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.

Open to Public

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

Inspection

OMB No. 1545-0047

Α	For ti	ne 2021	calendar year, or tax year beginning 07/01/2021 and	d ending		06/30/2022
R	Chack :	applicable:	C Name of organization		D Employer iden	tification number
_	_		ROCKY MOUNTAIN INSTITUTE			
L		fress nge	Doing business as		74-2244	
L	Nan	ne change	Number and street (or P.O. box if mail is not delivered to street address)	m/suite	E Telephone num	nber
	-	ial return	2490 JUNCTION PLACE SUITE 200		(303)24	5-1003
L		al return/ minated	City or town, state or province, country, and ZIP or foreign postal code			
L	Ame retu	ended ırn	BOULDER, CO 80301		<b>G</b> Gross receipts	\$ 137,741,673.
		olication iding	F Name and address of principal officer: JON CREYTS		H(a) Is this a group subordinates?	return for Yes X No
			2490 JUNCTION PLACE 200, BOULDER, CO 80301		H(b) Are all subordir	
<u> </u>	Тах-є	exempt st	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," atta	ach a list. See instructions
J	Web	site: 🕨	WWW.RMI.ORG		H(c) Group exemp	tion number
K	Form	of organ	nization: X Corporation Trust Association Other	L Year of format	tion: 1982 <b>M</b> S	State of legal domicile: CO
P	art I	Su	ımmary			
	1	Briefly	/ describe the organization's mission or most significant activities: TRANSFOI	RM THE GL	OBAL ENERG	SY SYSTEM TO
ė		SEC	URE A CLEAN, PROSPEROUS, ZERO-CARBON FUTURE FOR	ALL.		
Jan						
/err	2	Check	this box if the organization discontinued its operations or disposed of	more than 25%	of its net assets	
Governance	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3   16
و م	4		er of independent voting members of the governing body (Part VI, line 1b)			4 12
ţies	5		number of individuals employed in calendar year 2021 (Part V, line 2a)			<b>5</b> 455
Activities &	6		number of volunteers (estimate if necessary)			6 12
Ac	78		unrelated business revenue from Part VIII, column (C), line 12			7a 105,788.
	1		nrelated business taxable income from Form 990-T, Part I, line 11		-	7b NONE
					Prior Year	Current Year
4	8	Contri	ibutions and grants (Part VIII, line 1h)		96,226,27	9. 97,127,958.
Revenue	9		am service revenue (Part VIII, line 2g)		10,096,07	
e ve	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		8,773,60	
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,35	
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		115,107,31	
_	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		4,700,92	
	14		its paid to or for members (Part IX, column (A), line 4)			ONE NONE
	4.5		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		39,889,08	
Expenses	16:		ssional fundraising fees (Part IX, column (A), line 11e)			ONE 21,580.
per			fundraising expenses (Part IX, column (D), line 25)  4,132,709.		110	21,500.
Ж	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,823,29	7. 32,292,243.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		66,413,29	
	19		nue less expenses. Subtract line 18 from line 12		48,694,01	<del></del>
- Lo	3	IXCVCI	tue 1633 expenses. Oubtract line 10 from line 12 ,		ning of Current Ye	
t Assets or	20	Total	assets (Part X, line 16)		107,274,32	
ASS	21		liabilities (Part X, line 16)	• • • • • • • • • • • • • • • • • • • •	15,200,94	
Net /	22		ssets or fund balances. Subtract line 21 from line 20		92,073,37	
	art II		unature Block		JZ,013,31	7. 77,000,120.
Ur	nder n	enalties o	of periury. I declare that I have examined this return, including accompanying schedules a	and statements a	and to the best of	my knowledge and belief it is
tru	ie, cor	rect, and	complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer has any k	nowledge.	
					04/2	24/2023
Sig	gn	5	Signature of officer		Date	
He	ere		JON CREYTS CEO			
		Ī	Vpe or print name and title			
_		1.		Date	Check	if PTIN
Pai	d		7)	04/19/202		"
	pare	Firm's		U-I/ I J / Z U Z	Firm's EIN	44-0160260
Us	e Only	y	samme FORVIS, LLP saddress 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9	2010		719-471-4290
1/10	v the		the section of the se		Phone no.	
_			Reduction Act Notice, see the separate instructions.			Yes No Form <b>990</b> (2021)
- O	гар	CI W OIK	NEUROLION ACT NOTICE, SEE THE SEPARATE HISHUCHOUS.			FUIII <b>330</b> (2021)

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Pa			rvice Accomplishn ins a response or r		Part III	x						
1	Briefly describe the			•								
	TRANSFORM THE GLOBAL ENERGY SYSTEM TO SECURE A CLEAN, PROSPEROUS,											
	ZERO-CARBON E											
2	Did the organization	n undertake any	significant prograr	n services during th	e year which were not listed o	n the						
	prior Form 990 or 9 If "Yes," describe the					X Yes No						
3	services?				in how it conducts, any pro							
4		nization's progra 501(c)(3) and 5	m service accomp 01(c)(4) organizati	ons are required to	of its three largest program report the amount of grants							
4a	(Code: SEE SCHEDULE	_	27,264,412. inclu	iding grants of \$	390,693) (Revenue \$	3,071,055)						
4b	(Code: SEE SCHEDULE	-	36,818,793. inclu	iding grants of \$	8,095,997. ) (Revenue \$	6,185,792.						
4c	(Code: SEE SCHEDULE		19,951,316. inclu	iding grants of \$	412,500. ) (Revenue \$	1,115,701.						
		78,231. <b>includ</b>	ng grants of \$	739,338. ) (Rev	enue \$ 1,202,776. )							
4e	Total program servi	ce expenses >	91,112,7	52.								

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Part IV Checklist of Required Schedules

Part	V 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		
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 Schedule D, Part III	8		X
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		X
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	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	445	3.5	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	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
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	- 21
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12 a	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? <i>If</i>			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	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? If "Yes," complete Schedule F, Parts II and IV	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	X	
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	X	
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		X
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		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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	,	7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	I

Form 990 (2021)
Part IV Chocklist of Poquired Schodules (continued)

Part	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		Х
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? If "Yes," complete Schedule J	23	X	
24 a	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
		240		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		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		v
0.7		20		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		X
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? If			
	"Yes," complete Schedule L, Part IV	28a	X	
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			
Ŭ	"Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	- 1
29		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000	21	
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
27		30		
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	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 applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		
	-1			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 455			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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	X	
b	If "Yes," enter the name of the foreign country ▶SEE SCHEDULE O			
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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?	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		X
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		X
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		X
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?	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		
	Section 501(c)(7) organizations. Enter:			
	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:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against 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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
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			
_	The original control of the control	-		
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			21
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See							
	Check if Schedule O contains a response or note to any line in this Part VI			Х				
Sect	ion 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 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	-						
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent.  1b 12							
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?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X					
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?	6		X				
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?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
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? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		Х				
Secti	ion 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		X				
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	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	120	77					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b		12b	Х					
	rise to conflicts?	120						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х					
12	describe on Schedule O how this was done	13	X					
13	Did the organization have a written whistleblower policy?	14	X					
14 15	Did the process for determining compensation of the following persons include a review and approval by							
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
a 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								
	with a 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 exempt status with respect to such arrangements?	16b						
Sect	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Upon request Other (explain on Schedule O)	Γ (sec	tion 5	01(c)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,				

State the name, address, and telephone number of the person who possesses the organization's books and records ► HEATHER MCCREERY 2490 JUNCTION PLACE SUITE 200 BOULDER, CO 80301

Form **990** (2021)

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and financial statements available to the public during the tax year.

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

#### 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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.

(A) Name and title	hours box, unless person is both an compensation per week officer and a director/trustee) from the		Reportable compensation from the organization (W-2/ 1099-MISC/	(E)  Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1) JULES KORTENHORST	40.00								
CHIEF EXECUTIVE OFFICER	3.00	Х	Х				638,488.	NONE	41,912.
(2) JON CREYTS	40.00								
CHIEF OFFICER OF PROGRAMS	NONE			X			392,646.	NONE	46,451.
(3) MARTHA PICKETT	40.00								
GENERAL COUNSEL AND SECRETARY	2.00	Х	Х				391,441.	NONE	36,145.
(4) JAMES NEWCOMB	40.00								
MANAGING DIRECTOR	NONE				Х		366,351.	NONE	39,165.
(5) LENA HANSEN	40.00								
MANAGING DIRECTOR	NONE				Х		324,961.	NONE	29,855.
(6) BRITTA GROSS	40.00								
MANAGING DIRECTOR	NONE				Х		315,901.	NONE	37,642.
(7) HEATHER MCCREERY	40.00								
CHIEF FINANCIAL OFFICER	1.00		Х				305,009.	NONE	44,257.
(8) JENNIFER STOKES	40.00								
MANAGING DIRECTOR - DEVELOPMEN	NONE			X			292,868.	NONE	33,066.
(9) LEIA GUCCIONE	40.00								
MANAGING DIRECTOR	NONE				X		300,923.	NONE	11,479.
(10) EDWARD HARVEY	40.00								
MANAGING DIRECTOR	NONE				X		289,027.	NONE	6,431.
(11) STEPHANIE GREENE	40.00								
MANAGING DIRECTOR	NONE			Х			212,375.	NONE	26,911.
(12) EDWARD WHITE	1.00								
BOARD CHAIR	1.00	Х	Х				50,000.	NONE	NONE
(13) PETER BOYER	1.00								
TRUSTEE	NONE	X					NONE	NONE	NONE
(14) STEVE DENNING	1.00								
TRUSTEE	NONE	X					NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average	Position				Reportable Reportable			stimated			
	hours per	(do not check more than one box, unless person is both an						compensation	compensation from	an	nount c	of
	week (list any hours for					or/trust		from the	related organizations	com	other pensat	ion
	related		_			Highest co		organization	(W-2/1099-MISC)		om the	
	organizations	dire	<del>ដ</del>	Officer	y en	plo	Former	(W-2/1099-MISC)	(** =, ***** *******************	_	anizatio	
	below dotted	ual	lion	,	Key employee	ee/ee	_				d relate anizatio	
	line)	Individual trustee or director	Institutional trustee		yee	compensated ee				orga	ariizalio	115
		tee	ste			ensa						
			0			ated						
15) DR. WEI DING	1.00											
TRUSTEE	NONE	Х						NONE	NONE			NONE
16) TOM DINWOODIE	1.00											
TRUSTEE	NONE	X						NONE	NONE			NONE
17) MARK FERRON	1.00											
TRUSTEE	NONE	Х						NONE	NONE			NONE
18) MICHAEL HAAS	1.00											
TRUSTEE	NONE	Х						NONE	NONE			NONE
19) DENNIS V. MCGINN	1.00											
TRUSTEE	NONE	Х						NONE	NONE			NONE
20) JEAN OELWANG	1.00											
LEAD INDEPENDENT TRUSTEE	NONE	X						NONE	NONE			NONE
21) GEORGE POLK	1.00											
TRUSTEE	NONE	X						NONE	NONE			NONE
( 22) ELIZABETH ANN SALL	1.00											
TRUSTEE	NONE	X						NONE	NONE			NONE
( 23) TODD STERN	1.00											
TRUSTEE	NONE	X						NONE	NONE			NONE
( 24) KANDEH YUMKELLA	1.00											
TRUSTEE	NONE	X						NONE	NONE			NONE
( 25) AMORY BLOCH LOVINS	1.00											
TRUSTEE	NONE	X						NONE	NONE			NONE
1b Sub-total							ightharpoons	3,879,990.	NONE		353,	314.
c Total from continuation sheets to Part VII, S	ection A							NONE	<u> </u>			NONE
d Total (add lines 1b and 1c)							<u> </u>	3,879,990.	NONE		<u>353,</u>	314.
2 Total number of individuals (including but not		hose	liste	d al	bov	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organizatio	n 🕨				1	14					I	
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	livid	ual						3		X
4 For any individual listed on line 1a, is the												
organization and related organizations gr										_		
individual										4	X	
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	_		
for services rendered to the organization? If "Y	es," comple	te Sci	nedu	ile J	ı tor	such	per	son		5		X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 51

