	Q	90 Return of Organization	Exempt From	Income T	ax	OMB No. 1545-0047						
Form		Under section 501(c), 527, or 4947(a)(1) of th	e Internal Revenue Code (	except private f	oundations	。  2022						
		Do not enter social security num				Open to Public						
		t of the Treasury venue Service Go to www.irs.gov/Form990 for	instructions and the lates	t information.		Inspection						
A F	A For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023											
		C Name of organization			D Employe	er identification number						
	heck if a	applicable: ROCKY MOUNTAIN INSTITUTE										
	Addres	Doing business as				44146						
	Name	Number and street (or P.O. box if mail is not delivered to street	et address) F	Room/suite	E Telepho	ne number						
	Initial			200	(303)	245-1003						
		return/terminated City or town, state or province, country, and ZIP or foreign p	ostal code		G Gross re	eceipts \$						
		BOULDER, CO 80301				164,378,358.						
	Аррис	cation pending <b>F</b> Name and address of principal officer: JON CREYTS			is a group return rdinates?							
		2490 JUNCTION PLACE 200, BOULDER,			all subordinates							
		xempt status: X 501(c)(3) 501(c) ( ) (insert no.)	4947(a)(1) or 52			a list. See instructions.						
	Webs -			( )	up exemption i							
_		of organization: X Corporation Trust Association Othe	er L Year o	of formation: 198	2 M State	e of legal domicile: CO						
Pa	art I											
	1	Briefly describe the organization's mission or most significant activ			SNERGY	SYSTEM TO						
nce		SECURE A CLEAN, PROSPEROUS, ZERO-CARBO	N FUTURE FOR ALL.	•								
Governance	2	Check this box if the organization discontinued its op	arations or disposed of	more than 259	/ of its	not accoto						
Š	3	Number of voting members of the governing body (Part VI, line 1a				14						
	4	Number of independent voting members of the governing body (Fart Vi, international Number of independent voting members of the governing body (F				12						
Activities &	5	Total number of individuals employed in calendar year 2022 (Part				628						
livit	6	Total number of volunteers (estimate if necessary)			6	13						
Act	-	Total unrelated business revenue from Part VIII, column (C), line 12				209,426.						
		• Net unrelated business taxable income from Form 990-T, Part I, lir				3,185.						
		· · · · · · · · · · · · · · · · · · ·		Prior \		Current Year						
e e e e e e e e e e e e e e e e e e e	8	Contributions and grants (Part VIII, line 1h)		97,12	7,958.	105,446,092.						
Revenue	9	Program service revenue (Part VIII, line 2g)			9,917.	24,790,890.						
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			4,503.	8,804,384.						
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11e)	68	80,999.	355,302.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, colun	nn (A), line 12)	116,98	3,377.	139,396,668.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,63	8,528.	8,697,316.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)			NONE	NONE						
es	15	Salaries, other compensation, employee benefits (Part IX, column			1,034.	95,659,198.						
ens	16 a	a Professional fundraising fees (Part IX, column (A), line 11e)		2	21,580.	21,780.						
Expenses			5,340,796.									
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,243.	36,778,724.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), I				141,157,018.						
- 0	19	Revenue less expenses. Subtract line 18 from line 12			9,992.	-1,760,350.						
Net Assets or Fund Balances	20	Total accests (Dart V, line 40)		Beginning of C		End of Year						
Asse Bala	20 21	Total assets (Part X, line 16)				140,735,486.						
und /	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20			9,291. 8,120.	44,380,064. 96,355,422.						
	rt II		<u> </u>	57,00	0,120.	J0, JJJ, 422.						
Und	der ne	eparticeDoctuSignier/by:declare that I have examined this return including acc	ompanying schedules and state	ments, and to the	best of my	knowledge and belief, it is						
true	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all	information of which preparer h	as any knowledge.								
				4	/5/2024	•						
Sig		Signature of officer		Da	te							
He	re	JON CREYTS	CEO									
Type or print name and title												
		Print/Type preparer's name	Date	Che	ck if	PTIN						
Paic		ADAM R SMITH CPA	uth04/05/	2024 self-	employed	P00958966						
	oarer Only	Firm's name FORVIS I.I.D		Firm's El	N 4	4-0160260						
		Firm's address 111 SOUTH TEJON, SUITE 800 COLORADO SE		Phone no	b. 7	19-471-4290						
		IRS discuss this return with the preparer shown above? Se	e instructions									
For	Pape	erwork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2022)						

