				0.	0.		
Ä	_5	Total fundraising expenses (Part IX, column (D), lin			1,083,108.		982,192.		
	''	Other expenses (Part IX, column (A), lines 11a-11d			· · · · · ·	8,901.	2,647,278.		
	l	Total expenses. Add lines 13-17 (must equal Part I Revenue less expenses. Subtract line 18 from line				2,378.	-336,888.		
_ v		nevertue less expenses. Subtract line 16 from line	12	Be	ginning of Curre		End of Year		
sts o	20	Total assets (Part X, line 16)		- 50		2,675.	1,547,668.		
ASSE Ball	21	Total liabilities (Part X, line 26)				1,309.	215,489.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	line 20			1,366.	1,332,179.		
	rt II	Signature Block	III 0 20			, - 1			
Und	er pena	lties of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	ents, and to the b	est of my	knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	ich preparer	has any knowled	dge.			
			,			_			
Sigi	n	Signature of officer			Date				
Her		SARA NELSON, VICE PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name	pe preparer's name Preparer's signature						
Paid		MICHAEL BRYANT	MICHAEL BRYANT	1:	1/15/24	if self-employe	d P01568974		
Prep	arer	Firm's name BRYMAR CPA, LLP			Firm's	s EIN	93-2001788		
Use	Only	Firm's address 17 ASPEN WAY							
		WATSONVILLE, CA 95076			Phon	e no.831-	-288-1720		
Мау	the IF	S discuss this return with the preparer shown abo	ve? See instructions				X Yes No		

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Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	EXPOSE SYSTEMIC INJUSTICE AND IMPLEMENT STRATEGIC SOLUTIONS FOR GLOBAL		
	WARMING, ECONOMIC INEQUALITY, HUMAN AND INDIGENOUS RIGHTS. INTERFAITH		
	LAW AND POLICY CENTER USING IMPACT LITIGATION, INVESTIGATION,		
	GRASSROOTS ORGANIZING, AND PUBLIC EDUCATION TO ACHIEVE SUSTAINABLE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
3	If "Yes," describe these changes on Schedule O.	1es	140
4	·	page grad by expenses	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	• •	a d
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, trie total expenses, al	iu
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$916,585. including grants of \$105,660.) (Revenue THE LAKOTA PEOPLE'S LAW PROJECT CONTINUED TO ADVOCATE FOR THE RIGHTS	e\$)
	AND SOVEREIGNTY OF THE LAKOTA SIOUX PEOPLE. OUR FIVE RESPECTED LAKOTA		
	LEADERS SET PRIORITIES AND WORKED COLLABORATIVELY WITH OUR CALIFORNIA		
	TEAM. OUR DOMINANT PROJECT IN 2023 WAS OUR WORK ON BEHALF OF THE		
	STANDING ROCK SIOUX TRIBE, FOR WHOM WE PROVIDED TECHNICAL SUPPORT IN		
	RELATION TO ITS ONGOING EFFORT TO RESIST THE DAKOTA ACCESS PIPELINE. WE		
	MANAGED THE TRIBE'S COMMUNICATION FLOW, INCLUDING THEIR E-BLASTS, VIDEO		
	PRODUCTION, FUNDRAISING, WEBSITE DEVELOPMENT, AND PRESS RELEASES. AT		
	STANDING ROCK WE ALSO OPERATED OUR KINSHIP CARE HOME, WHERE 3 CHILDREN		
	WERE HOUSED THROUGHOUT THE YEAR, AND WE MADE STRIDES IN DEVELOPING OUR		
	"NODAPL" ARCHIVE WHICH, WHEN EVENTUALLY LAUNCHED IN COLLABORATION WITH		
	SITTING BULL COLLEGE AND LOYOLA UNIVERSITY CHICAGO, WILL PROVIDE AN		
4b	(Code:) (Expenses \$) (Revenue	e\$)
	LET'S GREEN CALIFORNIA - IN 2021 THE GREENPOWER PROGRAM BECAME LET'S		
	GREEN CALIFORNIA AND DEVELOPED PLANS AND POLICIES FOR CALIFORNIA TO		
	ACHIEVE CLOSE TO ZERO CARBON EMISSIONS IN 10 YEARS. AS THE FIFTH		
	LARGEST ECONOMY IN THE WORLD AND A HISTORIC ENVIRONMENTAL LEADER,		
	CALIFORNIA IS UNIQUELY POSITIONED TO CREATE A MODEL OF EQUITABLE		
	CLIMATE ACTION THAT CAN BE REPLICATED WORLDWIDE. IN 2023 THE LGCA TEAM		
	AND OUR ALLIES FOCUSED ON PROMOTING OUR SECOND LEGISLATIVE BILL IN THE		
	SACRAMENTO ASSEMBLY SESSION. THE BILL WAS DESIGNED TO PUT ELECTRIC		
	CHARGERS INTO LOW AND MODERATE INCOME COMMUNITIES. WE WORKED WITH LABOR		
	LEADERS, ENVIRONMENTALISTS, ENVIRONMENTAL JUSTICE LEADERS, AND PRESSED		
	FOR THE PASSAGE OF LABOR STANDARDS IN THE COMMUNITY CHOICE ENERGY		
	AGENCIES. IN PARISHES IN THE MONTEREY DIOCESE WE HELD EDUCATIONAL		
4c	(Code:) (Expenses \$	- \$)
	THE NEW PARADIGM INSTITUTE WAS LAUNCHED IN 2023 AFTER THREE		
	WHISTLEBLOWERS PUBLICLY TESTIFIED TO CONGRESS THAT OUR GOVERNMENT HAS		
	CAPTURED NONHUMAN SPACE CRAFT AND NONHUMAN BODIES IN CRASH RETRIEVALS,		
	AND THAT NAVY PILOTS ON BOTH COASTS OF OUR COUNTRY SEE NONHUMAN		
	SPACECRAFT EVERY DAY. AFTER OPENING A D.C. OFFICE ACROSS FROM THE		
	SENATE, AND HIRING PROFESSIONAL TEAMS, OUR INITIATIVE BEGAN TO DEVELOP		
	POLICY AND MOBILIZE CITIZENS FOR DISCLOSURE OF THE INFORMATION HIDDEN		
	FROM CITIZENS AND OUR ELECTED LEADERS FOR 80 YEARS. WITH THE PASSAGE OF		
	LEGISLATION IN DECEMBER, 2023, "DISCLOSURE HAS BEGUN".		
	LEGIDENTION IN DECEMBER, 2023, DISCHOSORE HAS DEGON.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 393,533. including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 2,145,144.		