74-2244146

### Part VIII Statement of Revenue

		Check if Schedule O c	ontains a r	espor	nse or note to an	y line in this Part V	/III		
				•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns		1a					000110110 012 011
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
ي ۾	c	Fundraising events		1c					
fts, r A	d	Related organizations		1d					
Ω≅	e	Government grants (contribution		1e	1,372,333.				
ns, Sir	f	All other contributions, gifts,							
utio er (	•	and similar amounts not include	- 1	1f	95,755,625.				
ğ	g	Noncash contributions inclu	ı						
d	9	lines 1a-1f		1g	\$ 10,286,764.				
g E	h	Total. Add lines 1a-1f	,			97,127,958.			
					Business Code				
Se	2a	CONSULTING FEES			541610	6,470,250.	6,470,250.		
Program Service Revenue	b	COMPANDED C MILETTATEDAL CONCILETAC			541610	4,501,667.	4,501,667.		
Sun	c	PROGRAM EVENT REVENUE			541610	48,000.	48,000.		
eve	d								
og R	е								
<u> </u>	f	All other program service re	venue						
	g	Total. Add lines 2a-2f				11,019,917.			
	3	Investment income (inclu	iding divid	ends,	interest, and				
		other similar amounts)		▶	456,689.			456,689.	
	4			bond	proceeds . >	NONE			
	5	Royalties			▶	743.			743.
			(i) Rea	al	(ii) Personal				
	6a	Gross rents 6a	1:	9,061.					
	b	Less: rental expenses 6b							
	С	Rental income or (loss) 6c	1	9,061.	NONE				
	d	Net rental income or (loss)				19,061.			19,061.
	7a			ities	(ii) Other				
		sales of assets	of assets						
		other than inventory 7a	20,78	6,412.	7,669,698.				
ne	b	Less: cost or other basis							
evenue		and sales expenses 7b	20,56		195,414.				
~	C	Gain or (loss) 7c	-	3,530.	7,474,284.				
Other	a	Net gain or (loss)				7,697,814.			7,697,814.
₹	8a	Gross income from	ū						
		events (not including \$							
		of contributions reported			NONE				
		1c). See Part IV, line 18			NONE				
	b	Less: direct expenses  Net income or (loss) from for				NONE			
	C		_	Venta		HOME			
	9a	Gross income from activities. See Part IV, line 19	gaming o	9a	NONE				
	h	Less: direct expenses			NONE				
	b C	Net income or (loss) from g				NONE			
	10a	Gross sales of invent							
	·va	returns and allowances	•	10a	NONE				
	b	Less: cost of goods sold			NONE				
	C	Net income or (loss) from sa	ales of inven	tory		NONE			
s					Business Code				
Miscellaneous Revenue	11a	OTHER INCOME				661,195.	555,407.	105,788.	
ane	b								
eve	c								
Aisc R	d	All other revenue							
_	е	Total. Add lines 11a-11d •			▶	661,195.			
	12	Total revenue. See instruction	ons			116,983,377.	11,575,324.	105,788.	8,174,307.

74-2244146

# 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										
Do			(B)							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	3,349,799.	3,349,799.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	6,288,729.	6,288,729.							
	Benefits paid to or for members	NONE								
5	Compensation of current officers, directors, trustees, and key employees	3,200,143.	1,452,046.	1,416,445.	331,652.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	NONE								
7	Other salaries and wages	51,137,638.	43,812,382.	4,827,230.	2,498,026.					
8	Pension plan accruals and contributions (include	2,017,376.	1,746,192.	196,354.	74,830.					
	section 401(k) and 403(b) employer contributions)	F 063 035	4 420 250	F04 1F0	206 506					
9	Other employee benefits	5,263,037.	4,432,359.	504,152.	326,526.					
10	Payroll taxes	3,632,840.	3,087,914.	399,612.	145,314.					
	Fees for services (nonemployees):	NONE								
	Management	651,054.	540,187.	101,489.	9,378.					
	Legal	305,109.	340,107.	305,109.	7,370.					
	Lobbying	NONE		303,103.						
	Professional fundraising services. See Part IV, line 17	21,580.			21,580.					
	Investment management fees	155,043.		155,043.	,					
	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O		·						
Ū	(A), amount, list line 11g expenses on Schedule O.)	19,847,767.	17,405,653.	2,272,927.	169,187.					
12	Advertising and promotion	NONE								
13	Office expenses	1,681,615.	1,074,430.	454,830.	152,355.					
14	Information technology	2,773,329.	2,256,868.	370,941.	145,520.					
15	Royalties	NONE								
16	Occupancy	2,947,254.	2,521,204.	281,089.	144,961.					
17	Travel	2,080,031.	1,776,159.	255,952.	47,920.					
18	Payments of travel or entertainment expenses	NONE								
40	for any federal, state, or local public officials	NONE 111,005.	102,910.	2,448.	E 617					
19	Conferences, conventions, and meetings	281,693.	102,910.	281,689.	5,647.					
20 21	Interest	NONE	7.	201,009.						
22	Depreciation, depletion, and amortization	1,030,375.	881,426.	98,270.	50,679.					
23	Insurance	185,703.	158,858.	17,711.	9,134.					
24	Other expenses. Itemize expenses not covered		,	,						
	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.)									
а	FOREIGN CURRENCY ADJUSTMENT	103,201.	102,070.	1,131.						
b	TAXES	61,291.	46,272.	15,019.						
С	BAD DEBT EXPENSE	77,773.	77,290.	483.						
d										
	All other expenses	107 003 305	01 110 850	11 057 004	4 120 500					
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	107,203,385.	91,112,752.	11,957,924.	4,132,709.					
20	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)									
_	/ + + + + + + + + + + + + + + +				Form <b>QQ0</b> (2021)					

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	36,482,794.	1	29,716,111.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	10,480,408.	3	11,618,626.
	4	Accounts receivable, net	4,100,357.	4	3,673,204.
	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	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
Š	7	Notes and loans receivable, net	NONE		NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	1,180,906.	9	2,901,750.
	_	Land, buildings, and equipment: cost or other	2/200/2001		2/202/1001
		basis. Complete Part VI of Schedule D 10a 20,625,992.			
	b	Less: accumulated depreciation		100	14,999,575.
	11	Investments - publicly traded securities	36,118,759.	11	38,897,998.
	12	Investments - other securities. See Part IV, line 11	724,076.	12	11,800,128.
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	2,890,291.	15	2,810,019.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	107,274,324.	16	116,417,411.
	17	Accounts payable and accrued expenses	8,637,755.	17	11,961,480.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	365,169.	19	795,474.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
s	22	Loans and other payables to any current or former officer, director,	TOTAL		140141
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	5,677,868.	23	5,520,872.
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	TOTAL		140141
	-0	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	520,155.	25	451,465.
	26	<b>Total liabilities.</b> Add lines 17 through 25		26	18,729,291.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	20720075171		20,125,252
au	27	Net assets without donor restrictions	32,051,220.	27	37,440,450.
Ba	28	Net assets with donor restrictions.	60,022,157.	28	60,247,670.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶	00,022,137.		00,217,070.
or	00	and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ä	31	Retained earnings, endowment, accumulated income, or other funds	00.072.075	31	05 600 100
Ne	32	Total liabilities and not assets/fund balances	92,073,377.	32	97,688,120.
_	33	Total liabilities and net assets/fund balances	107,274,324.	33	116,417,411. Form <b>990</b> (2021)

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Part						$\overline{}$
	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			83,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	10		03,	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,7	79,	<u>992</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			73,	
5	Net unrealized gains (losses) on investments	5	_	4,1	09,	602
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		_	55,	<u>647</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	9	7,6	88,	120
Part	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," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	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 audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X 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 over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au			3b	X	

#### SCHEDULE A (Form 990)

# **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.

st. OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ROO	CKY	MOUNTAIN INSTITUTE					74-2	244146
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.						S.	
The	orga	anization is not a private for	undation because it	is: (For lines 1 through	gh 12, ch	eck 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 sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	e hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organi	zation operated in	conjunction with a ho	spital de	scribed ir	n section 170(b)(1)(A	)(iii). Enter the
		hospital's name, city, and s						
5		An organization operated		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv).						
6	Щ	A federal, state, or local go	•			•	, , , , , ,	
7	X		-	•	ipport fr	om a go	vernmental unit or fr	om the general public
_		described in section 170(b		•				
8	$\vdash$	A community trust describ						
9		An agricultural research or	-			-	=	
		or university or a non-land	-grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	it the college or
10		university: An organization that norma	ally receives (1) me	oro than 224/29/ of its	cupport	from cor	atributions mambarch	oin food, and grace
		receipts from activities rela support from gross investr acquired by the organization	ated to its exempt f ment income and u on after June 30, 1	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
11 12	$\vdash$	An organization organized	•	•	•			ery out the numbers of
12		An organization organized one or more publicly support	•	•				• • •
		the box on lines 12a through	_					
_	Г	Type I. A supporting org	=				•	=
а		the supported organizati	•				• , , ,	
		supporting organization.				ajority of	the directors of truste	ees of the
b		Type II. A supporting org	-			with its	supported organizati	on(s) by having
-		control or management	•					
		organization(s). <b>You mus</b>						
С		Type III functionally inte	-		ated in c	onnectio	n with, and functiona	lly integrated with,
		its supported organizatio						, ,
d		Type III non-functionally		•				ted organization(s)
		that is not functionally int	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement an	d an attentiveness
	_	requirement (see instruc	tions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the org	anization received	a written determinatio	n from t	he IRS th	hat it is a Type I, Type	II, Type III
		functionally integrated, o			porting o	organizat	ion.	
f		ter the number of supported	_					
g		ovide the following informat						T
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990) 2021