	ROCKY MOUNTAIN INSTITUTE	74-2244146
Forr	n 990 (2022)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	х
1	Briefly describe the organization's mission:	
	TRANSFORM THE GLOBAL ENERGY SYSTEM TO SECURE A CLEAN, PROSPEROUS,	
	ZERO-CARBON FUTURE FOR ALL.	
2	Did the organization undertake any significant program services during the year which were not listed	
	prior Form 990 or 990-EZ?	X Yes No
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any	
	services?	Yes 🛛 🗶 No
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program	m convision on monoured by
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of gran	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 33,815,290. including grants of \$ 2,150,302. ) (Revenue \$	4 060 824
τu	SEE SCHEDULE O	······································
4b	(Code: ) (Expenses \$ 42,181,354. including grants of \$ 3,935,014. ) (Revenue \$	15,477,839. <b>)</b>
	SEE SCHEDULE O	,
4c	(Code:) (Expenses \$34,961,451. including grants of \$2,512,000. ) (Revenue \$	5,357,448.)
	SEE SCHEDULE O	
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
	(Expenses \$ 6,458,648. including grants of \$ 100,000. ) (Revenue \$ 13,900. )	
0	Total program service expenses117,416,743.	
JSA 2E10	020 1.000	Form <b>990</b> (2022)

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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,"			
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<b>J</b>		
-	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
d	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114	A	
Ň	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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? If			
	"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	X	
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		37	
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	v	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	X	
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			· · · · ·
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	L
JSA 2E1021	1.000	Form	990	(2022)

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Form 990 (2022)

Part	V 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	х	
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		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.40		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
U	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		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		X
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	20		37
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		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	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 2E1030		Form	990	(2022)
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## ROCKY MOUNTAIN INSTITUTE

Form	Form 990 (2022) Page 5									
Par	t V 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 628									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	<b>a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х							
b	If "Yes," enter the name of the foreign country SEE 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		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	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						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_								
	required to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year	_								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h								
_	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	8								
0	sponsoring organization have excess business holdings at any time during the year?	0								
9	<b>Sponsoring organizations maintaining donor advised funds.</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	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									
	Gross income from other sources. (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<b>r</b> -						
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		37						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
4-	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17								
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17								