ROMERO INSTITUTE

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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	Х	
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		X
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		X
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		,,
_	provide advice on the distribution or investment of amounts in such funds or accounts? 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,	_		, .
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		A
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,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
b		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
ŭ	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		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	

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Pai	T IV Checklist of Required Schedules (continued)			·
00	Did the exemination report more than \$\tilde{4}\$ 000 of events or other equiptons to or few demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	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?			1
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$oxedsymbol{oxedsymbol{oxed}}$
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
	Efficient the flutifiber of Points W-2G included of fine 1a. Efficience applicable	깈		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		ı	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	-		
	ined for the calculate year chaining with or within the year covered by this return		х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	Λ	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		^ <u>`</u>
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	70		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40		
	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?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of receives the organization is required to maintain by the states in which the			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand 13c	-		
		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	1-70		
13	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
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.			

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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.

0	Check if Schedule O contains a response or note to any line in this Part VI			21						
Sec	tion 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 1a	4								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3_		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6 Did the organization have members or stockholders?										
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?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
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?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
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	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
_	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process 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	4-		v						
_	taxable entity during the year?	16a		Х						
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	401								
800	exempt status with respect to such arrangements? tion C. Disclosure	16b								
17	List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an experient to make its Forms 1003 (1004 or 1004 A. if applicable), 200, and 200 T (section 501(a)(i)).	o o re l\	0.46:1-1							
18	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)	avallal	лe						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)									
10	X Own website X 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, an	d finar	oiol							
19		u iinan	ıdı							
20	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records SARA NELSON - 831-459-6135									
	210 HIGH ST., 2ND FLOOR, SANTA CRUZ, CA 95060									

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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.

