Form **990**

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Α	For the 2	2023 calenda	year, or tax year beginning 7/	'01 , 20 2	23, and ending	6/3	0	,	20 2024
В	Check if app	plicable:					D Employ	er identif	ication number
	Addres	ss change	ew Roots Institute				82-4	15942	46
	Name	change	10 N Virgil Ave, Suit	e 98280		Ī	E Telepho		
	Initial r	J	os Angeles, CA 90029				2005	55380	100
	\vdash	turn/terminated	-			H	200	73300	103
	-						C 0	¢	2 717 604
	\vdash	ded return	N		la.	I(a) Is this a	G Gross re		
	Applica	ation pending	Name and address of principal officer: Mo	nica Chen		` '			163 140
			me As C Above		''	l(b) Are all si If "No," a	attach a list.	See insti	Puctions. Yes No
<u> </u>			1,11,	(insert no.) 4947(a)(1)	or 527				
J	Websit		s://www.newrootsinsti	tute.org	Н	I(c) Group ex	cemption nu	mber	
K		organization:	Corporation Trust Association	Other	L Year of formation	n: 2018	M s	tate of le	gal domicile: CA
Pa	rt I	Summary							
			the organization's mission or mos						
a	en	mpowerin	the next generation	with knowledge	and train	ning to	end	fact	ory farming.
Governance									
Ĕ									
8		eck this box	if the organization discontin					net ass	ets.
Ġ			g members of the governing body					3	5
တ္သ			pendent voting members of the go					4	4
Activities &			individuals employed in calendar					5	33
훙			volunteers (estimate if necessary)				L	6	0
ď			ousiness revenue from Part VIII, c					7a	0.
	b Ne	t unrelated i	siness taxable income from Form	990-1, Part 1, line 11				7b	0.
	9 Co	ntributions s	d grants (Part VIII line 1h)				or Year	00	Current Year
<u>e</u>			d grants (Part VIII, line 1h) revenue (Part VIII, line 2g)				550,9		2,664,183.
Revenue			ne (Part VIII, column (A), lines 3,					00.	12,763.
ě			Part VIII, column (A), lines 5, 6d, 8				31,9		40,068.
			add lines 8 through 11 (must equ				9,9		670.
			ar amounts paid (Part IX, column			1,	593,8	03.	2,717,684.
			· ·						41,036.
		•	or for members (Part IX, column	• • •			050 5	70	1 000 675
S			ompensation, employee benefits			1,	059,5	13.	1,292,675.
Expenses	16a Pro	ofessional fu	draising fees (Part IX, column (A)	, line 11e)					
ę.	b Tot	tal fundraisii	g expenses (Part IX, column (D), I	ne 25)	238,721.				
Ш	17 Oth	her expense	(Part IX, column (A), lines 11a-11	d, 11f-24e)	 .		275,8	87.	229,135.
	18 Tot	tal expenses	Add lines 13-17 (must equal Part	IX, column (A), line 25)		1.	335,4		1,562,846.
	19 Re	venue less	penses. Subtract line 18 from line	12		· ·	258,3		1,154,838.
- S						Beginning	of Curren		End of Year
ets Jano	20 Tot	tal assets (F	rt X, line 16)				441,2		2,627,719.
Net Assets Fund Balano	21 Tot		Part X, line 26)				67,4		79,182.
₽₽₽	22 Ne	t assets or f	nd balances. Subtract line 21 from	line 20		1	373,8		2,548,537.
		Signature					373,0	17.	2,340,337.
				accompanying cohodules and st	atomonts and to th	a hast of my	knowlodgo	and halia	f it is true correct and
com	olete. Declar	ration of prepare	e that I have examined this return, including a other than officer) is based on all information	of which preparer has any know	wledge.	e best of my	Knowledge	ariu belle	i, it is true, correct, and
Sig	ın	Signature of of	er			Date			
He	re	Monica	hen		F.	kecutiv	a Dir	acto	r
		Type or print n		·	E2	<u> </u>	C DII	CCLU.	<u> </u>
		Print/Type pre		grature 7 / 1	Date		Check	if F	PTIN
_		3	(Our	Cook Din /MD3 /CD3	11/30/		1	」"	
Pa				Cook, PhD/MPA/CPA	111/20/	4	self-employe	u F	01521705
	eparer	Firm's name		actcy Corporation					
US	e Only	Firm's address	One Sansome St Ste 3500			F	Firm's EIN	47-2	2626541
		1	San Francisco, CA 94104			F	Phone no.	415-6	21-1112
Mar	the IRS	discuss this	eturn with the preparer shown abo	ove? See instructions					X Yes No