Form 9	90 (2022)	ROCKY MOUNTAIN INSTITUTE	74-2244	146	F	Page <b>6</b>
Part		overnance, Management, and Disclosure. For each "Yes" response to lines 2 thro				
	res	ponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of	n Schedule O. S	See in	struc	
		eck if Schedule O contains a response or note to any line in this Part VI	<u></u>			Х
Sect	ion A. Go	overning Body and Management			Yes	No
			10 14		163	NO
1a		number of voting members of the governing body at the end of the tax year are material differences in voting rights among members of the governing body, or	<u>1a</u> 14			
	if the g	overning body delegated broad authority to an executive committee or similar				
	committe	e, explain on Schedule O.	1 10			
b			<b>1b</b> 12			
2	-	officer, director, trustee, or key employee have a family relationship or a business rela	-			
	-	officer, director, trustee, or key employee?		2	X	
3	Did the c	organization delegate control over management duties customarily performed by or und	er the direct			
	supervisi	on of officers, directors, trustees, or key employees to a management company or other pe	rson?	3		Х
4	Did the or	ganization make any significant changes to its governing documents since the prior Form 990 was file	d?	4	Х	
5	Did the o	rganization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the o	rganization have members or stockholders?		6		Х
7a	Did the o	organization have members, stockholders, or other persons who had the power to electronic	ct or appoint			
	one or m	ore members of the governing body?		7a		Х
b	Are any	governance decisions of the organization reserved to (or subject to approval b	y) members,			
	stockhold	lers, or persons other than the governing body?		7b		Х
8		organization contemporaneously document the meetings held or written actions under				
		by the following:	U			
а	-	rning body?		8a	Х	
b		nmittee with authority to act on behalf of the governing body?		8b	Х	
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b				
•	the organ	nization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		х
Secti		licies (This Section B requests information about policies not required by the Inter		Code	.)	
					Yes	No
10a	Did the o	rganization have local chapters, branches, or affiliates?		10a		Х
		did the organization have written policies and procedures governing the activities of su				
N		and branches to ensure their operations are consistent with the organization's exempt pur		10b		
11a		ganization provided a complete copy of this Form 990 to all members of its governing body before filir	-	11a	Х	
b		on Schedule O the process, if any, used by the organization to review this Form 990.				
12a		rganization have a written conflict of interest policy? If "No," go to line 13		12a	х	
		cers, directors, or trustees, and key employees required to disclose annually interests th				
b			-	12b	х	
•		nflicts?				
С			•	12c	х	
40		on Schedule O how this was done		13	X	
13		rganization have a written whistleblower policy?		14	X	
14		rganization have a written document retention and destruction policy?		17		
15		process for determining compensation of the following persons include a review and				
	•	ent persons, comparability data, and contemporaneous substantiation of the deliberation a		15a	Х	
a	-	nization's CEO, Executive Director, or top management official		15a 15b	X	
b		icers or key employees of the organization		150	Λ	
		o line 15a or 15b, describe the process on Schedule O. See instructions.				
16a		organization invest in, contribute assets to, or participate in a joint venture or similar	-	16-		v
		kable entity during the year?		16a		X
b		did the organization follow a written policy or procedure requiring the organization to				
		tion in joint venture arrangements under applicable federal tax law, and take steps to s		4.01		
Cast		ion's exempt status with respect to such arrangements?	<u></u>	16b		
	on C. Dis					
17		tates with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE 0</u>				
18		104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), S		(sec	tion 5	01(c)
	· · ·	available for public inspection. Indicate how you made these available. Check all that appl	-			
	X Ow	n website Another's website X Upon request Other <i>(explain on Sch</i>	ədule O)			
19	Describe	on Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of	f inter	rest p	olicy,
	and finan	cial statements available to the public during the tax year.				
20		name, address, and telephone number of the person who possesses the organization's bo	oks and record	s		
	HEATHE	R MCCREERY 2490 JUNCTION PLACE SUITE 200 BOULDER, CO 80301				
JSA	303-24	5-1003		Form	990	(2022)
2E1042						
	1713то	5974 04/11/2024 09:37:35 1128045			16	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		<b>(C)</b> Position							(E)	
(A) Name and title	(B) Average	e (do not check more than one		one	(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount			
	hours							compensation	compensation	of other
	per week	office	cer and a director/t			or/trust	tee)	from the	from related	compensation
	(list any hours for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Officer Institutional trustee Individual trustee or director		Former Highest compensater employee		organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations		
(1) JULES KORTENHORST	40.00	-								
CEO (END 11/2022)	1.00	X		Х				734,956.	NONE	41,331.
(2) JON CREYTS	40.00	-								
CHIEF EXECUTIVE OFFICER	1.00	X		Х				470,568.	NONE	141,409.
(3) MARTHA PICKETT	40.00	-								
GENERAL COUNSEL AND SECRETARY	1.00	X		Х				396,503.	NONE	99,655.
(4) KYLIE ROGERS	40.00	-								
CHIEF PEOPLE OFFICER	NONE				X			357,733.	NONE	112,503.
(5) HEATHER MCCREERY	40.00	-								
CHIEF FINANCIAL OFFICER	1.00			Х				354,540.	NONE	105,180.
(6) LENA HANSEN	40.00	-								
MANAGING DIRECTOR CHIEF STRATE	1.00					Х		341,584.	NONE	88,101.
(7) JENNIFER STOKES	40.00									
CHIEF DEVELOPMENT OFFICER	NONE				X			340,513.	NONE	85,523.
(8) CLAY STRANGER	40.00	-								
MANAGING DIRECTOR	NONE					Х		327,843.	NONE	92,483.
(9) SARAH LADISLAW	40.00									
MANAGING DIRECTOR	NONE					Х		316,923.	NONE	100,125.
(10) JUSTIN LOCKE	40.00									
MANAGING DIRECTOR	NONE				Х			332,106.	NONE	63,598.
(11) JAMES NEWCOMB	40.00									
MANAGING DIRECTOR SENIOR EXPER	NONE					Х		351,170.	NONE	40,288.
(12) LEIA GUCCIONE	40.00									
MANAGING DIRECTOR	NONE					Х		321,524.	NONE	68,998.
(13) STEPHANIE GREENE	40.00									
MANAGING DIRECTOR	NONE				X			274,432.	NONE	49,530.
(14) HEIDI JOHNSON	40.00									
ASSISTANT SECRETARY	NONE			Х				41,559.	NONE	<u>13,680.</u>

Form **990** (2022)