(A)	(B)	(C) Position		(D)	(E)	(F)				
Name and title	Average	(do	not c	heck	more	than o	one	Reportable	Reportable	Estimated
	hours per week		, unle: cer ar					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tı		oloyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DANIEL SHEEHAN	50.00	드	드	0	¥	工品	프			
PRESIDENT		х		х				125,888.	0.	1,061.
(2) SARA NELSON	50.00							,		,
VICE PRESIDENT		х		х				125,887.	0.	1,061.
(3) CHASE IRON EYES	40.00									
CODIRECTOR OF LPLP		х						84,872.	0.	0.
(4) DANIEL PAUL NELSON	50.00									
SECRETARY/TREASURER		Х		х				84,872.	0.	8,565.
(5) MARKELL BROOKS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) GWENDOLYN GRACE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ERIC THIERMANN	3.00									
AUDIT COMMITTEE CHAIR		Х						0.	0.	0.
		-								
		ł								
						-				
		1								
		1	i .	ı	ı	i .	İ	İ	l l	

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	Section A. Officers, Directors, Trust (A)	(B)			ıc	••				, ,	1		
	Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c s both	an	compensation compensat from from relate		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	ns compensa		e ion ed
					U	X	- E						
	Subtotal Total from continuation sheets to Part VII								421,519.	0.	+		687. 0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no								421,519. ceived more than \$100,	0 . 000 of reportable		10,	687.
	compensation from the organization	divoctor twict	aa la		mal	01/0/		hial	heat componented ampl	0,400 00		Yes	No No
	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for st</i> For any individual listed on line 1a, is the su	ıch individual									3		Х
	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" co	mple	te S	che	dule	J fo	or such individual		4		Х
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	erso	on .		-		5		X
1	ion B. Independent Contractors Complete this table for your five highest continue to the contractors.										ation fr	om	
	the organization. Report compensation for t (A) Name and business		NOI		g wi	ith o	or Wil	<u>nin</u>	(B) Description of s			C) ensatior	—— n
	Total number of independent contractors (ir \$100,000 of compensation from the organize	-	ot lin	nited	to t	:hos		ted	above) who received mo	ore than			

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Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
S S	1 8	Federated campaigns 1a					
ant		Membership dues 1b					
ي ق		Fundraising events 1c					
fts, r A		d Related organizations 1d					
ı≘'i		Government grants (contributions) 1e					
Sin		All other contributions, gifts, grants, and					
e Hi	'	I	2,353,513.				
έş		similar amounts not included above 1f	2,333,313.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f		2,353,513.			
O e		Total. Add lines 1a-1f	Business Code	2,333,313.			
			Busiliess Code				
Program Service Revenue	2 6						
	ŀ						
	•						
za S	•	d					
og T							
Δ.		All other program service revenue					
\rightarrow	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)		18,163.	18,163.		
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a 1,250					
	(Rental income or (loss) 6c 1,250					
		Net rental income or (loss)		1,250.	1,250.		
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,033,348					
	ŀ	Less: cost or other basis					
ē		and sales expenses 7b 1,096,317					
ther Revenue		Gain or (loss) 7c -62,969					
ě		Net gain or (loss)	•	-62,969.	-62,969.		
ē		a Gross income from fundraising events (not		·	·		
됩		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a				
			b				
		Net income or (loss) from fundraising events	~				
		Gross income from gaming activities. See					
		Part IV, line 19					
			b				
		Net income or (loss) from gaming activities	D				
		Gross sales of inventory, less returns					
	10 6	·	1,262.				
		and allowances 10	Ob 829.				
		J	023.	433.	433.		
\dashv		Net income or (loss) from sales of inventory	Business Code	433.	±33.		
sn	44						
Miscellaneous Revenue	11 6						
llar Ven	,						
Sce	(All all autonomous					<u> </u>
ž	(All other revenue					
		Total. Add lines 11a-11d		2 210 200	42 102	0	^
	12	Total revenue. See instructions		2,310,390.	-43,123.	0.	0.