Par	t III	Statement of Program Service Accomplishments		v						
	Driefl	Check if Schedule O contains a response or note to any line in this Part III.		. X						
1		fly describe the organization's mission:								
		w Roots Institute is a nonprofit empowering the next generation with knowledg	e an	<u>ıa</u>						
	tra	aining to end factory farming.								
2	Did th	the organization undertake any significant program services during the year which were not listed on the prior								
_		n 990 or 990-EZ?	X	No						
		es," describe these new services on Schedule O.								
3		the organization cease conducting, or make significant changes in how it conducts, any program services?	X	No						
		es," describe these changes on Schedule O.								
4	4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.									
	<i>(</i> 0			<u> </u>						
4a		de:) (Expenses \$1,018,961. including grants of \$41,035.) (Revenue \$12	2,76	<u>3.</u>)						
	<u>See</u>	e_Schedule_O								
4b	(Code	de:) (Expenses \$ including grants of \$) (Revenue \$)						
4c	(Code	de:) (Expenses \$ including grants of \$) (Revenue \$)						
										
Δd	Other	er program services (Describe on Schedule O.)								
→u		penses \$ including grants of \$) (Revenue \$)							
/10		al program service expenses 1 019 061	,							

Part IV | Checklist of Required Schedules

			res	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 <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
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? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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)? <i>If "Yes," complete Schedule D, Part X.</i>	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
b	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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	15		X
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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Par	t IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X	NO
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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		Х
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? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
	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? If "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		Χ
С	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.							
Part V Statements Regarding Other IRS Filings and Tax Compliance							
Check if Schedule O contains a response or note to any line in this Part V							
		Yes	No				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a							
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable							
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
(gambling) winnings to prize winners?	1c	Х					
BAA TEEA0104L 08/23/23	Form	990	(2023)				

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 2a 33							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	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		Х				
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).							
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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		Χ				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
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?								
9 Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b						
	Section 501(c)(7) organizations. Enter:	ЭD						
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
1 <i>2</i> 2	against amounts due or received from them.)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	. _ u						
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	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							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?								
If "Yes," see the instructions and file Form 4720, Schedule N. 16. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?								
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?								
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						
λ Λ	If "Yes," complete Form 6069.	Form	000	2022				

Form 990 (2023) New Roots Institute 82-4594246 Page 6 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 1b 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Χ of officers, directors, trustees, or key employees to a management company or other person?..... 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? See Sch 0 Χ 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ 6 Did the organization have members or stockholders?..... 6 X 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?..... Χ 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7h Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?.... 8a **b** Each committee with authority to act on behalf of the governing body?..... 8h Χ 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 Section 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 Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 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 Χ **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 Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... See. Schedule .0...... Χ 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 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? a The organization's CEO, Executive Director, or top management official. See Schedule. O. Χ 15a Χ **b** Other officers or key employees of the organization...See .Schedule. O...... 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Χ taxable entity during the year?..... b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Schedule O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to See Schedule 0 the public during the tax year.

Kara Lombard 1110 N Virgil Ave, Suite 98280 Los Angeles CA 90029 (209) 553-8009

State the name, address, and telephone number of the person who possesses the organization's books and records.

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (B) (A) Name and title (do not check more than one box, unless person is both an officer and a director/trustee) (D) (E) (F) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) Reportable compensation from the organization (W-2/1099-Estimated amount Average hours of other compensation from per week Individual Officer employee ormer nstitutional trustee (ey employee lighest compensated the organization and related organizations (list any hours for related (W-2/1099-MISC/1099-NEC) organiza-tions l trustee below dotted (1) Monica Chen 40 Executive Dir. 0 Χ 81,980 0 4,582. (2) Jesse Tandler, Managing 40 0 Χ 79,204. 0 4,417. Director (3) Naomi Sachs, Chair & 1 0 Χ Χ 0 0. Director 0 (4) Bonnie Brown, Treasurer 1 Χ Secretary 0 Χ 0. 0 0. (5) Jennifer Barckley 1 Χ Director 0 0. 0 0. (6) Jim Glauber 1 0 Χ Director 0 0 0. (7) Kia Hill 1 0 Χ 0 Director 0. 0. (8) (9) (10)(11) (12) (13)(14)