## ROCKY MOUNTAIN INSTITUTE

Form 990 (2022)										Page <b>8</b>
Part VII Section A. Officers, Directors, 1		ey En	nplo			and I	lig	-		· · · · · · · · · · · · · · · · · · ·
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e than c is both cor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) PETER BOYER	<u>1.00</u>							NONE	NONT	NONE
TRUSTEE (END 12/2022)	NONE	X						NONE	NONE	NONE
( <u>16</u> ) <u>STEVE DENNING</u> TRUSTEE	<u>1.00</u> NONE	x						NONE	NONE	NONE
( 17) DR. WEI DING TRUSTEE	<u>1.00</u>	x						NONE	NONE	NONE
( <u>18) MARK FERRON</u> TRUSTEE (END 12/2022)	<u>1.00</u> NONE	X						NONE	NONE	NONE
( 19) MICHAEL HAAS TRUSTEE (END 12/2022)	<u>1.00</u> NONE	x						NONE	NONE	NONE
( 20) AMORY BLOCH LOVINS TRUSTEE	<u>1.00</u>	x						NONE	NONE	NONE
( 21) DENNIS V. MCGINN TRUSTEE	<u>1.00</u> NONE	x						NONE	NONE	NONE
( 22) JEAN OELWANG LEAD IND TRUSTEE (END 12/2022)	<u>1.00</u> NONE	x						NONE	NONE	NONE
( 23) GEORGE POLK TRUSTEE	<u>1.00</u>	x						NONE	NONE	NONE
( 24) ELIZABETH ANN SALL TRUSTEE	<u>1.00</u>	x						NONE	NONE	NONE
( 25) SUMANT SINHA TRUSTEE	<u>1.00</u>	x						NONE		NONE
1h Sub-total				• •	••			4,961,954. NONE	NONE	1,102,404. NONE
d Total (add lines 1b and 1c)	=			• •	• •	• • •		4,961,954.	NONE	1,102,404.

_	fotal fiambol of marriadalo (molading bat fiot militad	
	reportable compensation from the organization 🕨	203

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person
-	

## 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.

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

3

4

## ROCKY MOUNTAIN INSTITUTE

Form 990 (2022) Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and H	lig	hest Compensat	ed Employ	/ees (c	Page 8
(A) Name and title	(B) Average hours per week (list any hours for related	Average Position nours per (do not check more box, unless person is officer and a directo			is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	on from d ions	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(w-2/1099	MISC)	organization and related organizations
26) TODD STERN TRUSTEE	1.00 NONE	x						NONE		NONE	NONI
27) JESSICA UHL TRUSTEE	1.00 NONE	x						NONE		NONE	NON
28) EDWARD WHITE BOARD CHAIR	1.00	x		x				NONE		NONE	NON
29) KANDEH YUMKELLA TRUSTEE	1.00 NONE	x						NONE		NONE	NON
30) AUDREY ZIBELMAN TRUSTEE	1.00 NONE	x						NONE		NONE	NONI
1b Sub-total c Total from continuation sheets to Part VII, Se	-		-		•••						
<ul><li>d Total (add lines 1b and 1c)</li><li>2 Total number of individuals (including but not l</li></ul>	imited to t						► re	eceived more than	\$100,000 (	of	
<ul> <li>3 Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedu</i></li> </ul>	er, directo										Yes No
<ul> <li>For any individual listed on line 1a, is the sorganization and related organizations greindividual</li> </ul>	sum of rep ater than	ortab \$15	le c 0,0	om 00?	per P <i>If</i>	nsatior "Yes	ם ai ג, "	nd other compens complete Schedu	sation from	the	<b>3</b> X <b>4</b> X
<ul> <li>5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes</li> </ul>	accrue co	mpen	sati	on f	fron	n any	un	related organization			5 X
<ul> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest componentiation from the organization. Report conversation from the organization.</li> </ul>											
(A) SEE SCHEDULE O Name and business add	ress							<b>(B)</b> Description of se	rvices	С	(C) compensation