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						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,898,510.	44,756,400.	51,847,182.	96,226,279.	97,127,958.	323,856,329.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	33,898,510.	44,756,400.	51,847,182.	96,226,279.	97,127,958.	323,856,329.
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)						83,402,652.
6	Public support. Subtract line 5 from line 4						240,453,677.
	tion B. Total Support	( ) 0047	420040	( ) 0040	( N 0000	( ) 0004	
_	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	33,898,510. 85,061.	44,756,400. 60,079.	51,847,182. 93,986.	96,226,279. 278,798.	97,127,958. 476,493.	323,856,329. 994,417.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		7,650.				7,650.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						324,858,396.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	48,647,308.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2021 (lin					14	74.02 %
15	Public support percentage from 2020	•	•			15	75.00 <b>%</b>
16a	331/3% support test - 2021. If the org	-					
_	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2020. If the org						
	this box and <b>stop here.</b> The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets			•	•		
L	organization						
D							
	15 is 10% or more, and if the organizin Part VI how the organization meets					-	•
	<u> </u>			_	•		
18	organization.  Private foundation. If the organizatio						
10							
	instructions						· · · · · <u> </u>

### 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, 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 business under section 513 .						
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						
6	Total. Add lines 1 through 5						
7 a	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		•	•	•	•	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10 a	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						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40							1
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 organizati	on's first secon	d third fourth	or fifth tay ve	ar as a section	n 501(c)(3)
	organization, check this box and <b>stop here</b> .	Ū	•		•		` ` ` `
Sec	tion C. Computation of Public Supp			<u> </u>			
15	Public support percentage for 2021 (line 8,		•	ımn (f))		15	%
16	Public support percentage from 2020 Sched					16	<del>/</del> 6
	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2021 (lin			13 column (f))		17	%
18	Investment income percentage for 2021 (income percentage from 2020 S					18	
	331/3% support tests - 2021. If the org						
ıød		-					. $\square$
L	17 is not more than 331/3%, check this						
a	331/3% support tests - 2020. If the orga						. $\square$
20	line 18 is not more than 331/3%, check		-	•			

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.**
- 10 a 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.
  - 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
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Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described on line 11a above?	11b		
С	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 <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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 <b>Part VI</b> 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.	1		
	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		\	
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Section	on D. All Type III Supporting Organizations	1		
Secur	on b. All Type III Supporting Organizations		Voc	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?	1	103	Ito
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		г -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 <b>Part VI identify those supported organizations and explain</b> 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.	2a		
_	•	≟a		
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S					
1								
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Se	ection 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						
	ection 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						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in <b>Part VI</b> ):							
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						
	Multiply line 5 by 0.035.	6						
7		7						
8		8						
Se	ection 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		lly integra	ated Type III supporting	g organization				
	(see instructions).	. 5	, ii					

Schedule A (Form 990) 2021

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2021 Page **7** 

Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		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 organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ection E - Distribution Allocations (see instructions)  (i)  Excess Distributions  (ii)  Underdistribution  Pre-2021			ıs	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
С	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						

Schedule A (Form 990) 2021

5

Part V

Remainder. Subtract lines 4a and 4b from line 4.

Part VI. See instructions.

Breakdown of line 7:

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

and 4c.

Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* 

Excess distributions carryover to 2022. Add lines 3j

# Schedule B (Form 990)

**Schedule of Contributors** 

tributors OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF.

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

Name of the organization

ROCKY MOUNTAIN INSTITUTE

74-2244146

Organization type (check one):

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is co	vered by the <b>General Rule</b> or a <b>Special Rule</b> .					
	(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
_	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.					
Special Rules						
regulations under sec 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or d from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the literary, or educationa	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one eyear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, I purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead 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						
Caution: An organization that is:	o't covered by the Canaral Pule and/or the Special Pules deep't file Schedule R (Form 990), but it					

**Caution:** 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** answer "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 that 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) (2021)

Name of organization ROCKY MOUNTAIN INSTITUTE

Employer identification number 74-2244146

Part I	Contributors	(see instructions).	Use duplicate co	pies of Part Li	f additional s	pace is needed
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	. , , , , , , , , , , , , , , , , , , ,		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$16,570,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$14,000,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$7,135,283	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$4,800,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization ROCKY MOUNTAIN INSTITUTE

Employer identification number 74-2244146

Part I Co	ontributors (see	instructions).	Use duplicate co	pies of Part I if	additional space	is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	N/A	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ROCKY MOUNTAIN INSTITUTE 74-2244146

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(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
		  \$	

	ROCKY MOUNTAIN INSTIT	UTE		74-2244146
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any or ions completing Part II e year. (Enter this info	ne contributor. Co I, enter the total of rmation once. See	mplete columns (a) through (e) and exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	_	ip 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, a	(e) Transfer and ZIP + 4		ip 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, a	(e) Transfer and ZIP + 4	_	ip 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, a	(e) Transfer and ZIP + 4	_	ip of transferor to transferee

Employer identification number

Name of organization

#### SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Гах)	(See separate instructions), the		Tax) (See separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Fundamental	utification number
	•				ntification number
	CKY MOUNTAIN INSTITUT				244146
Pai		organization is exempt under			
1	•	he organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions fo
	definition of "political campa				
2		xpenditures. See instructions			
		campaign activities. See instruction			
Par		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ► \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		xpended by the filing organization			
2		g organization's funds contributed es			
3	line 17b	enditures. Add lines 1 and 2. Ent		▶\$	
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en tributions received that were promoted or a political action committee (I	er (EIN) of all section ter the amount paic ptly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing cation's funds. Also ente plitical organization, sucl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2021

Sch		ROCKY MOUN'						-2244146 Page <b>2</b>
Pa	rt II-A Complete if the org section 501(h)).	janization is	exem	pt under section	501(c)(3) and	filed Form	5768 (elec	tion under
	address, EIN, exp	enses, and sha	are of e	affiliated group (and excess lobbying expe	enditures).	_	group memi	per's name,
В	Check ▶ if the filing organiz	ation checked	box A	and "limited contro	I" provisions app	oly.		
	Limits (The term "expendit	on Lobbying E ures" means a				(a) Filir organization	•	(b) Affiliated group totals
1a	Total lobbying expenditures to i	nfluence public	opinic	on (grassroots lobby	ying)	4	4,601.	
b	Total lobbying expenditures to i	nfluence a legi:	slative	body (direct lobbying	ng) [	86	5,416.	
С	Total lobbying expenditures (ad	d lines 1a and	1b)		[	91	.,017.	
d	Other exempt purpose expendit	tures				107,112	2,369.	
е	Total exempt purpose expenditor	ures (add lines	1c and	d 1d)	[	107,203	3,386.	
f	Lobbying nontaxable amount.	Enter the amo	ount fr	om the following	table in both			
	columns.					1,000	,000.	
	If the amount on line 1e, column (a	) or (b) is: The lo	bbying	g nontaxable amount i	s:			
	Not over \$500,000	20% c	of the a	mount on line 1e.				
	Over \$500,000 but not over \$1,000	0,000 \$100,	\$100,000 plus 15% of the excess over \$500,000.					
	Over \$1,000,000 but not over \$1,5	00,000 \$175,	\$175,000 plus 10% of the excess over \$1,000,000.					
	Over \$1,500,000 but not over \$17,	000,000 \$225,	000 plu	is 5% of the excess o	ver \$1,500,000.			
	Over \$17,000,000	+ ,	\$1,000,000.					
	Grassroots nontaxable amount					250	,000.	
h	Subtract line 1g from line 1a. If							
i	Subtract line 1f from line 1c. If z							
j	If there is an amount other th							
	reporting section 4911 tax for the							Yes X No
				aging Period Under				
	(Some organizations tha				-		five colum	ns below.
		See the se	eparate	e instructions for li	nes 2a through	2f.)		
		Lobbying I	Expen	ditures During 4-Ye	ear Averaging Pe	riod		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018		<b>(b)</b> 2019	<b>(c)</b> 2020	(d) :	2021	<b>(e)</b> Total
2a	Lobbying nontaxable amount	1,000,0	00.	1,000,000.	1,000,00	0. 1,00	00,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column (e))							6,000,000.
c	Total lobbying expenditures				8,33	3.	91,017.	99,350.
d	Grassroots nontaxable amount	250,0	00.	250,000.	250,00	0. 25	50,000.	1,000,000.

Schedule C (Form 990) 2021

4,601

286.

1,500,000.

4,887.

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

	dule C (Form 990) 2021 ROCKY MOUNTAIN INSTITUTE			74-2244	146	Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768		
For	each "Ves." response on lines 1a through 1i helow provide in Part IV a detailed	(8	1)		(b)	
	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed		No	Am	nount	
1						
	·					
а						
b						
С						
d						
е						
f						
g						
h						
i						
j						
2a						
b	·					
c d						
$\overline{}$		(c)(5)	or s	ection		
		(0)(0)	, 0. 0	,001,011		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3				year? 3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
		OR (k	) Pai	rt III-A, line	e 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	unts	of			
	political expenses for which the section 527(f) tax was paid).					
а				2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es.		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of th	ne			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng	_		
_				4		
5				5		
		d a	ın lint		linna	1 000
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	a grou	ıp iist	.); Part II-A,	lines	1 and
2 (0	ee instructions), and rait ind, line 1. Also, complete this part for any additional information.					