Form 990 (2023) New Roots Institute 82-4594246										Pag		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average	box, offic	unles er an	Position check more than one less person is both an and a director/trustee)			an ee)	(D) Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	0	(F) ated amount of other insation from	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	ganization d related nnizations	on
(15)						ğ						
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
(23)		•										
(24)												
(25)								161 104			0 0	0.0
1b Subtotal c Total from continuation sheets to Part VII, Secti	on A						٠.	161,184. 0.	0.		8,9	0.
d Total (add lines 1b and 1c)									0.		8,9	
2 Total number of individuals (including but not limited from the organization 0										ensation		<u> </u>
											Yes	No
3 Did the organization list any former officer, direct on line 1a? <i>If "Yes,"complete Schedule J for suc</i>	ctor, truste ch individu	e, ke al	ey e	mpl	oyee	e, or l	high	nest compensated	l employee	. 3		X
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate such individual	er than \$1	50,0	00?	If "	Yes,	" con	nple	ete Schedule J foi	•	. 4		X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	e comper s," comple	satio	on fr Sche	om dule	any e <i>J f</i> o	unre or sud	late ch p	ed organization or person	individual	. 5		X
1 Complete this table for your five highest compensation from the organization. Report compensation	sated indessation for	epen the c	den alen	t co	ntrad vear	ctors endir	tha	It received more to	han \$100,000 of			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Report compensation for the calendar year ending with or within the organization's tax year (B) Description of services							(Compe	C) nsatior	n			
2. Total number of independent or the first of the first	اللحمر المراجر		o 11.		liat -	- بام ا	·c`	usho rossinsal	thon			
2 Total number of independent contractors (including l \$100,000 of compensation from the organization	0	itea t				a a a b o '	ve)	who received more	uidii	Form	000 (2022

rai	(VI	Check if Schedule O contains	a res	ponse or note to an	y line in this Part VI	II		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ξ, ħ	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b					
s, G	С	Fundraising events	1c					
i Gi	d	Related organizations	1d					
S, in	e	Government grants (contributions)	1e					
igi d	T	All other contributions, gifts, grants, and similar amounts not included above	1f	2,664,183.				
년 돌	g	Noncash contributions included in						
TE E		lines 1a-1f	1g	24,605.				
	n	Total. Add lines 1a-1f		Business Code	2,664,183.			
Program Service Revenue	2a	Program service fees		611710	12,763.	12,763.		
ě	b	riogiam service lees		611710	12,703.	12,703.		
e E	c							
ez:	d							
S	е							
gra	f	All other program service revenu	e					
P.	g	Total. Add lines 2a-2f			12,763.			
	3	Investment income (including divide						
	_	other similar amounts)			40,068.			40,068.
	4 5	Royalties						
	3	(i) R		(ii) Personal				
	6a	Gross rents 6a		(1) 1 21221121				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
	7a	Gross amount from (i) Secu	ırities	(ii) Other				
		sales of assets						
	b	Less: cost or other basis						
		and sales expenses 7b						
		Gain or (loss)						
		, ,	г	· · · · · · · · · · · · · · · · · · ·				
nue	8a	Gross income from fundraising events (not including \$						
Ver		of contributions reported on line 1c).	_					
æ		See Part IV, line 18	8	a				
Other Reve	b	Less: direct expenses	8	Bb				
ਰੋ	С	Net income or (loss) from fundra	ising	events				
	9a	Gross income from gaming activities.						
	١.	See Part IV, line 19	_	a				
		Less: direct expenses Net income or (loss) from gamin		b vitios				
			y acti	villes				
	10a	Gross sales of inventory, less returns and allowances	10)a				
	b	Less: cost of goods sold	_)b				
	С	Net income or (loss) from sales	of inv	entory				
S				Business Code				
<u>8</u> a	11a	<u>Miscellaneous</u>			670.			670.
	b							
scellaneo Revenue	C	All other revenue						
Miscellaneous Revenue	_	All other revenue Total. Add lines 11a-11d			670.			
_	12	Total revenue. See instructions.			2,717,684.	12,763.	0.	40,738.
					2,111,004.	14,100.	<u> </u>	I IU, 100.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (D) (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service expenses Management and Fundraising expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... 18,076. 18,076. Grants and other assistance to domestic individuals. See Part IV, line 22...... 22,960 22,960 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 202,179 91,207 30,402 80,570. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 N 0 109,097. 975,448 704,472 161,879 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 14,055 10,401 3,654 15,312. 100,993 65,450 20,231 11 Fees for services (nonemployees): c Accounting..... 23,500 23,500 d Lobbying..... e Professional fundraising services. See Part IV, line 17... g Other. (If line 11g amount exceeds 10% of line 25, column 14,493 8,406. 3,333 2,754. (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion..... 5,206. 7,437. 2,231 12 27,949. 16,210 6,428 5,311. 14 Information technology...... 59,673. 34,610 13,725 11,338. 15 Royalties..... 16 Occupancy..... 17 Travel. 50,170. 27,594 13,545 9,031. Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings.... 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization... 23 Insurance 2,896. 2,896 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses 24 on line 24e. If line 24e amount exceeds 10% Miscellaneous____ 102. 18,234 468 17,664 b Program supplies 16,876 16,876 c Registration fees___ 7,207 7,207 d <u>Bank fees</u> 700 700 e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . . 1,562,846 1,018,961 305,164 238,721. 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)......