## Form 990 (2022)

## ROCKY MOUNTAIN INSTITUTE Part VIII Statement of Revenue

-

		Check if Schedule O	contains a r	respor	nse or note to ar	ny line in this Part V	/		
						(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ŝ, ŝ	1a	Federated campaigns		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues		1b					
ΰĔ	c	Fundraising events		1c					
ts,	d	Related organizations		1d					
i al	e	Government grants (contril		1e	1,914,894.				
Sim's,	f	All other contributions, gifts		16	1/911/0911				
rior Si Ci		and similar amounts not include	-	1f	103,531,198.				
the state					103,331,190.				
Ę0	g	Noncash contributions inc lines 1a-1f		10	\$ 1,475,788.				
and	h					105,446,092.			
<u> </u>	h	Total. Add lines 1a-1f			Business Code	103,440,092.			
Ð		CONCULTING DEED				17 200 502	17 200 502		
, vic	2a	CONSULTING FEES			541610	17,290,583.	17,290,583.		
Ser	b	MEMBERSHIP DUES			541610	2,076,731.	2,076,731.		
с Ч	c	GOVERNMENT & MULTILATERA	AL CONSULTI	NG	541610	5,407,498.	5,407,498.		
gra Re	d	PROGRAM EVENT REVENUE			541610	16,078.	16,078.		
Program Service Revenue	е								
α.	f	All other program service r							
	g	Total. Add lines 2a-2f				24,790,890.			
	3	Investment income (incl	uding divid	ends,	interest, and				
		other similar amounts).				835,842.			835,842.
	4	Income from investment of	•		•	NONE			
	5	Royalties				3,219.			3,219.
			(i) Re	al	(ii) Personal				
	6a	Gross rents 6a	2	3,536.					
	b	Less: rental expenses 6b	)						
	c	Rental income or (loss) 6c	2	3,536.	NONE				
	d	Net rental income or (loss)				23,536.			23,536.
	7a	Gross amount from	(i) Secur	rities	(ii) Other				
		sales of assets							
		other than inventory 7a	25,11	4,748.	7,835,484.				
e	b	Less: cost or other basis							
Revenue	-	and sales expenses 7b	24,98	1,690.					
eve	c	Gain or (loss)		3,058.	7,835,484.				
	d					7,968,542.			7,968,542.
Other		····· g-··· (····)							
ð	8a	Gross income from	-						
		events (not including \$							
		of contributions reporte			NONE				
		1c). See Part IV, line 18			NONE				
	b	Less: direct expenses				NONE			
	С	Net income or (loss) from	-			NONE			
	9a	Gross income from	0 0		NONE				
		activities. See Part IV, line 7			NONE	1			
	b	Less: direct expenses			NONE				
	c	Net income or (loss) from	gaming act	ivities .	<u></u>	NONE			
	10a		ntory, less						
		returns and allowances			NONE				
	b	Less: cost of goods sold .			NONE				
	c	Net income or (loss) from s	sales of inven	tory.		NONE			
sr					Business Code				
Miscellaneous Revenue	11a	OTHER INCOME				328,547.	119,121.	209,426.	
ent	b								
evi e	c								
lis R	d	All other revenue							
2	е	Total. Add lines 11a-11d	<u></u>	<u></u>	<u></u>	328,547.			
	12	Total revenue. See instruc				139,396,668.	24,910,011.	209,426.	8,831,139.

## ROCKY MOUNTAIN INSTITUTE

	st complete all columns	. Ali oliler organizatioi	is must complete colum	<u> </u>
Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
o not include amounts reported on lines 6b, 7b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) 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	4,977,184.	4,977,184.		
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	3,720,132.	3,720,132.		
<ul><li>4 Benefits paid to or for members</li><li>5 Compensation of current officers, directors,</li></ul>	NONE	701 126	0.504.714	200.057
<ul> <li>trustees, and key employees</li> <li>6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</li> </ul>	3,683,907. NONE	791,136.	2,504,714.	388,057
7 Other salaries and wages	75,301,502.	63,552,549.	7,627,578.	4,121,375
<ul> <li>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</li> </ul>	2,943,066.	2,566,198.	252,410.	124,458
9 Other employee benefits	7,809,369.	6,809,358.	669,764.	330,247
0 Payroll taxes	5,921,354.	5,163,109.	507,840.	250,405
1 Fees for services (nonemployees): a Management	NONE			
b Legal	788,484.	659,425.	125,500.	3,559
c Accounting	304,667.		304,667.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	21,780.			21,780
f Investment management fees	131,562.		131,562.	
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
(A), amount, list line 11g expenses on Schedule O.)	18,789,232.	15,492,096.	3,129,740.	167,396
2 Advertising and promotion	NONE			
3 Office expenses	412,300.	258,358.	31,866.	122,076
4 Information technology	3,839,773.	3,178,563.	450,305.	210,905
5 Royalties	NONE 2,925,395.	2,460,559.	313,103.	151,733
6 Occupancy	5,893,102.	4,926,561.	660,969.	305,572
<ul><li>7 Travel</li><li>8 Payments of travel or entertainment expenses</li></ul>	5,055,102.	4,520,501.		505,572
for any federal, state, or local public officials	NONE			
9 Conferences, conventions, and meetings	334,189.	320,703.	5,000.	8,486
0 Interest	285,770.		285,770.	
1 Payments to affiliates	NONE			
<b>2</b> Depreciation, depletion, and amortization	1,088,820.	915,810.	116,536.	56,474
3 Insurance	228,627.	192,299.	24,470.	11,858
4 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.)				
a FOREIGN CURRENCY ADJUSTMENT	152,604.	148,467.	532.	3,605
b TAXES	59,428.	43,774.	15,654.	
c MEMBERSHIPS AND SUBSCRIPTION	643,376.	554,605.	66,264.	22,507
d BAD DEBT	17,510.	17,510.		
e All other expenses	883,885.	668,347.	175,235.	40,303
<ul> <li>5 Total functional expenses. Add lines 1 through 24e</li> <li>6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if</li> </ul>	141,157,018.	117,416,743.	17,399,479.	6,340,796