#### SCHEDULE D (Form 990)

## 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number ROCKY MOUNTAIN INSTITUTE 74-2244146 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not 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 furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, 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 furtherance of public service, provide the following amounts relating to these items: 

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

Schedule D (Form 990) 2021

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under FASB ASC 958 relating to these items:

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historic	al Treas	ures, or	Other	Similar Asse	ets (co	ntinue	d)
3	Using the organization's acquisition	n, accession, and o	other records	, check a	ny of the	follow	ring that make	signif	icant us	se of its
	collection items (check all that app	ly):								
а	Public exhibition		d	Loan or e	xchange	program	m			
b	Scholarly research		е	Other						
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collections	and explain	how they	y further	the org	ganization's ex	kempt	purpose	in Part
	XIII.									
5	During the year, did the organization							_	_	
	assets to be sold to raise funds rath		ained as part	of the orga	anization'	s collec	ction?		Yes	No
	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	ition answered "Ye							on For	m
1 a	Is the organization an agent, trus							not	_	
	included on Form 990, Part X? Yes No									
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the follow	ving table:						
							Am	ount		
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year				1e					
f	Ending balance				1f					
	Did the organization include an am						•		Yes	No No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the expl	anation ha	s been pr	ovided	on Part XIII			
Pa	rt V Endowment Funds.	C		000 D	( N / P	4.0				
	Complete if the organiza						T			
		(a) Current year	(b) Prior ye		<b>c)</b> Two year		(d) Three years to			ears back
1 a	Beginning of year balance	1,182,829.	1,019,		1,006,4		971,15			22,691.
b	Contributions	1,500.		127.	4,3	50.	29,59	97.		14,575.
С	Net investment earnings, gains,									
	and losses	-86,931.	198,	602.	42,0	182.	37,16	65.		65,521.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs			879.	20,5		19,42			19,388.
f	Administrative expenses	14,499.		519.	12,7		12,09			12,240.
g	End of year balance	1,082,899.	1,182,		1,019,4		1,006,40	01.	9'	71,159.
2 a	Provide the estimated percentage Board designated or quasi-endown		end balance ( %	ine 1g, col	lumn (a))	held as	:			
b	Permanent endowment ▶ 85.9	100 %	_							
С	Term endowment ▶ 14.0900	%								
	The percentages on lines 2a, 2b, a	and 2c should equal 1	100%.							
3a	Are there endowment funds not in	the possession of th	ne organizatio	n that are	held and	d admir	nistered for the			
	organization by:								Y	es No
	(i) Unrelated organizations								3a(i)	Х
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	•							3b	
4	Describe in Part XIII the intended u		tion's endown	nent funds.	-					
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	os" on Form	000 Par	+ I\/ line	112	Soo Form 990	∩ Dart	Y lino	.10
	Description of property	(a) Cost or		O) Cost or oth			cumulated		Book valu	
		(inves		(other)			eciation	\ <del>-</del> /		
1 a	Land									
b	Buildings			16,127			29,102.	1		3,774.
С	Leasehold improvements				,510.		02,312.			5,198.
d	Equipment			4,030			97,781.			2,825.
<u>e</u>	Other				,000.		97,222.			2,778.
Tota	II. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X,	column (E	3), line 10	c.)	▶	1	4,999	,575.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ROCKY MOUNTAIN	N INSTITUTE	74	1-2244146 Page
Part VII Investments - Other Securities.  Complete if the organization answered	d "Ves" on Form 990	Part IV line 11h See Form 990	Part Y line 12
(a) Description of security or category	(b) Book value	(c) Method of valuati	on:
(including name of security)		Cost or end-of-year mark	et value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) FIXED INCOME INVESTMENTS	11 000 100		
(B)	11,800,128.		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	11,800,128.		
Part VIII Investments - Program Related.	, ,		
Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
_(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	d "Voo" on Form 000	Port IV line 11d See Form 000	Dort V line 15
Complete if the organization answere		r, Part IV, line 11d. See Form 990,	
	escription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities.		·	
Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Fori	m 990, Part X,
1. (a) Descri	ption of liability		(b) Book value
(1) Federal income taxes			
(2)DEFERRED RENT			451,465.
(3)			
_(4)			
_(5)			
(6)			
(7)			
_(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

34

451,465.

Part 2	Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part I			n.	
1	Total revenue, gains, and other support per audited financial statements			1	113,141,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
- а	Net unrealized gains (losses) on investments	2a	-4,109,602.		
b	Donated services and use of facilities		478,137.		
C	Recoveries of prior year grants	l _	-, -		
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d		I	2e	-3,631,465.
3	Subtract line 2e from line 1			3	116,772,687.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i · ·			110///2/00/:
	Investment expenses not included on Form 990, Part VIII, line 7b	42	155,043.		
			55,647.	-	
b	Other (Describe in Part XIII.)			4c	210,690.
с 5	Add lines <b>4a</b> and <b>4b</b>	• • •			116,983,377.
Part					110,000,011.
	Complete if the organization answered "Yes" on Form 990, Part I				
1	Total expenses and losses per audited financial statements			1	107,526,479.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ı		
а	Donated services and use of facilities	2a	478,137.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	478,137.
3	Subtract line 2e from line 1			3	107,048,342.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	155,043.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	155,043.
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	)		5	107,203,385.
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-				
SEE :	SUPPLEMENTAL PAGE				

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

RMI APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO REFLECT
THE FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX POSITIONS TAKEN OR
EXPECTED TO BE TAKEN IN A TAX RETURN. AFTER EVALUATING THE TAX

POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO
AMOUNTS HAVE BEEN RECOGNIZED AS OF JUNE 30, 2022 AND 2021. IF
INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE
RECORDED IN THE PERIOD ASSESSED AS GENERAL AND ADMINISTRATIVE
EXPENSE. NO INTEREST OR PENALTIES HAVE BEEN ASSESSED AS OF JUNE 30,
2022 AND 2021.

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS ARE USED TO PROVIDE RMI INTERNSHIPS.

SCHEDULE D, PART XI, LINE 4B

REVENUE REPORTED IN AUDIT NOT ON 990:

55,647 - BENEFICIAL INTEREST HELD IN THE DENVER FOUNDATION

#### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ROCKY MOUNTAIN INSTITUTE				74-224414	16
Part I General Information of	n Activities	Outside the	United States, Comple		
Form 990, Part IV, line 14I			omiou otatooi oompi	oto ii tiio organization e	
1 For grantmakers. Does the org	ganization mai	ntain records	to substantiate the amou	int of its grants and	
other assistance, the grantees'	=			_	
award the grants or assistance?				[	X Yes No
2 For grantmakers. Describe in	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants an	d other assistance
outside the United States.					
3 Activities per Region. (The follow	ving Part I, line		e duplicated if additional sp	ace is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN		5	PROGRAM SERVICES	SEE PART V	1,140,647.
(I) CHATROLE INDICTORY CHATEBERIN		3	TROOKER DERVICED	ODD TIME V	1,110,017.
(2) EAST ASIA AND THE PACIFIC	1	32	PROGRAM SERVICES	SEE PART V	5,657,289.
(3) EUROPE		32	PROGRAM SERVICES	SEE PART V	5,355,879.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	SEE PART V	171,237.
(5) NORTH AMERICA		8	PROGRAM SERVICES	SEE PART V	1,095,702.
(6) COLUMN AMEDICA			DDOCDAM CEDVICEC	CEE DADE V	20 160
(6) SOUTH AMERICA			PROGRAM SERVICES	SEE PART V	29,168.
(7) SOUTH ASIA		24	PROGRAM SERVICES	SEE PART V	2,671,503.
(-)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(8) SUB-SAHARAN AFRICA		11	PROGRAM SERVICES	SEE PART V	1,311,328.
(9) EUROPE			GRANTMAKING		5,839,391.
(10) SOUTH ASIA			GRANTMAKING		446,588.
(44)					
(11) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		1,500.
(12) SUB-SAHARAN AFRICA			GRANTMAKING		1,250.
(13)					
(10)					
(14)					
(15)					
(16)					
(47)					
(17) 3a Subtotal	1	112.			23,721,482.
<b>b</b> Total from continuation	1	112.			23,/21,402.
sheets to Part I					

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

Schedule F (Form 990) 2021

c Totals (add lines 3a and 3b)

23,721,482.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	INDIA	316,444.	WIRE			
(2)			SOUTH ASIA	INDIA	90,823.	WIRE			
(3)			SOUTH ASIA	INDIA	39,321.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	MPP	947,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	MPP	1,111,275.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	SPONORSHIP	45,000.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP	40,000.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	MOBILITY	62,500.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	МРР	3,633,616.	WIRE			
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

 Schedule F (Form 990) 2021
 ROCKY MOUNTAIN INSTITUTE
 74-2244146
 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)			_				

0	cneaui	e F (F0IIII 990) 2021	RUCKY	MOUNTAIN	INSTITUTE	
	art l	V Foreign Forms				
	1	Was the organization a U.S. trans	sferor of property t	o a foreign corpor	ation during the tax year? If "Yes,"	
		the organization may be required	to file Form 926,	Return by a U.S.	Transferor of Property to a Foreign	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2021

#### Part V

#### **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

RMI UTILIZES A RIGOROUS DUE DILIGENCE AND RISK ANALYSIS PROCESS WHICH INCLUDES A DETAILED QUESTIONNAIRE, INTERVIEWS, DATA VALIDATION, AND SCREENING THAT HELPS RMI TO ASSIGN POTENTIAL SUBRECIPIENTS A RISK RATING OF EITHER LOW, MEDIUM, OR HIGH. THIS RISK RATING INFORMS RMI OF THE APPROPRIATE LEVEL OF MONITORING NECESSARY FOR SUBRECIPIENTS IN ORDER TO ENSURE ALL RESOURCES ARE REACHING THEIR INTENDED TARGETS.