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	177,727.	1	
	2	Savings and temporary cash investments	1,021,766.	2	1,384,916.
	3	Pledges and grants receivable, net	240,000.	3	763,500.
	4	Accounts receivable, net	, , , , , , , , , , , , , , , , , , , ,	4	,
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under		6	
	_	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
	7	Notes and loans receivable, net.		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	1,778.	9	18,062.
•		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments – publicly traded securities		11	461,241.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,441,271.	16	2,627,719.
	17	Accounts payable and accrued expenses	67,457.	17	63,304.
	18	Grants payable		18	
	19	Deferred revenue		19	15,878.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	67,457.	26	79,182.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
Ē	27	Net assets without donor restrictions	1,373,814.	27	1,508,037.
Ba	28	Net assets with donor restrictions		28	1,040,500.
Net Assets or Fund Bala		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			=, ,
ō	29	Capital stock or trust principal, or current funds		29	
\$	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds		31	
۲	32	Total net assets or fund balances	1,373,814.	32	2,548,537.
ē	33	Total liabilities and net assets/fund balances.	1,441,271.	33	2,627,719.
<u></u>		TEFA01111 08/23/23	1,441,411.	55	Earm 900 (2023)

	THE (E-E-) NOW ROOTE THE ELECTION	100101			9-
Par	t 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	2,7	17,6	684.
2	Total expenses (must equal Part IX, column (A), line 25)		1,5	62,8	846.
3	Revenue less expenses. Subtract line 2 from line 1		1,1	.54,8	338.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,3	373,8	814.
5	Net unrealized gains (losses) on investments.	5		19,8	885.
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	2 -	. 40 1	F 2 7
Day	t XII Financial Statements and Reporting	10	۷,٥	48,5	<u> </u>
Гаг					
	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:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both.	ate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
		+			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	l, 	. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain				
_	on Schedule O. See Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 audit or audits?				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
BAA	TEEA0112L 08/23/23		Forn	n 990	(2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number New Roots Institute 82-4594246 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Χ 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.) ጸ 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 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 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. **g** Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (v) Amount of monetary (vi) Amount of other (iv) Is the organization listed in your governing document? support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E) Total

82-4594246

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.)

Sec	tion A. Public Support	T		T	T	,	
begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,023,578.	1,489,539.	1,195,999.	1,550,990.	2,664,183.	7,924,289.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,023,578.	1,489,539.	1,195,999.	1,550,990.	2,664,183.	7,924,289.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						901,223.
6	Public support. Subtract line 5 from line 4						7,023,066.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,023,578.	1,489,539.	1,195,999.	1,550,990.	2,664,183.	7,924,289.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,314.	976.	130.	31,944.	40,068.	74,432.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.			360.	9,969.	673.	11,002.
	Total support. Add lines 7 through 10						8,009,723.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	47,662.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	023 (line 6, colum	n (f), divided by li	ne 11, column (f))	14	87.68%
15	Public support percentage from	2022 Schedule A,	Part II, line 14			15	96.19%
16a	33-1/3% support test—2023. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b olicly supported o	oox on line 13, and rganization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2022. If the and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	e. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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Part III