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following SOP 98-2 (ASC 958-720)

ROCKY MOUNTAIN INSTITUTE

Page	1	1

rm 990 (			, 1 2	2244146 Page <b>1</b>
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	29,716,111.	1	18,703,46
2	Savings and temporary cash investments.	NONE	2	NC
3	Pledges and grants receivable, net	11,618,626.	3	20,057,07
4	Accounts receivable, net	3,673,204.	4	13,259,30
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	NC
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	NC
2 7	Notes and loans receivable, net	NONE	7	4,203,75
7 8	Inventories for sale or use	NONE	8	NC
9	Prepaid expenses and deferred charges	2,901,750.	9	3,951,25
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation	14,999,575.	10c	14,456,77
11	Investments - publicly traded securities	38,897,998.	11	27,827,15
12	Investments - other securities. See Part IV, line 11	11,800,128.	12	12,755,25
13	Investments - program-related. See Part IV, line 11	NONE	13	NO
14	Intangible assets	NONE		N
15	Other assets. See Part IV, line 11	2,810,019.	15	25,521,44
16	Total assets. Add lines 1 through 15 (must equal line 33)	116,417,411.	16	140,735,48
17	Accounts payable and accrued expenses	11,961,480.	17	13,689,32
18	Grants payable	NONE	18	NO
19	Deferred revenue	795,474.	19	2,656,33
20	Tax-exempt bond liabilities	NONE		N
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NC
	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	NONE	22	NC
23	Secured mortgages and notes payable to unrelated third parties	5,520,872.	23	6,367,99
24	Unsecured notes and loans payable to unrelated third parties	NONE		N
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	451,465.	25	21,666,41
26	Total liabilities. Add lines 17 through 25	18,729,291.	26	44,380,06
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	37,440,450.	27	32,273,80
28	Net assets with donor restrictions	60,247,670.	28	64,081,61
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	97,688,120.	32	96,355,42
33	Total liabilities and net assets/fund balances	116,417,411.	33	140,735,48
		····	00	Form <b>990</b> (20

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	ROCKY MOUNTAIN INSTITUTE 74	-224	414	6			
	90 (2022)					Pa	ge <b>12</b>
Part							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>				. X
1	Total revenue (must equal Part VIII, column (A), line 12)		1	13	9,3	96,	<u>668</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		2				018.
3	Revenue less expenses. Subtract line 2 from line 1		3				<u>350</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	9			120.
5	Net unrealized gains (losses) on investments		5		4	08,	031.
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			19,	<u>621</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, li	ine					
	32, column (B))		10	9	6,3	55,	422.
Part							
	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 "Othe	er," exp	lain d	on			
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accounta	ant? .			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were	e com	biled	or			
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis	5					
b	Were the organization's financial statements audited by an independent accountant?				2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were	audite	ed on	а			
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis	5					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility f	or over	sight	of			
	the audit, review, or compilation of its financial statements and selection of an independent acc	ountan	t?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax years	ear, exp	olain d	on			
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as	set fort	h in tł	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did no		•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo st	uch aud	lits .		3b	X	

Form **990** (2022)

SCHE		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.