SCHEDULE F, PART I, LINE 3, COLUMN (E)

DESCRIPTION OF PROGRAM SERVICE ACTIVITIES:

LINE 3 (1): AFRICA, CARBON-FREE BUILDINGS, ENERGY TRANSITION ACADEMY, GLOBAL SOUTH

LINE 3 (2): AFRICA, CLIMATE FINANCE ACCEESS NETWORK, CHINA, CLIMATE ALIGNED INDUSTRIES, INDIA, GLOBAL SOUTH

LINE 3 (3): GLOBAL SOUTH, CARBON-FREE ELECTRICITY, CARBON-FREE MOBILITY,
CLIMATE FINANCE ACCESS NETWORK, CHINA, CLIMATE ALIGNED INDUSTRIES,

#### Part V

#### **Supplemental Information**

TRANSFORMATION, VOYAGER

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

CLIMATE INTELLIGENCE, COMMUNICATIONS, CORE BUSINESS FUNCTIONS, ENERGY
TRANSITION ACADEMY, FINANCE, PORTFOLIO IMPACT ACCELERATOR, STRATEGIC
ANALYST AND ENGAGEMENT, THIRD DERIVATIVE, URBAN TRANSFORMATION
LINE 3 (4): CLIMATE ALIGNED INDUSTRIES, CORE BUSINESS FUNCTIONS
LINE 3 (5): GLOBAL SOUTH, CARBON-FREE BUILDINGS, CARBON-FREE ELECTRICITY,
CLIMATE FINANCE ACCESS NETWORK, CLIMATE INTELLIGENCE, COMMUNICATIONS,
CORE BUSINESS FUNCTIONS, ENERGY TRANSITION ACADEMY, FINANCE, PORTFOLIO
IMPACT ACCELERATOR, STRATEGIC ANALYSIS AND ENGAGEMENT, THIRD DERIVATIVE,
URBAN TRANSFORMATION, US
LINE 3 (6): CARBON-FREE BUILDINGS, GLOBAL SOUTH
LINE 3 (7): CARBON-FREE BUILDINGS, CARBON-FREE ELECTRICITY, CLIMATE
INTELLIGENCE, CORE BUSINESS FUNCTIONS, INDIA, THIRD DERIVATIVE, URBAN

LINE 3 (8): GLOBAL SOUTH, CARBON-FREE ELECTRICITY, CLIMATE INTELLIGENCE,
COMMUNICATIONS, ENERGY TRANSITION ACADEMY, THIRD DERIVATIVE

#### Part V

#### Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 3 COLUMN (F)

DESCRIPTION OF ACCOUNTING METHOD:

FOREIGN EXPENDITURES ARE ACCOUNTED FOR ACCORDING TO ACCRUAL BASIS OF ACCOUNTING USING EXPENSE REPORTS, GRANT FEEDBACK, AND OTHER APPROPRIATE DOCUMENTATION.

## SCHEDULE G (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number ROCKY MOUNTAIN INSTITUTE 74-2244146 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations X Solicitation of non-government grants е а Χ Internet and email solicitations f Solicitation of government grants Χ Phone solicitations Special fundraising events C g X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes SEE SUPPLEMENT INFORMATION No 2 3 6 8 9 10 Total NONE 21,580 NONE List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

Schedule G (Form 990) 2021

Pa	rt l	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000	ent contributions and o			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
<u></u>	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
ot Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add line Net income summary. Subtract lir	es 4 through 9 in colune 10 from line 3, colu	ımn (d) umn (d)		
Pa			anization answered "			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	% Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	ımn (d)	<b>&gt;</b>	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)		
9 8	l	Enter the state(s) in which the orgals the organization licensed to condit "No," explain:	duct gaming activities			Yes No
10 a		Were any of the organization's gaming If "Yes," explain:				Yes No

Schedule G (Form 990) 2021

Sched	lule G (Form 990 or 990-EZ) 2021 ROCKY MOUNTAIN INSTITUTE	74-2244146	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	3a	%
b	An outside facility	3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:	and	
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives ga	ming	
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ an	d the	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proce	eds to	
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organi		
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par	<b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona (see instructions).		
	(550 mondono).		

Schedule G (Form 990 or 990-EZ) 2021

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

NODE MARKETING AND COMMUNICATIONS

ADDRESS:

421 B ASPEN AIRPORT BUSINESS CENTER ASPEN, CO 81611

ACTIVITY :

DEVELOPMENT

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY: NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 21,580.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: NONE

## SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
ROCKY MOUNTAIN INSTITUTE						74-2244146	
Part I General Information on Grants and	d Assistanc	е					
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		-					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PHILADELPHIA GREEN CAPITAL CORP							
1400 JFK BLVD #566 PHIL. PA 19107	86-2714334	501(C)(3)	25,000.				SUPPORT PROGRAM
(2) PEOPLE FOR COMMUNITY RECOVERY							
13330 S. CORLISS CHICAGO, IL 60827	36-3415767	501(C)(3)	8,600.				SUPPORT PROGRAM
(3) NEW BUILDINGS INSTITUTE							
151 SW 1ST AVE, PORTLAND, OR 97204	68-0401509	501(C)(3)	295,375.				SUPPORT PROGRAM
(4) MAIN SOUTH CDC / WORCHESTER HEART							
63 FRANKLIN ST. BOSTON, MA 02110	04-2921465	501(C)(3)	15,000.				SUPPORT PROGRAM
(5) ENERGY EFFICIENCY BUSINESS COALITION (EEBC)							
303 S. BROADWAY, DENVER, CO 80209	26-1971328	501(C)(3)	50,000.				SUPPORT PROGRAM
(6) ECO INFINITY NATION, LLC							
4616 25TH AVE. NE SEATTLE, WA 98105	83-1126733		10,000.				SUPPORT PROGRAM
(7) WE MEAN BUSINESS COALITION							
1178 BROADWAY, 3RD FLOOR #325, NY, NY 10001	85-4146520	501(C)(3)	1,578,687.				SUPPORT PROGRAM
(8) GIST. EARTH LLC							
1924 PARK ROAD, NW WASHINGTON, DC 20010			300,000.				SUPPORT PROGRAM
(9) COLUMBIA UNIVERSITY							
622 WEST 113 STREET NEW YORK, NY 10025	13-5598093	501(C)(3)	25,000.				SUPPORT PROGRAM
(10) COLORADO SCHOOL OF MINES							
1500 ILLINOIS STREET GOLDEN, CO 80401	84-6000551	501(C)(3)	25,000.				SUPPORT PROGRAM
(11) AMERICAN RED CROSS							
444 SHERMAN ST. DENVER, CO 80203	53-0196605	501(C)(3)	10,000.				SUPPORT PROGRAM
(12) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA							
1850 RESEARCH PARK DR. DAVIS, CA 95618	94-6036494	501(C)(3)	50,000.				SUPPORT PROGRAM
2 Enter total number of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tal	ole			13
3 Enter total number of other organizations list	ted in the line	1 table	<u></u>	<u></u>	<u></u>	<u></u>	4

## SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury

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

Open to Public Inspection

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number ROCKY MOUNTAIN INSTITUTE 74-2244146 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? 2 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 if the organization answered "Yes" on 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance or government grant noncash assistance or assistance (1) INTERNATIONAL COUNCIL ON CLEAN TRANSPORTATI 501(C)(3) 140,000. 1500 K STREET NW WA, DC, 20005 20-3076690 SUPPORT PROGRAM (2) HUA NANI PARTNERS LLC PO BOX 1303 KAILUA, HI 96734 84-3031045 18,000. SUPPORT PROGRAM (3) PATILLAS, FARMACIA JOMARI

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

Schedule I (Form 990) 2021

Schedule I (Form 990) (2021) ROCKY MOUNTAIN INSTITUTE 74-2244146 Page **2** 

## 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_ 2					
3					
_4					
_ 5					
_ 6					
_7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

FOR GRANT SUBRECIPIENTS, RMI UTILIZES A RIGOROUS DUE DILIGENCE AND RISK ANALYSIS PROCESS -- WHICH INCLUDES A DETAILED QUESTIONNAIRE, INTERVIEWS, DATA VALIDATION, AND SCREENING -- THAT HELPS RMI TO ASSIGN POTENTIAL SUBRECIPIENTS A RISK RATING OF EITHER LOW, MEDIUM, OR HIGH. THIS RISK RATING INFORMS RMI OF THE APPROPRIATE LEVEL OF MONITORING NECESSARY FOR SUBRECIPIENTS IN ORDER TO ENSURE ALL RESOURCES ARE REACHING THEIR INTENDED TARGETS.

## **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

Part	rt I Questions Regarding Compensation	•			
		_		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or fo 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information re	-			
	First-class or charter travel Housing allowance or reside	nce for personal use			
	Travel for companions X Payments for business use of	of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or	r initiation fees			
	Discretionary spending account Personal services (such as n	naid, chauffeur, chef)			
b	or reimbursement or provision of all of the expenses described above? If "No	o," complete Part III to			
•	explain		1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing ex				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the	e items checked on line			
	1a?		2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensa organization's CEO/Executive Director. Check all that apply. Do not check any boxes for related organization to establish compensation of the CEO/Executive Director, but explanation of the CEO/Executive Director, but explanation to establish compensation of the CEO/Executive Director, but explanation to establish compensation of the CEO/Executive Director, but explanation to establish compensation of the CEO/Executive Director.	or methods used by a			
	X   Compensation committee     Written employment contract	ot			
	X         Independent compensation consultant         X         Compensation survey or student	dy			
	Form 990 of other organizations X Approval by the board or col	mpensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with reorganization or a related organization:				
а	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		4a	Х	
b			4b		X
С	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for	each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organiza	ition pay or accrue any			
	compensation contingent on the revenues of:				
а	•		5a		X
b	, , , , , , , , , , , , , , , , , , , ,		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organiza	ition pay or accrue any			
	compensation contingent on the net earnings of:				
а	The organization?		6a		X
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization				
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.		7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a continuous statement of the s				
	to the initial contract exception described in Regulations section 53.4958-4(a				
_	in Part III		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption Regulations section 53 4958-6(c)?	procedure described in	۵		

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

Schedule J (Form 990) 2021

1128045

Schedule J (Form 990) 2021 ROCKY MOUNTAIN INSTITUTE 74-2244146 Page 2

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JULES KORTENHORST	(i)	381,161.	254,555.	2,772.	14,500.	27,412.	680,400.	
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
HEATHER MCCREERY	(i)	248,043.	56,000.	966.	11,203.	33,054.	349,266.	
2 CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
MARTHA PICKETT	(i)	311,250.	75,000.	5,191.	12,445.	23,700.	427,586.	
3 GENERAL COUNSEL AND SECRETARY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JAMES NEWCOMB	(i)	292,579.	71,000.	2,772.	14,500.	24,665.	405,516.	
4 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
LENA HANSEN	(i)	260,541.	64,000.	420.	9,796.	20,059.	354,816.	
5 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
BRITTA GROSS	(i)	252,505.	63,000.	396.	12,833.	24,809.	353,543.	
6 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
LEIA GUCCIONE	(i)	246,869.	54,000.	54.	10,646.	833.	312,402.	
7 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
EDWARD HARVEY	(i)	96,850.	64,000.	128,177.	4,781.	1,650.	295,458.	
8 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JENNIFER STOKES	(i)	239,238.	53,000.	630.	9,042.	24,024.	325,934.	
9 MANAGING DIRECTOR - DEVELOPMEN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
STEPHANIE GREENE	(i)	175,715.	36,600.	60.	9,206.	17,705.	239,286.	
10 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JON CREYTS	(i)	316,680.	75,000.	966.	12,626.	33,825.	439,097.	
11 CHIEF OFFICER OF PROGRAMS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021 ROCKY MOUNTAIN INSTITUTE 74-2244146 Page 3

#### Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

DESCRIPTION OF BUSINESS USE OF PERSONAL RESIDENCE:

AMORY BLOCH LOVINS RENTS APPROXIMATELY 124 SQ FT OF HIS PERSONAL

RESIDENCE FOR RMI TO HOST TOURS, MEETINGS AND OTHER EVENTS AS NEEDED. THE

ONE YEAR LEASE ENDS DECEMBER 31, 2022. THE RENT IS \$123 PER MONTH.