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Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	(A)	nis Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	105,660.	105,660.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	124 266	242 222	42.065	10 50
	trustees, and key employees	434,366.	348,333.	43,267.	42,766
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	044.004	757 060	04.060	00.004
	Other salaries and wages	944,294.	757,260.	94,060.	92,974
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	C4 105	E0 800	7 707	F F 10
	Other employee benefits	64,125.	50,788.	7,797.	5,540
	Payroll taxes	116,641.	92,382.	14,183.	10,076
	Fees for services (nonemployees):				
	Management	75 007	17 027	F7 070	
	Legal	75,907.	17,937.	57,970.	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	11 220		11 200	
	Investment management fees	11,328.		11,328.	
-	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
	Advertising and promotion	11,552.	8,690.	2 056	806
	Office expenses	121,573.	97,179.	2,056.	21,032
	Information technology	121,575.	31,113.	3,302.	21,032
	Royalties	94,726.	85,845.	1 615	4,236
	Occupancy	94,720.	65,645.	4,645.	4,230
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	76,432.	74,833.	976.	623
	Conferences, conventions, and meetings	70,432.	74,055.	310.	023
	Interest				
	Payments to affiliates	70,463.	69,827.	243.	393
	<u></u> Г	23,783.	10,649.	12,253.	881
	Other expenses. Itemize expenses not covered	23,703.	10,019.	12,255.	501
	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.)				
	SERVICE CONTRACTORS	315,258.	314,643.	615.	0
	FISCAL SPONSORSHIP FEES	70,500.	70,500.		
	CREDIT CARD FEES	38,529.	7,185.	31,344.	0
_	SUPPLIES	37,224.	7,312.	29,912.	0
	All other expenses SEE SCH 0	34,917.	26,121.	7,947.	849
	Total functional expenses. Add lines 1 through 24e	2,647,278.	2,145,144.	321,958.	180,176
	Joint costs. Complete this line only if the organization		-	·	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2023)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	ne in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			435,291.	1	228,313
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		59,056.	4	66,03	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, so					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr		6			
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			4,307.	8	3,478
As	9	Donate of the control of the former of the control			14,778.	9	23,590
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	344,858.			
	b	Less: accumulated depreciation		276,664.	249,387.	10c	68,194
	11	Investments - publicly traded securities	959,856.	11	1,107,664		
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	50,39
	16	Total assets. Add lines 1 through 15 (must			1,722,675.	16	1,547,668
	17	Accounts payable and accrued expenses			181,309.	17	172,883
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or					
Iţie		trustee, key employee, creator or founder, so	ubstantial cont	tributor, or 35%			
Liabilities		controlled entity or family member of any of		_		22	
Ë	23	Secured mortgages and notes payable to ur	related third p			23	
	24	Unsecured notes and loans payable to unrel	ated third part	ties		24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on l	ines 17-24). Co	omplete Part X			
		of Schedule D		L	0.	25	42,608
	26	Total liabilities. Add lines 17 through 25			181,309.	26	215,489
		Organizations that follow FASB ASC 958,	check here	X			
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,353,754.	27	1,028,255
Ва	28	Net assets with donor restrictions			187,612.	28	303,924
na		Organizations that do not follow FASB AS	C 958, check	here			
Fu.		and complete lines 29 through 33.					
Š	29	Capital stock or trust principal, or current ful	Г		29		
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,541,366.	32	1,332,179
_	33	Total liabilities and net assets/fund balances		Γ	1,722,675.	33	1,547,668

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Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,310,	390.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,647,	278.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-336,	888.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,541,	366.		
5	Net unrealized gains (losses) on investments	5		127,	701.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10						
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
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		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2023)		

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

Oper
Ins

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

ROMERO INSTITUTE 95-3527131 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 5 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