OMB No. 1545-0047 G Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

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

Nam	e of t	he organization					Employer identif	ication number
RO	СКҮ	MOUNTAIN INSTITUTE						244146
Ра	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	ns.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associat	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in <b>secti</b>						
3		A hospital or a cooperative						
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A	)(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultural research or	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	l in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the	name, city, and state c	of the college or
		university:						
10		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from con	ntributions, membersh	hip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt f	unctions, subject to c	ertain ex able inco	ceptions	s; and (2) no more that s section 511 tax) from	n 331/3 % of its 1 businesses
		acquired by the organizatio						
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	•	•				• • •
		one or more publicly suppo	-			-		
	_	_the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		<b>Type I.</b> A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	ees of the
	_	supporting organization.	You must complet	e Part IV, Sections A	and B.			
b		<b>Type II.</b> A supporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported organizat	ion(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	is that control or mar	nage the supported
	_	organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		Type III functionally integration	<b>grated.</b> A supporti	ng organization opera	ted in c	onnectio	n with, and functiona	lly integrated with,
	_	its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	rted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	st satisfy	a distrib	ution requirement an	d an attentiveness
	_	requirement (see instruct		-				
е		Check this box if the orga	nization received	a written determinatio	n from t	he IRS tl	nat it is a Type I, Type	II, Type III
		functionally integrated, or	•••			organizat	ion.	
f		ter the number of supported	0					•••••
g		ovide the following information		<b>e</b> ( )	1			<u> </u>
	(i) N	ame of supported organization	<b>(ii)</b> 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))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							
For	Pape	erwork Reduction Act Notice, s	ee the Instructions	for Form 990 or 990-EZ.			S	chedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44,756,400.	51,847,182.	96,226,279.	97,127,958.	105,446,042.	395,403,861.
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 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	44,756,400.	51,847,182.	96,226,279.	97,127,958.	105,446,042.	395,403,861.
6	line 1 that exceeds 2% of the amount shown on line 11, column (f). <b>Public support.</b> Subtract line 5 from line 4						83,672,192.
	tion B. Total Support						311,731,669.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_		44,756,400.	51,847,182.	96,226,279.	97,127,958.	105,446,042.	395,403,861.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,079.	93,986.	278,798.	476,493.	835,842.	1,745,198.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	7,650.				3,185.	10,835.
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						397,159,894.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	73,080,248.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	the organizatio	on's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2022 (lin	ne 6, column (f)	), divided by line	11, column (f))		14	78.49 <b>%</b>
15	Public support percentage from 2021 \$					15	74.02 %
16a	331/3% support test - 2022. If the org						
_	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2021. If the org						
47-	this box and <b>stop here</b> . The organization	-		-			
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization	-	•				
	Part VI how the organization meets t					•	•
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
D	15 is 10% or more, and if the organiz	-	-				
	in Part VI how the organization meets						
	organization			•			•••
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990) 2022

### ROCKY MOUNTAIN INSTITUTE 74-2244146 Schedule A (Form 990) 2022 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from 8 line 6.) . . . . . . . . . . . . . . . Section B. Total Support (c) 2020 (f) Total (a) 2018 (b) 2019 (d) 2021 (e) 2022 Calendar year (or fiscal year beginning in) 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 c Add lines 10a and 10b Net income from unrelated business 11 activities not included on line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 Public support percentage from 2021 Schedule A, Part III, line 15..... 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 Investment income percentage from 2021 Schedule A, Part III, line 17 18

19a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ... b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. 20

13

loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,

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26

15

16

17

18

%

%

%

%

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **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.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2022

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1

2

			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		
b	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		
Secti	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? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>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.</i>
---	---

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

## Section 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

## Section D. All Type III Supporting Organizations

			Yes	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		
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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
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 <b>Part VI</b> how you supported a governmental entity (see instructions).					
•	And Mars Track American Committee Commi		Yes	No		
2	Activities Test. Answer lines 2a and 2b below.					
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of					

ч.	Bid bubblandany an of the organization of dolivitios daring the tax your directly further the exempt purposed of					
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify					
	those supported organizations and explain how these activities directly furthered their exempt purposes,					
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.					

**b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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2a

2b

3a

3b

Schedule A (Form 990) 2022

#### Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section 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 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Secti	on D - Distributions				Current Year
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	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). 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			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
	instructions.			_	
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	
h	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$ Applied to underdistributions of prior years			_	
a b	Applied to 2022 distributable amount			-	
	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2022, if			-	
Ū	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in <b>Part VI.</b></i> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

ROCKY MOUNTAIN INSTITU	74-2244146			
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 foundat	ion		
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
 (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**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).

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1_	<u>N/A</u>	\$7,362,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	<u>N/A</u>	\$8,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3_	<u>N/A</u>	\$6,370,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	<u>N/A</u>	\$2,973,098.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	<u>N/A</u>	\$5,159,341	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	<u>N/A</u>	\$ 4,818,951.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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JSA 2E1253 1.000 ROCKY MOUNTAIN INSTITUTE

74-2244146

Part I	Contributors (see instructions). Use duplicate copies	eded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$3,750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	<u>N/A</u>	\$3,325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$3,128,270.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$2,885,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JSA

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Page 2 Employer identification number

74-2244146

Schedule B (Form 990) (2022)
Name of organization

ROCKY MOUNTAIN INSTITUTE

	ROCKY MOUNTAIN INSTITUTE		74-2244146
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$2,775,060.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	<u>N/A</u>	\$2,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