SCHEDULE J, PART I, LINE 4A

DESCRIPTION OF SEVERANCE OR CHANGE OF CONTROL PAYMENT:

EDWARD HARVEY RECEIVED A QUALIFYING PAYMENT IN THE AMOUNT OF \$127,500.

SCHEDULE J, PART I, LINE 7

DESCRIPTION OF NON-FIXED PAYMENT:

THE EMPLOYEES WERE PAID A PERFORMANCE BONUS AT THE DISCRETION OF

MANAGEMENT.

#### SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number
74-2244146

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

	Complete if the organization ar	iswered "Yes" on Form 990, Part IV, line 2	5a or 25b, or Form 990-EZ, Part V, line 40b.		
4	(a) Name of disqualified person	(b) Relationship between disqualified person and	(a) December in the set the second in		
ı	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year		
	under section 4958		<b>▶</b> \$		
3		e 2, above, reimbursed by the organization	·		

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	( <b>g)</b> In (	default?		ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

#### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2021

Schedule L (Form 990 or 990-EZ) 2021 Page 2

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AMORY BLOCH LOVINS/LOVINS ASSO	TRUSTEE	244,113.	SEE DESCRIPTION		Х
_(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, COLUMN (D)

DESCRIPTION OF BUSINESS TRANSACTION INVOLVING INTERESTED PERSON: AMORY LOVINS IS A CURRENT TRUSTEE AND THE FORMER CHIEF SCIENTIST. RMI PAID LOVINS ASSOCIATES \$244,113 DURING FISCAL YEAR ENDING 6/30/2022 FOR CONSULTING AS AN INDEPENDENT CONTRACTOR.

## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

ROCKY MOUNTAIN INSTITUTE

74-2244146

Par	t I Types of Property			'				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	26	10,159,341.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
45	contribution - Other				-			
15	Real estate - Residential							
16	Real estate - Commercial							
17 18								
19	Collectibles							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ( CRYPTOCURRENCY )	X	2	127,423.	FMV			
26	Other ►()			·				
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29			
					r		Yes	No
30a	During the year, did the organizat				- 1			ĺ
	28, that it must hold for at least the	-			•			
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement i							ĺ
31	Does the organization have a							
	contributions?					31	Х	
32a	Does the organization hire or use	•	•	•				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	) is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

Part II Supr

RECEIVED.

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE NUMBER IN COLUMN B REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS

#### 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 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

74-2244146

ROCKY MOUNTAIN INSTITUTE

FORM 990, PART III, LINE 2

VOYAGER IS A UNIQUE SOFTWARE TOOL THAT HELPS SCALE AND DISSEMINATE ZERO-CARBON BUILDING PRACTICES, TECHNOLOGIES, BUSINESS MODELS, AND FINANCE REQUIREMENTS.

#### FORM 990, PART III, LINE 4A

SCALING SOLUTIONS AROUND THE WORLD:

- RMI CHINA ACCELERATES A JUST AND EQUITABLE DECARBONIZATION OF THE COUNTRY'S BIGGEST CARBON-PRODUCING SECTORS, OFFERING IN-DEPTH TECHNICAL EXPERTISE AND SOLUTION-BASED IMPLEMENTATION STRATEGIES TO HELP CHINA REACH ITS NATIONAL ENERGY AND EMISSIONS TARGETS WITHOUT SACRIFICING ECONOMIC GAINS.
- THE GLOBAL SOUTH PROGRAM WORKS ON THE GROUND TO ACCELERATE THE ENERGY TRANSITION, HELPING EMPOWER, CONNECT, AND ELEVATE VOICES IN AFRICA, SOUTHEAST ASIA, THE CARIBBEAN, AND BEYOND TO DEVELOP THE LABOR AND SKILLS NEEDED TO ALIGN WITH A 1.5°C FUTURE.
- RMI INDIA IS SUPPORTING INDIA IN MEETING ITS STATED CLEAN ENERGY GOALS WHILE ALSO BUILDING ITS ECONOMY AND IMPROVING PUBLIC HEALTH.
- THE US PROGRAM RAISES THE AMBITION AND IMPACT OF US FEDERAL AND STATE CLIMATE POLICY, HELPING CREATE TANGIBLE EXAMPLES TO SHOW THAT AMBITIOUS CLIMATE GOALS ARE NOT ONLY POSSIBLE BUT ARE ECONOMICALLY AND SOCIALLY ADVANTAGEOUS.
- URBAN TRANSFORMATION HELPS CITIES IMPLEMENT AND ACT ON THEIR CLIMATE PLANS TO REDUCE EMISSIONS, ENHANCE LIVABILITY, INCREASE RESILIENCE, AND ADVANCE SOCIAL EQUITY.

FORM 990, PART III, LINE 4B

#### 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 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection number

ROCKY MOUNTAIN INSTITUTE 74-2244146

DECARBONIZING KEY SECTORS

- CARBON-FREE BUILDINGS DRIVES A CLIMATE-ALIGNED, EQUITABLE TRANSITION OF
THE GLOBAL BUILDINGS SECTOR BY CREATING ALL-ELECTRIC, HIGHLY EFFICIENT,
GRID-INTERACTIVE BUILDINGS POWERED BY CLEAN ENERGY. WE ALSO WORK TO
REDUCE THE CARBON ASSOCIATED WITH BUILDING MATERIALS AND CONSTRUCTION.

- CARBON-FREE ELECTRICITY HELPS UTILITIES EMBRACE AND LEAD THE

  ACCELERATED SHIFT TO GLOBAL, EQUITABLE DECARBONIZATION OF ELECTRICITY

  SYSTEMS.
- CARBON-FREE MOBILITY SPEARHEADS A RAPID AND EQUITABLE TRANSITION TO CLEAN TRANSPORTATION. OUR WORK WILL ACCELERATE THE PACE AND SCALE OF VEHICLE ELECTRIFICATION FROM THE GRID UP AND DE-RISK THE EV TRANSITION TO UNLOCK PRIVATE INVESTMENT.
- CLIMATE-ALIGNED INDUSTRIES HELPS BRING HARD-TO-ABATE INDUSTRIES INTO ALIGNMENT WITH A 1.5°C FUTURE, SEEKING PRODUCT PARITY A GOOD THAT IS SIMILAR ENOUGH TO BE EASILY SUBSTITUTED FOR GREEN STEEL, ALUMINUM, CONCRETE, AND CHEMICALS, AND DEVELOPING LOW- TO NO-CARBON FUELS FOR SHIPPING, TRUCKING, AND AVIATION.

#### FORM 990, PART III, LINE 4C

APPLYING POWERFUL MARKET CATALYSTS

- THE CLIMATE FINANCE ACCESS NETWORK HELPS DEVELOPING COUNTRIES SECURE
  AND STRUCTURE FINANCE FOR CLIMATE INVESTMENTS, WITH A FOCUS ON SMALL
  ISLAND DEVELOPING STATES (SIDS) AND LEAST DEVELOPED COUNTRIES (LDCS) IN
  AFRICA, THE PACIFIC ISLANDS, AND THE CARIBBEAN.
- CLIMATE INTELLIGENCE MAKES EMISSIONS VISIBLE IMPROVING ACCESS TO TIMELY, TRUSTWORTHY DATA THAT CAN HELP DRIVE CLIMATE-ALIGNED DECISIONS

#### 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 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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Employer identification number 74-2244146

ROCKY MOUNTAIN INSTITUTE

AND TRANSACTIONS GLOBALLY.

- FINANCE WORKS WITH THE FINANCE COMMUNITY TO BUILD THE INFRASTRUCTURE, SOLUTIONS, AND FOUNDATION NECESSARY TO ALIGN THE GLOBAL FINANCE SECTOR'S ACTIONS WITH CONCRETE CARBON REDUCTION GOALS.

- THE ENERGY TRANSITION ACADEMY IS A LEADERSHIP, CAPACITY, AND WORKFORCE
DEVELOPMENT PLATFORM FOR ENERGY LEADERS AROUND THE WORLD. IT OFFERS TOOLS
AND SERVICES TO ADVANCE PROJECTS, PROGRAMS, AND POLICIES THAT WILL
EMPOWER COMMUNITIES ACROSS THE GLOBAL SOUTH TO TACKLE CLIMATE CHALLENGES
AND SEIZE CLEAN ENERGY OPPORTUNITIES.

- STRATEGIC ANALYSIS AND ENGAGEMENT PROVIDES CORPORATIONS AND FINANCIAL INSTITUTIONS WITH TIMELY AND ACTIONABLE INSIGHTS INTO HOW THE GLOBAL ENERGY TRANSITION IS UNFOLDING AND HOW THEY CAN IMPLEMENT SUCCESSFUL CLIMATE ACTION STRATEGIES.
- THIRD DERIVATIVE GUIDES AND SUPPORTS THE CLIMATE TECH ENTREPRENEURS WHO ARE SOLVING THE WORLD'S TOUGHEST CLIMATE CHALLENGES, CONNECTING THEM WITH A VAST AND DIVERSE NETWORK OF EXPERTS, CORPORATE PARTNERS, AND INVESTORS TO HELP THESE STARTUPS GO TO MARKET FASTER, ADVANCE CLIMATE TECH INNOVATION, AND ACHIEVE REAL CLIMATE IMPACTS.

## FORM 990, PART III, LINE 4D

DESCRIPTION OF OTHER PROGRAM SERVICES :

- COMMUNICATIONS: AS AN AUDIENCE-FIRST, MULTI-CHANNEL STORYTELLING FORCE,
  RMI STRATEGICALLY COMMUNICATES TO ITS STAKEHOLDERS, THE MEDIA, AND KEY
  DECISION-MAKERS TO CHANGE THE COURSE OF CLIMATE CHANGE.
- THE PORTFOLIO IMPACT ACCELERATOR INCREASES THE IMPACT OF RMI PROGRAMS
  BY SUPPORTING CROSS-CUTTING CAPABILITIES CRITICAL TO SUCCESS, INCLUDING

#### 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 990-EZ.

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Department of the Treasury Internal Revenue Service

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► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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ROCKY MOUNTAIN INSTITUTE

74-2244146

CORPORATE ENGAGEMENT; MONITORING, EVALUATION, AND LEARNING; EQUITY AND JUSTICE; AND COLLABORATIVE PRACTICES SUCH AS FACILITATION.