ROMERO INSTITUTE 95-3527131 Schedule A (Form 990) 2023 Page 2

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

(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and				• •		
	membership fees received. (Do not						
	include any "unusual grants.")	1,650,755.	2,996,339.	3,941,882.	2,030,333.	2,353,513.	12,972,822.
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	1,650,755.	2,996,339.	3,941,882.	2,030,333.	2,353,513.	12,972,822.
	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)						3,263,036.
6	Public support. Subtract line 5 from line 4.						9,709,786.
	etion B. Total Support						3,703,700:
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amazonata fuana lina 4	1,650,755.	2,996,339.	3,941,882.	2,030,333.	2,353,513.	12,972,822.
	Gross income from interest,	2,000,700.	2,550,005.	0,212,002.	2,000,000.	2,000,020.	12,572,622.
0	·						
	dividends, payments received on						
	securities loans, rents, royalties,	1,012.		16 015	24 126	10 162	EQ 216
_	and income from similar sources	1,012.		16,015.	24,126.	18,163.	59,316.
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.)						
	Total support. Add lines 7 through 10						13,032,138.
	Gross receipts from related activities,	•				12	99,740.
13	First 5 years. If the Form 990 is for th	•	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3)	
0-	organization, check this box and stop						
	ction C. Computation of Publi						E4 51
	Public support percentage for 2023 (li	, ,,,	•	.,,		14	74.51 %
	Public support percentage from 2022					15	71.45 %
16a	6a 33 1/3% support test - 2023. 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	b 33 1/3% support test - 2022. 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 quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts					VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organization	n qualifies as a pub	olicly supported org	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 1 5 is 1	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and sto	p here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	
	Schedule A (Form 990) 2023						

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 qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	clow, picase comp	oicte i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	, ,		, ,	, ,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2023 (I		•	column (f))		15	%
	Public support percentage from 2022					16	%
	tion D. Computation of Inves					 	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						/ is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 $1/3\%$, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	his hox and see in	structions	

332023 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 ROMERO INSTITUTE 95-3527131 Page 4

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		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

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

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

2b За 3b

<u>Schedule A (Form 990) 2023</u> ROMERO INSTITUTE 95-3527131 Page **6**

Part V Typ	e III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check	chere if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	ner Type III non-functionally integrated supporting organizations mu		•	
Section A - Adjus	sted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-ter	rm capital gain	1		
2 Recoveries	of prior-year distributions	2		
3 Other gross	income (see instructions)	3		
4 Add lines 1	through 3.	4		
5 Depreciation	n and depletion	5		
6 Portion of o	perating expenses paid or incurred for production or			
collection of	f gross income or for management, conservation, or			
maintenance	e of property held for production of income (see instructions)	6		
7 Other expen	nses (see instructions)	7		
8 Adjusted No	et Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minim	num Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fa	air market value of all non-exempt-use assets (see			
instructions	for short tax year or assets held for part of year):			
a Average mo	nthly value of securities	1a		
b Average mo	nthly cash balances	1b		
c Fair market	value of other non-exempt-use assets	1c		
d Total (add li	nes 1a, 1b, and 1c)	1d		
e Discount cl	aimed for blockage or other factors			
(explain in d	etail in Part VI):			
2 Acquisition i	indebtedness applicable to non-exempt-use assets	2		
3 Subtract line	e 2 from line 1d.	3		
4 Cash deeme	ed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructi	ions).	4		
5 Net value of	non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line	5 by 0.035.	6		
7 Recoveries	of prior-year distributions	7		
8 Minimum A	sset Amount (add line 7 to line 6)	8		
Section C - Distri	butable Amount			Current Year
1 Adjusted ne	t income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 o	of line 1.	2		
3 Minimum as	set amount for prior year (from Section B, line 8, column A)	3		
4 Enter greate	er of line 2 or line 3.	4		
5 Income tax i	imposed in prior year	5		
6 Distributable	le Amount. Subtract line 5 from line 4, unless subject to			
	temporary reduction (see instructions).	6		
7 Check	here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	r age r
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	_
<u>10</u>	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
<u> </u>	From 2020			
<u>d</u>	From 2021			
<u> e</u>	From 2022			
<u>f</u>	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
<u> i </u>	Carryover from 2018 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021 Excess from 2022			
u	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023		INSTITUTE	95-3527131	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	, lines 1, 2, 3b, 3c, ction D, lines 2 and	Provide the explanations required by Part II, line 10; Part II, I 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section I 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lin t V, Section E, lines 2, 5, and 6. Also complete this part for an	n B, lines 1 and 2; Part IV, Sectior le 1; Part V, Section B, line 1e; Pa	า C, art V,
				_	