A (Form 990) 2023

New Roots Institute

82-4594246

Pag

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	tion A. Public Support										
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
1	Gifts, grants, contributions, and membership fees received. Do not include										
2	any "unusual grants.")										
_	merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's										
3	tax-exempt purpose										
4	Tax revenues levied for the organization'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										
	Total. Add lines 1 through 5 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										
8	Public support. (Subtract line 7c from line 6.)										
Sec	tion B. Total Support										
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
	Amounts from line 6	(4) 2010	(4) 2020	(0) 202	(4) 2022	(0) 2020	(.)				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources										
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
с 11	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.).										
	Total support. (Add lines 9, 10c, 11, and 12.)										
14	First 5 years. If the Form 990 is organization, check this box and	for the organization for the organization for the stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)					
Sec	tion C. Computation of Pu					·					
15	Public support percentage for 20	• •			•		0\0				
16	Public support percentage from	2022 Schedule A,	Part III, line 15			16	00				
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	•							
17	Investment income percentage f				umn (f))		%				
	Investment income percentage f	•	* * * * * * * * * * * * * * * * * * * *	-	***		0/0				
	33-1/3% support tests-2023. If	the organization d	lid not check the I	box on line 14, ar	nd line 15 is more	than 33-1/3%, an	d line 17				
b	is not more than 33-1/3%, check 33-1/3% support tests—2022. If the 18 is not more than 33-1/3%	the organization d	id not check a bo	x on line 14 or lir	ne 19a, and line 1	6 is more than 33	-1/3%, and				
20	line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										

Schedule A (Form 990) 2023

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

			Yes	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
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.	4 a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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.	9a		
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.	9b		
С	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.	9с		
l0a	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)? <i>If "Yes,"</i> answer line 10b below.	10a		
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.)	10b		

Page 4

Pai	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
	A family member of a person described on line 11a above?	D		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	С		
Sec	ction B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	`	Yes	No
'	or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
	during the tax year.	┙		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sec	ction C. Type II Supporting Organizations			
	men er type it eapperting enganizations	T	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	_	Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_				
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played			
	in this regard.	丄		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
ä	The organization satisfied the Activities Test. Complete line 2 below.			
ı	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
(The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truc	tions	5).
2	Activities Test. Answer lines 2a and 2b below.	`	Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	a		
I	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
á	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.	а		
I	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.	b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trusinstructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term 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 and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	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 Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Par		upporting Organiza	itions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required – provide	e 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 organizati in Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution 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 (reasonable cause required — <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7: \$				
а	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, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

BAA Schedule A (Form 990) 2023

82-4594246

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source			2023	_	2022		2021		2020		2019
Misc. Receipts	Total	<u>\$</u>	673. 673	\$ \$	9,969. 9 969	\$ \$	360. 360.	Ś		Ś	0
	IULAI	Y	073.	ب	9,303.	Υ	300.	Y	0.	<u>γ</u>	0.

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047 **2023**

Open to Public Inspection

New Roots Institute 82-4594246 Employer identification number

Schedule I (Form 990) 2023	06/12/23	TEEA3901L		s for Form 990.	e, see the Instructior	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
				1 table	tions listed in the line	3 Enter total number of other organizations listed in the line 1 table.
			in the line 1 table	rganizations listed	(3) and government of	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
						(8)
						$\overline{\mathcal{O}}$
						(5)
						<u>(4)</u>
						(3)
		0.	6,001.		54-1280028	(2) Fed JAIN Assoc of N America
Sponsor Animal & Vegan Summit		0.	10,000.	501(c)(3)	46-3038496 501(c)(3)	(1) ProVeg International 82 Wendell Avenue #100 Pittsfield, MA 02101
(g) Description of noncash assistance (h) Purpose of grant or assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of noncash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government
swered "Yes" on is needed.	nplete if the organization answered "Yes" uplicated if additional space is needed.	ernments. Complet Part II can be duplic	and Domestic Gov nore than \$5,000. I	Organizations that received i	nce to Domestic, for any recipien	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ye Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed
	See Part I		nds in the United States.	g the use of grant fu	rocedures for monitoring	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
NO No	ants or assistance, and	' eligibility for the grants o	assistance, the grantees	ount of the grants or	to substantiate the am	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grantees the selection criteria used to award the organise or assistance?
				ance	rants and Assist	Part I General Information on Grants and Assistance

) III	chedule I (
2	l (Form 990) 2023
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V :-+- :- V	ew Roots
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Death and Other Assistance to Demostic Individuals Complete if the executation operation	
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	Page 2

Schedule I (Form 990) 2023 New Roots Institute

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Method of valuation (book, | 0) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	7	6	σ	4	ω	2	<pre>1 Project grants</pre>	(a) Type of grant or assistance
le the information							97	(b) Number of recipients
า required in Part I							22,960.	(c) Amount of cash grant
, line 2; Part III, co								(d) Amount of noncash assistance
lumn (b); and any other								(e) Method of valuation (book, FMV, appraisal, other)
er additional information.								(f) Description of noncash assistance

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Grant provided once the fellowship requirements were met.