- VOYAGER IS A UNIQUE SOFTWARE TOOL THAT HELPS SCALE AND DISSEMINATE ZERO-CARBON BUILDING PRACTICES, TECHNOLOGIES, BUSINESS MODELS, AND FINANCE REQUIREMENTS.

#### FORM 990, PART VI, SECTION A, LINE 2

JULES KORTENHORST AND JON CREYTS HAVE A BUSINESS RELATIONSHIP AS THEY SERVE TOGETHER ON A SEPARATE BOARD.

#### FORM 990, PART VI, SECTION A, LINE 4

THESE AMENDED AND RESTATED BYLAWS WERE APPROVED AND ADOPTED BY THE BOARD OF TRUSTEES OF THE CORPORATION ON 28 OCTOBER 2021 TO MODIFY ARTICLE IV, SECTION 8, INCREASING THE AMOUNT OF LOANS AND INDEBTEDNESS THAT MANAGEMENT MAY INCUR WITHOUT PRIOR BOARD CONSENT FROM \$.5 MILLION TO \$10 MILLION PER OCCURRENCE.

#### FORM 990, PART VI, SECTION B, LINE 11B

RMI'S REVIEW PROCESS FOR THE 990 FORM BEGINS WITH A FORMAL REVIEW BY
MANAGEMENT. AFTER MANAGEMENT REVIEW, THE 990 WILL BE DISTRIBUTED TO THE
FULL BOARD PRIOR TO FILING.

## FORM 990, PART VI, SECTION B, LINE 12C

OFFICER, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO UPDATE AND SUBMIT A SIGNED STATEMENT ANNUALLY THAT DISCLOSES ANY RELATIONSHIPS OR SITATIONS THAT MAY GIVE RISE TO A CONFLICT OF INTEREST. ALL CONFLICTS OF INTERESTS ARE REVIEWED BY THE CONTROLLER TO DETERMINE IF A CONFLICT EXISTS. IF A CONFLICT EXISTS APPROPRIATE ACTION IS TAKEN.

#### FORM 990, PART VI, SECTION B, LINE 15A & 15B

## 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 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 74-2244146

ROCKY MOUNTAIN INSTITUTE

RMI HAS ENGAGED AN OUTSIDE COMPENSATION FIRM TO REVIEW COMPENSATION FOR ALL MANAGING DIRECTORS, UPDATE BENCHMARKS, AND ENSURE COMPENSATION LEVELS ARE APPROPRIATELY COMPETITIVE. THIS REVIEW IS COMPLETED ANNUALLY. RMI REGULARLY ENSURES NEW AND MODIFIED POSITIONS OF ALL LEVELS ARE APPROPRIATELY PRICED WITH REGARD TO SALARY AND BONUS, INCLUDING SENIOR LEVEL POSITIONS. THE PEOPLE COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY REVIEWS ALL COMPENSATION PRACTICES, MARKET BENCHMARKS, AND VOTES ON FINAL COMPENSATION DECISIONS FOR ALL MANAGING DIRECTORS AND CHIEF OFFICERS. THE APPROVAL OF THE DECISION IS DOCUMENTED IN THE BOARD MEETING MINUTES AND THE DETAIL OF THE COMPENSATION CHANGES ARE DOCUMENTED IN THE HUMAN RESOURCE SYSTEM.

#### FORM 990, PART VI, SECTION C, LINE 19

RMI'S ARTICLES OF INCORPORATION ARE OF PUBLIC RECORD WITH THE COLORADO SECRETARY OF STATE. ANNUAL REPORTS, IRS FORM 990, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE RMI WEBSITE (WWW.RMI.ORG). COPIES OF ANY POLICY, INCLUDING BYLAWS, ARE AVAILABLE UPON REQUEST.

#### FORM 990, PART XI, LINE 9

DESCRIPTION OF OTHER CHANGES IN NET ASSETS:

55,647 - BENEFICIAL INTEREST HELD BY THE DENVER FOUNDATON

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

=======================================									
DESCRIPTION	GRANTS	EXPENSES	REVENUE						

SEE SCHEDULE O 739,338. 7,078,231. 1,202,776.

TOTALS 739,338. 7,078,231. 1,202,776.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

COLOMBIA CHINA

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV, WI,

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS \_\_\_\_\_\_ NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ SELF-HELP ENTERPRISES PO BOX 6520 VISALIA, CA 93290 CONSULTANT 469,758. CALIFORNIA CLEAN ENERGY FUND 436 14TH ST SUITE 1220 OAKLAND, CA 94612 450,000. CONSULTING BROSS GROUP LLC 200 UNION BLVD SUITE 200 LAKEWOOD, CO 80228 IT SERVICES 437,498. RMI CLEAN ENERGY INNOVATIONS PRIVATE LTD M-34, GROUND FLOOR, SAKET NEW DELHI INDIA 110017 RESEARCH 1,201,341. SYSTEM IQ 69 CARTER LANE LONDON UNITED KINGDOM EC4V 5EQ CONSULTING 1,378,484.

Name of the organization			Employer identification	n number			
ROCKY MOUNTAIN INSTITUT	E		74-2244146				
FORM 990, PART IX - OTHER FEES							
DEGGDIDETON	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING			
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES			
RESEARCH & CONSULTING COMMUNICATIONS CONSULTANT PAYROLL FEES	17,077,593. 1,987,280. 782,894.	15,478,270. 1,914,036. 13,347.	1,452,730. 50,650. 769,547.	146,593. 22,594.			
TOTALS	19,847,767.	17,405,653.	2,272,927.	169,187.			

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#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number 74-2244146

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of dis	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) RMI INNOVATION CENTER LLC	74-2244146					
2490 JUNCTION PLACE SUITE 200 BOULD	DER, CO 80302	RMI MGMT	CO		13,498,774.	N
_(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	(g) 512(b)(13) trolled tity?
						Yes	No
(1) CANARY MEDIA 86-2478288							
2490 JUNCTION PLACE ,SUITE 200 BOULDER, CO 80301	JOURNALISM	DE	501C3	LINE 10	ROCKY MOUNTA	Х	
(2) ROCKY MOUNTAIN INSTITUTE INTERNATIONAL 47-3919461							
2490 JUNCTION PLACE SUITE 200 BOULDER, CO 80301	RESEARCH	co	501C3	LINE 12A, I	ROCKY MOUNTA	Х	
(3) MISSION POSSIBLE PARTNERSHIP (USA), INC. 87-2398379							
2490 JUNCTION PLACE, SUITE 200 BOULDER, CO 80301	DE-CARBON	DE	501C3	LINE 7	ROCKY MOUNTA	Х	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 ROCKY MOUNTAIN INSTITUTE 74-2244146 Page **2** 

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(controll entity)  Yes N	
(1)									_
(2)									_
(3)									_
(4)									_
(5)									_
(6)									_
(7)									_

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d	X	
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
_							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	X	
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)		<u> </u>		1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cover	ered relationships and transa	ction thre	shold	s.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d)	rminir	20
	Name of related organization	type (a-s)	Amount involved		int invo		ig
(1)	CANARY MEDIA	D	500,000.	BOOK			
(2)							
(3)							

Schedule R (Form 990) 2021

(4)

(5)

Schedule R (Form 990) 2021 ROCKY MOUNTAIN INSTITUTE 74-2244146 Page 4

## Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)		e) partners tion (c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	i) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

For	<sub>™</sub> 990-T	(and proxy tax and coolen cooley)							
		For cale	ndar year 2021 or other tax year beginning $07/01$ , 2021, and ending $06/30$ , 202	2	2M <b>21</b>				
Den	artment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.	_					
	rnal Revenue Service	▶Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only				
A	Check box if		Name of organization (	Emplo	er identification number				
	address changed	l.	ROCKY MOUNTAIN INSTITUTE	74-2	244146				
ВЕ	exempt under section	Print	Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number				
X	Σ 501(C )(3 )	Type	2490 JUNCTION PLACE SUITE 200	(see ins	tructions)				
	408(e) 220(e	71.	City or town, state or province, country, and ZIP or foreign postal code						
	408A 530(a	a)	BOULDER, CO 80301		Check box if				
	529(a) 529A	´—	k value of all assets at end of year		an amended return.				
G	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust						
	Check if filing only t	<u> </u>	Claim credit from Form 8941 Claim a refund shown on Form 24	39					
T	Check if a 501(c)(3	) organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation						
			Schedules A (Form 990-T)						
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?						
	,		identifying number of the parent corporation						
			HEATHER MCCREERY Telephone number ▶ 303-	245-	1003				
		:	2490 JUNCTION PLACE SUITE 200						
		]	BOULDER, CO 80301						
Pa	art I Total Unr	elated E	Business Taxable Income						
1	Total of unrela	ated busi	ness taxable income computed from all unrelated trades or businesses (see						
	instructions)			1	-37,663.				
2				2					
3				3	-37,663.				
4			see instructions for limitation rules)	4	,				
5			axable income before net operating losses. Subtract line 4 from line 3	5	-37,663.				
6	Deduction for ne	et operatir	g loss. See instructions	6	,				
7			ness taxable income before specific deduction and section 199A deduction.						
	Subtract line 6 fr	om line 5		7	-37,663.				
8			ally \$1,000, but see instructions for exceptions)		,				
9			uction. See instructions	9					
10			es 8 and 9	10					
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7,						
	enter zero			11	NONE				
Pa	art II Tax Com								
1		•	corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE				
2			rates. See instructions for tax computation. Income tax on the amount on						
	Part I, line 11 fro	Г	Tax rate schedule or Schedule D (Form 1041)	2					
3	•		· · · · · · · · · · · · · · · · · · ·	3					
4			structions	4					
5			trusts only)	5					

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Form 990-T (2021) 74-2244146 Page **2** 