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

	ROM	ERO INSTITUTE	95-3527131					
Organiz	ation type (check or	ne):						
Filers of	:	Section:						
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: O	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							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's						
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							
answer '	aution: 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 nswer "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 nat it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

ROMERO INSTITUTE

95-3527131

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 2	Name, address, and ZIP + 4	\$515,664.	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
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4		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
110.	italie, audiess, and LIF + +	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.140.	Hamo, address, and ZIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

ROMERO INSTITUTE 95-3527131

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

Schedule B (Form 990) (2023) Page **4**

Name of or	ganization		Employer identification number
ROMERO IN	NSTITUTE		95-3527131
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through (e) and the following line entrnaritable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, an	ad ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	t 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

Employer identification number

Pai	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line		Complete in the			
	, ,	(a) Donor advised funds	(b) Funds 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 held in donor advis	sed funds			
Ū	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor ac					
Ū	for charitable purposes and not for the benefit of the donor or					
Pai		anization answered "Yes" on Form 990.				
1	Purpose(s) of conservation easements held by the organization		1 4111, 1110 1.			
•	Preservation of land for public use (for example, recreat	`	f a historically important land area			
	Protection of natural habitat	· —	f a certified historic structure			
	Preservation of open space	i reservation o	Ta certified historic structure			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last			
_	day of the tax year.	ed conservation contribution in the form	Held at the End of the Tax Year			
а						
a h	T. I					
	Number of conservation easements on a certified historic stru	cture included on line 2a				
d	Number of conservation easements included on line 2c acquir					
u	on a historic structure listed in the National Register	- · · · · · · · · · · · · · · · · · · ·	2d			
3	Number of conservation easements modified, transferred, rele					
3	year	sased, extinguished, or terminated by the	organization during the tax			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the peri					
Ū	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h					
Ū	9,	ianamig er treianerie, and ernerenig een	oor rander date mente daring and year			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ition easements during the year			
•	, mount of oxponess mean of minormoning, more smile,		men edecimente dannig and year			
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170/r	n)(4)(B)(i)			
	·	,				
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footnot	·				
	organization's accounting for conservation easements.					
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works			
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in fo	urtherance of public			
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of public service,			
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>			
2	If the organization received or held works of art, historical trea		·			
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	_	\$			
b			•			

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

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

5,192.

81,766.

189,706.

e Other

1a Land

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990 Part X line 10c

d Equipment

8,400.

33,600.

86,200.

216,658.

8,400.

4,434.

68,194.

952

28,408

Schedule D (Form 990) 2023 ROMERO INSTITUTE			95-3527131 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	I1c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(1)	(-)	(0)	
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	<u>l. (B)) </u>		
Part X Other Liabilities	F 000 B+ IV/ I'	14 445 O F 000 P+ V F 4	25
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or 11t. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			24 902
(2) LEASE LIABILITY - CURRENT PORTION (3) LEASE LIABILITY - NONCURRENT PORTION			24,802.
(©)			17,806.
(4)			
(5)			
<u>(6)</u>			+
(7)			+
(8)			+
(9)	/ (D))		42,608.
Total. (Column (b) must equal Form 990, Part X, line 25, co	I. (B))		42,000.