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

New Roots Institute

82-4594246

Employer identification number

Form 990, Part III, Line 4a - Program Service Accomplishments

The Organization accomplished educational outreach. Through interactive lessons for high school and college students, we inspired critical thinking and facilitated dynamic discussions about the connections between industrial animal agriculture and key issues impacting us all-such as animal welfare, climate change and environmental sustainability, human rights, and personal and public health. Our unique programming was led by passionate educators trained to lead and facilitate challenging conversations with students often encountering these topics for the first time. The Organization also accomplished leadership development. In the Leadership Academy, participants gained tools to build a foundation for structural change within their institutions and communities. Participants had the option to apply to continue in the academic-year fellowship, which ran through the fall and spring terms. In the fellowship, each participant collaborated with New Roots Institute and a partner organization to pursue an individualized campaign, driving change on their campus and in their communities. Fellows received coaching, mentorship, and access to learning and career development opportunities. Alumni continued to receive support from New Roots Institute and remained part of both the Leadership Program and a broader, lifelong alumni network.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

Updated the organization's name to "New Roots Institute". Added the vision and mission in the purpose section. Further align the bylaws with Oregon law (including recent amendments). Add a section to permit a Board action by email vote (as permitted by Oregon law). Include other non-material revisions such as formatting revisions.

Schedule O (Form 990) 2023 Page 2

Name of the organization

New Roots Institute

Employer identification number 82-4594246

Form 990, Part VI, Line 11b - Form 990 Review Process

We have not provided a copy of the 990 to the Board of Directors. Historically it was prepared by an outside CPA firm and reviewed by the Executive Director and/or Operations Director.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Any Director, officer, or member of a committee with Board of Directors delegated powers, who has a direct or indirect financial interest is covered by the policy. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, they shall leave the Board of Directors or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board of Directors or committee members shall decide if a conflict of interest exists. An interested person may make a presentation at the Board of Directors or committee meeting, but after the presentation, they shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews and training about inurements, impermissive private benefits, and excess benefit transactions shall be conducted. If the Board of Directors or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board of Directors or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Schedule O (Form 990) 2023 Page 2

Name of the organization

New Roots Institute

Employer identification number
82-4594246

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

To establish the Compensation Policy, we researched compensation programs of related organizations, market-priced our jobs using online compensation tools and salary surveys, and worked with external human resource professionals. New Roots has established a flat-rate compensation structure, meaning we pay the exact same salary/hourly rate to every employee within the same leadership layer. For New Roots Institute, a flat-rate structure results in: A simplified compensation system that?s easier to administer and explain compared to complex structures with multiple levels and variables. A reputation for fair and equitable pay practices that can be a strong recruitment tool. An approach that aligns well with a culture that values teamwork, equity, and transparency.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

To establish the Compensation Policy, we researched compensation programs of related organizations, market-priced our jobs using online compensation tools and salary surveys, and worked with external human resource professionals. New Roots has established a flat-rate compensation structure, meaning we pay the exact same salary/hourly rate to every employee within the same leadership layer. For New Roots Institute, a flat-rate structure results in: A simplified compensation system that?s easier to administer and explain compared to complex structures with multiple levels and variables. A reputation for fair and equitable pay practices that can be a strong recruitment tool. An approach that aligns well with a culture that values teamwork, equity, and transparency.

Form 990, Part VI, Line 17 - List of States which this Return is Filed

CA CO CT FL GA HI IL KY NC OH OR PA RI SC WA WI NH NJ NM NY ME MD MA MI

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Organization posts its 990 to its organizational website. Other documents shall be provided upon request.

Schedule O (Form 990) 2023 Page 2

Name of the organization

New Roots Institute

Employer identification number
82-4594246

Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

Effective with the 6/30/24 financial statements, the organization formed an audit committee to oversee the audit process.