Par	t III Tax and Payments					
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach	Form 1116) 1a	1			
b	Other credits (see instructions)	1k	)			
	General business credit. Attach Form 3800 (see instructions)		;			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	10	I			
				1e		
2	Subtract line 1e from Part II, line 7			2	NOI	JE.
3	Other amounts due. Check if from: Form 4255 Form 8611					
	Other (attach statement)			3		
4	Total tax. Add lines 2 and 3 (see instructions). Check if inc.	cludes tax previously defer	red under			
	section 1294. Enter tax amount here			4	NOI	1E
5	Current net 965 tax liability paid from Form 965-A, Part II, column	n (k)	. ,	5		
6 a	Payments: A 2020 overpayment credited to 2021	<u></u> 6a	1			
b	2021 estimated tax payments. Check if section 643(g) election a	pplies ▶6b	)			
	Tax deposited with Form 8868		;			
d	Foreign organizations: Tax paid or withheld at source (see instruc	tions) 60	I			
е	Backup withholding (see instructions)		<b>!</b>			
f	Credit for small employer health insurance premiums (attach For					
g	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other		·	_		
7	Total payments. Add lines 6a through 6g			7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is at			8		_
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, end				NOI	<u>1E</u>
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8					—
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax		Refunded ►			—
	Statements Regarding Certain Activities				Yes N	lo
1	At any time during the 2021 calendar year, did the organization and the control of the control o		_		Tes IV	
	over a financial account (bank, securities, or other) in a	-				
	FinCEN Form 114, Report of Foreign Bank and Financial	i Accounts. If "Yes," e	enter the name of the	foreign country	V	
2	here COLOMBIA, CHINA  During the tax year, did the organization receive a distributio	n from or was it the gr	anter of an transferor to	a foreign trust?	X	
2	If "Yes," see instructions for other forms the organization may have		antor or, or transferor to	, a foreign trust!		
3	Enter the amount of tax-exempt interest received or accrued duri		<b>•</b> ¢			
4	Enter available pre-2018 NOL carryovers here ▶ \$					
7	shown on Schedule A (Form 990-T). Don't reduce the					
	Part I, line 6.	NOL carryover snown	nere by any deducti	on reported on		
5	Post-2017 NOL carryovers. Enter available Business Ad	ctivity Code and post	t-2017 NOI carryovers	Don't reduce		
	the amounts shown below by any NOL claimed on any Schedule					
	Business Activity Code		Available post-2017 N	IOL carryover		
	541610	\$	37,663.			
		\$				
		\$				
		\$				
	Did the organization change its method of accounting? (see instru	•				X
b	If 6a is "Yes," has the organization described the chan	-				
	explain in Part V					
Par						
Provi	de the explanation required by Part IV, line 6b. Also, provide any of	ther additional information	n. See instructions.			
						<u> </u>
0:	Under penalties of perjury, I declare that I have examined this rebelief, it is true, correct, and complete. Declaration of preparer (other than taxt				knowledge	and
Sign		4/2023 CEO		ay the IRS discuss		
Her				th the preparer sh		- 1
	Signature of officer  Privit//ype preparer's name  Preparer's		Date	ee instructions)?	es   N	ИO
Paid		s signature	Chec	ck L if	F0055	
	narer ADAM R SMITH CPA				58966 0060	
	Only Firm's name FORVIS, LLP	200 00100200		sEIN ► 44-0160		
JSA	Firm's address ▶ 111 SOUTH TEJON, SUITE 8	300, COLORADO SP	RINGS, CO 8   Phon	ie no. 719-471-4	4290 <b>90-T</b> (20	1241
1X274	11 1.000			ı olli <b>J</b>	- i (20	-1)

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## **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only

B Employer identification number

RO	CKY MOUNTAIN INSTITUTE	74-224414	16		
<b>C</b> Ur	related business activity code (see instructions) ▶ 541610	Sequence:	1	of	1
E De	scribe the unrelated trade or business ►MANAGEMENT FEES				
Par	Unrelated Trade or Business Income (A) Income	(B) Expens	es	(	C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶ 1c				
2	Cost of goods sold (Part III, line 8)				
3	Gross profit. Subtract line 2 from line 1c				
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b				
С	Capital loss deduction for trusts				
5	Income (loss) from a partnership or an S corporation (attach				
	statement)				
6	Rent income (Part IV)				
7	Unrelated debt-financed income (Part V)				
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)				
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)				
10	Exploited exempt activity income (Part VIII)				
11	Advertising income (Part IX)				
12	Other income (see instructions; attach statement) STMT 1 12 105,788				<u>05,788.</u>
13	Total. Combine lines 3 through 12				<u>05,788.</u>
Pai	<b>Deductions Not Taken Elsewhere</b> See instructions for limitations on deductive directly connected with the unrelated business income	ıctions. Deduct	ions m	iust be	<del>)</del>
1	Compensation of officers, directors, and trustees (Part X)		1		
2	Salaries and wages				55,101.
3	Repairs and maintenance		-		•
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return 8a		8b		
9	Depletion		9		
10	Contributions to deferred compensation plans		10		
11	Employee benefit programs		11		12,673.
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)		13		
14	Other deductions (attach statement)				75,677.
15	Total deductions. Add lines 1 through 14		15	1	43,451.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)		16		37,663.
17	Deduction for net operating loss. See instructions				
18	Unrelated business taxable income. Subtract line 17 from line 16		18	_	37,663.
For P	aperwork Reduction Act Notice, see instructions.	Scl	nedule	A (Form	990-T) 2021

Schedule A (Form 990-T) 2021 Page 2

Part	Cost of Goods Sold	Enter method of inven	tory valuation >		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. I				
9	Do the rules of section 263A (with respect to pr	operty produced or acqui	red for resale) apply to the	ne organization?	Yes No
Part	IV Rent Income (From Real Property	and Personal Prop	erty Leased with Re	eal Property)	
1	Description of property (property street address,	city, state, ZIP code). Ched	ck if a dual-use. See instru	uctions.	
	Α				
	В				
	С				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D [				
3	Total rents received or accrued. Add line 2c colu	ımns A through D. Enter h	ere and on Part I, line 6, o	column (A)	
4	Deductions directly connected with the income				
_	in lines 2(a) and 2(b) (attach statement)	D. Fatanbara and an Bart	I line Construe (D)		
5	<b>Total deductions.</b> Add line 4 columns A through	D. Enter nere and on Part	i, line 6, column (B)	· · · · · · · · · · · · · · · · · · ·	
<b></b> Par	Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	. ,	Chack if a dual-use See	inetructions	
•	A Street and	ress, city, state, zir codej.	. Offeck if a dual-use. See	iristi detioris.	
	В —				
	c				
	D —				
		Α	В	С	D
2	Gross income from or allocable to debt -				
_	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	igh D). Enter here and on	Part I, line 7, column (A)	<b>&gt;</b> _	
	_				
9	Allocable deductions. Multiply line 3c by line 6				
10	$\textbf{Total allocable deductions.} \ Add line \ 9, \ columns$	A through D. Enter here a	and on Part I, line 7, colum	nn (B)	
11	Total dividends-received deductions included in	line 10		<u></u> ▶_	

Schedule A (Form 990-T) 2021 Page 3

Schedule A (Form 990-1) 2021	multina Davielt	ing and Dont	from Controlled Orman	Inctions (continue)	Page 3
Pain VI Interest, An	nuities, Royait	ies, and Rent	s from Controlled Organi	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	•	Nonexe	empt Controlled Organizatio	ns	
7. Taxable income	ine	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals			•	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ntion (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Oth	er Than Advertising Inco	me (see instructions)	
<ol> <li>Description of exploi</li> </ol>		,	<u> </u>	(**************************************	
•		om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. Er	, , , , , , , , , , , , , , , , , , , ,	
line 10, column (B)					3
, , ,		trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	
lines 5 through 7.					4
5 Gross income from a					5
	•				6
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12	<u> </u>			7

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 4

		dvertising Income					
N	lame(s	s) of periodical(s). Check box	c if reporting two or r	more periodicals on a	consolidated basis.		
Α							
В							
c							
D							
_		for each periodical listed ab	ove in the correspon	ding column			
ıaıı	iounts	Tor each periodical listed ab	ove in the correspon			С	D
				Α	В	L C	U
		advertising income					
ı A	dd col	umns A through D. Enter he	re and on Part I, line	11, column (A)			<b>-</b>
D	irect a	advertising costs by periodical	· L				
ı A	dd col	umns A through D. Enter her	re and on Part I, line	11, column (B)			<b>&gt;</b>
Α	dvertis	sing gain (loss). Subtract line	3 from line				
	2. For any column in line 4 showing a gain						
		te lines 5 through 8. For any					
		howing a loss or zero, do no					
		through 7, and enter zero on I					
		ship costs					
		tion income					
		readership costs. If line 6 is					
lii	ne 5, s	subtract line 6 from line 5. If li	ne 5 is less				
th	nan lin	e 6, enter zero					
Е	xcess	readership costs allowe	ed as a				
d	eductio	on. For each column showing	g a gain on				
lii	ne 4, e	enter the lesser of line 4 or line	e7				
a A	dd Iir	ne 8, columns A through	D. Enter the gre	eater of the line 8	Ba, columns total	or zero here and	on
Р	art II, li	ine 13					
art )	7 6	Compensation of Office	ro Directore o	nd Tructoco /oo	· in atrivationa)		
art /		OHIDENSAUON OF CHICE	ers, Directors, a	nu musiees (see	e instructions)		
						3. Percentage	4. Compensation
		1. Name		2. Title		<b>3.</b> Percentage of time devoted	<ol><li>Compensation attributable to</li></ol>
				2. Title		ŭ	
				2. Title		of time devoted to business	attributable to
				2. Title		of time devoted to business %	attributable to
				2. Title		of time devoted to business %	attributable to
				2. Title		of time devoted to business % %	attributable to
				2. Title		of time devoted to business %	attributable to
		1. Name				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to
	Enter	1. Name  here and on Part II, line 1.				of time devoted to business  %  %  %  %	attributable to

STATEMENT 1

SCHEDULE A:MANAGEMENT FEES
PART I - LINE 12 - OTHER INCOME

MANAGEMENT FEES 105,788.

TOTAL OTHER INCOME 105,788.

JIAL OTHER INCOME 105,766.

1713TO 5974 1128045 78

SCHEDULE A:MANAGEMENT FEES
PART II - LINE 14 - OTHER DEDUCTIONS

PURCHASED SERVICES 48,143.
SHARED COSTS 8,472.
OVERHEAD 19,062.

1713TO 5974 1128045 79

Federal Footnotes

Form 990-T, Schedule A, Part II, Line 17 Management Fees Net Operating Loss Deduction After 1/1/2018

		Utilized in	Utilized in	
Year Generated	Original	Prior years	Current Year	Carryforward
2022	(37,663.00)			(37,663.00)
Net Operating Loss Carried to 2022	(37,663.00)	-	-	(37,663.00)

Federal Footnotes Charitable Contribution Carryforward Form 990-T, Part I, Line 4

Year Generated	Original	Utilized in Prior years	Utilized in Current Year	Carryforward
2022	3,121,662.00	-	-	3,121,662.00
Charitable Contribution Carryforward to 2023	3,121,662.00	-	-	3,121,662.00