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 ... X

Schedule D (Form 990) 2023

Pai	Reconciliation of Revenue per Audited Financial St	atements with Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	т т	
1	Total revenue, gains, and other support per audited financial statements		1	2,438,091.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments		-	
b	Donated services and use of facilities		-	
С	Recoveries of prior year grants		-	
d	Other (Describe in Part XIII.)	2d		405 504
е	Add lines 2a through 2d		2e	127,701.
3	Subtract line 2e from line 1		3	2,310,390.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIII.)		-	0
	Add lines 4a and 4b		4c	2,310,390 .
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 t XII Reconciliation of Expenses per Audited Financial S	(2.) Statements With Expenses per F	5 Return	2,310,390.
. u	Complete if the organization answered "Yes" on Form 990, Part IV,		ictarri	
1	Total expenses and losses per audited financial statements		1	2,647,278.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	2,017,270.
a	Donated services and use of facilities	2a		
b	Prior year adjustments	I I	-	
	Other losses		-	
d	Other (Describe in Part XIII.)		-	
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,647,278.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			, ,
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)		-	
	Add lines 4a and 4b		4c	0.
5			5	2,647,278.
Pai	t XIII Supplemental Information	•		
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide X, LINE 2:			. ,
THE	ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND	WILL RECOGNIZE		
A LC	SS CONTINGENCY WHEN IT IS PROBABLE THAT A LIABILITY HAS	BEEN INCURRED		
AS C	F THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT O	F THE LOSS CAN		
BE F	EASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT T	O ESTIMATE AND		
MANA	GEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF E	ACH UNCERTAIN		
TAX	POSITION.			
THE	AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL U	NCERTAIN TAX		
POSI	TION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGAT	E COULD DIFFER		
FROM	THE AMOUNT RECOGNIZED. AS OF DECEMBER 31, 2023 AND 202	2 MANAGEMENT		
DID	NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS.			

Schedule D (Form 990) 2023 ROMERO INSTITUTE	95-3527131	Page 5
Schedule D (Form 990) 2023 ROMERO INSTITUTE Part XIII Supplemental Information (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047

Open to Public

Employer identification number

Inspection

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

me and address of organization (b) EN (c) IRO section (d) Amount of (e) Amount of organization (d) Mathod of organization (d) Amount of organization (d) Amount of organization (d) Amount of organization (d) Mathod of organization (d) Amount of organization (d) Amo	assistance round of valuation (book, noncash assistance FMV, appraisal, other) 0. PROPERTY PROPERTY PROPERTY PROPERTY	General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete
600. 0. DONATION OF PROPERTY	600. 0. PROPERTY PROPERTY	e duplicated if ac (c) IRC section (if applicable)

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

ROMERO INSTITUTE	95-3527131
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
AND EDUCATION TO DEVELOP PROJECTS THAT EDUCATE AND ACTIVATE THE	
CITIZENS OF THIS COUNTRY TO SOLVE HUMAN RIGHTS AND ENVIORNMENTAL	
PROBLEMS.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
GOALS.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
ENORMOUS AMOUNT OF FREE MEDIA ABOUT TRIBALLY-LED OIL PIPELINE FIGHTS TO	
EDUCATORS, JOURNALISTS, LAWYERS, AND OTHERS ACROSS THE WORLD. WE ALSO	
WORKED DURING 2023 CLOSELY WITH STANDING ROCK AND THE 8 OTHER SIOUX	
TRIBES IN SOUTH DAKOTA TO PURSUE "SOLAR FOR ALL" FUNDING, I.E. MONIES	
AVAILABLE THROUGH THE INFLATION REDUCTION ACT TO SUPPORT THE CREATION	
OF RENEWABLE ENERGY INFRASTRUCTURE IN UNDER-DEVELOPED REGIONS. WE	
COORDINATED NEARLY ALL OF THE SOUTH DAKOTA TRIBES INTO A PARTNERSHIP	
WITH OWEESTA, A NATIVE-LED COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION	
(CDFI), TO \$150 MILLION IN FUNDING, A PORTION OF WHICH WAS TO BE	
DIRECTED TO SIOUX COMMUNITIES. LASTLY, WE PURSUED SEPARATE FUNDING	
THROUGH ANOTHER SECTION OF THE INFLATION REDUCTION ACT IN COLLABORATION	
WITH THE UNIVERSITY OF NORTH DAKOTA LAW SCHOOL WITH THE GOAL OF DEVELOPING A ROVING WATER STANDARDS LAW GROUP TO ADVISE TRIBES ALONG	
THE MISSOURI RIVER ABOUT THE DEVELOPMENT OF WATER CODES THAT SYNC WITH	
ENVIRONMENTAL PROTECTION AGENCY POLICY.	

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

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization ROMERO INSTITUTE 95-3527131 EVENTS ON WHY ELECTRIC KITCHENS AND CARS ARE MORE HEALTHY FOR FAMILIES AND COMMUNITIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SPECIAL MEDIA PROJECT - IS A RESEARCH AND INVESTIGATIVE PROJECT THAT IS PREPARING TO PRODUCE A PUBLICLY AVAILABLE ARCHIVE, A 24-EPISODE PODCAST SERIES, A DOCUMENTARY SERIES, AND A CABLE SERIES ABOUT THE LEGAL, INVESTIGATIVE, AND ORGANIZING ACTIVITIES OF THE CHRISTIC INSTITUTE AND THE ROMERO INSTITUTE. THE RESEARCH COVERS 50 YEARS OF PUBLIC INTEREST WORK AND REVEALS IMPORTANT HISTORICAL INFORMATION THAT IS RELEVANT TODAY REGARDING SYSTEMIC INJUSTICE IN CORPORATE AND GOVERNMENT CORRUPTION, HUMAN AND CIVIL RIGHTS VIOLATIONS, CRIMINAL ACTIVITY, CONSTITUTIONAL VIOLATIONS, DRUG SMUGGLING, AND ILLEGAL WAR MAKING. THE ROMERO INSTITUTE ARCHIVAL PROJECT SEEKS TO CORRECT THE HISTORICAL RECORD AND LAY OUT THE FACTS IN SEVERAL MEDIA FORMATS. THE GOAL IS TO SHARE TRUE FACTS THAT BEG FOR NEW LAWS AND POLICIES NEEDED TO CREATE A SUSTAINABLE, GREEN, AND THRIVING FUTURE FOR THE U.S. AND THE WORLD. EXPENSES \$ 220,994. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. ADDITIONAL ORGANIZATION PROGRAMS. EXPENSES \$ 172,539. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: THERE ARE THREE MEMBERS OF THE BOARD THAT ARE RELATED. 1) SARA NELSON, VICE-PRESIDENT AND DANIEL SHEEHAN, PRESIDENT; FAMILY RELATIONSHIP

2) SARA NELSON, VICE-PRESIDENT AND DANIEL PAUL NELSON, SECRETARY/TREASURER;

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 95-3527131 ROMERO INSTITUTE FAMILY RELATIONSHIP 3) DANIEL SHEEHAN, PRESIDENT AND DANIEL PAUL NELSON, SECRETARY/TREASURER; FAMILY RELATIONSHIP FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE EXECUTIVE TEAM AND IS MADE AVAILABLE TO THE BOARD PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST IS REVIEWED ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL: PROCESS IS DONE THROUGH THE REVIEW OF THE BUDGET APPROVAL. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS: PROCESS IS DONE THROUGH THE REVIEW OF THE BUDGET APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS REQUIRED TO BE AVAILABLE TO THE PUBLIC ARE PROVIDED UPON REQUEST TO THE ORGANIZATION. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: PUBLIC EDUCATION: PROGRAM SERVICE EXPENSES 12,001. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES

Schedule O (Form 990) 2023 Page 2

Schedule O (Form 990) 2023		Page 2
Name of the organization ROMERO INSTITUTE		Employer identification number 95-3527131
TOTAL EXPENSES	12,001.	
REPAIRS AND MAINTENANCE:		
PROGRAM SERVICE EXPENSES	9,054.	
MANAGEMENT AND GENERAL EXPENSES	663.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	9,717.	
LOSS ON DISPOSAL OF FIXED ASSETS:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	6,642.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	6,642.	
MISCELLANEOUS:		
PROGRAM SERVICE EXPENSES	4,430.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	397.	
TOTAL EXPENSES	4,827.	
MEMBERSHIP FEES:		
PROGRAM SERVICE EXPENSES	636.	
MANAGEMENT AND GENERAL EXPENSES	642.	
FUNDRAISING EXPENSES	452.	
TOTAL EXPENSES	1,730.	
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	34,917.	