JSA 2E1253 1.000

Schedule B (Form 990) (2022)

Name of organization

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Page 2

Employer identification number

ACCKY MOINTAIN INSTITUTE		Employer identification number 74-2244146		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	   \$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	ROCKY MOUNTAIN INSTITUTE         (b)         Description of noncash property given         (b)         Description of noncash property given	ROCKY MOUNTAIN INSTITUTE       74         acash Property (see instructions). Use duplicate copies of Part II if additional space is ne       (c)         Description of noncash property given       (c)         (b)       FMV (or estimate)         (b)       (c)         Description of noncash property given       (c)         (b)       FMV (or estimate)         (c)       FMV (or estimate)		

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 3

Schedule B	(Form 990) (2022)			Page <b>4</b>	
Name of o	rganization			Employer identification number	
	ROCKY MOUNTAIN INSTIT			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 additi	the year from any ons completing Par e year. (Enter this in	one contributor. ( t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,	
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
Part I					
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
				·	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, a	er of gift Relations	ship 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) Transf and ZIP + 4	-	ship of transferor to transferee	
JSA				Schedule B (Form 990) (2022)	

## Political Campaign and Lobbying Activities

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

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.

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.

SCHEDULE C

Department of the Treasury

(Form 990)

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.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nam	e of organization	Employer identification number				
ROC	CKY MOUNTAIN INSTITUTE	74-2244146				
Pa	rt I-A Complete if the organization is exempt under section 501(c) or is a section	on 527 organization.				
1	Provide a description of the organization's direct and indirect political campaign activi	ties in Part IV. See instructions for				
	definition of "political campaign activities."					
2	Political campaign activity expenditures. See instructions	\$				
3	Volunteer hours for political campaign activities. See instructions					
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$\$				
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$				
3	If the organization incurred 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	t I-C Complete if the organization is exempt under section 501(c), except sect	ion 501(c)(3).				
1	Enter the amount directly expended by the filing organization for section 527 exempt funct	ion				
	activities	\$				
2	Enter the amount of the filing organization's funds contributed to other organizations for sec	tion				
	527 exempt function activities	\$				
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-P	OL,				
	line 17b					
4	Did the filing organization file Form 1120-POL for this year?	Yes No				

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<b>(a)</b> Name	<b>(b)</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) 2022



Sch	nedule C (Form 990) 2022 ROCKY	MOUNTAIN INSTITUTE	74-	2244146 Page
Ρ	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV e of excess lobbying expenditures).	ach affiliated group memb	per's name, addres
В	Check if the filing organization che	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1;	a Total lobbying expenditures to influence	public opinion (grassroots lobbying)	1,535.	
I	• Total lobbying expenditures to influence	a legislative body (direct lobbying)	26,411.	
(	c Total lobbying expenditures (add lines 1a	27,946.		
	d Other exempt purpose expenditures		141,129,072.	
•	• Total exempt purpose expenditures (add	d lines 1c and 1d)	141,157,018.	
1	Lobbying nontaxable amount. Enter th	e amount from the following table in both		
	_columns.		1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
9	g Grassroots nontaxable amount (enter 25	5% of line 1f)	250,000.	
I	n Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ition file Form 4720	
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> Total				
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.				
с	Total lobbying expenditures		8,333.	91,017.	27,946.	127,296.				
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f	Grassroots lobbying expenditures		286.	4,601.	1,535.	6,422.				

Schedule C (Form 990) 2022

	Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NO <sup>-</sup> (election under section 501(h)).	T filed For	m 5768
--	-----------	---	-------------	--------

For	For each "Ves" managers on lines to through the below provide in Port IV a detailed		a)	(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
q	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
i	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section	
	501(c)(6).				

			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	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(5), or section 501(c)(4), section 501(c)(5), section 501(c)(			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Par answered "Yes."	't III-A,	line 3,	, is
		4		

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	Total	-	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	
Č.			

## Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHE	DULE D
(Form	990)

Department of the Treasury

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Go to www.irs.gov/Eorm000.for instructions

2 **Open to Public** 

OMB No. 1545-0047

	artment of the Treasury nal Revenue Service	Go to www.irs.gov/	Form990 for instructions and the latest infor	mation.	Inspection
Nam	e of the organization	· · · · · · · · · · · · · · · · · · ·		Employer identified	
ROC	CKY MOUNTAIN I	INSTITUTE		74-2244	1146
Pa	art I Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds of	or Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds ar	d other accounts
1	Total number at e	nd of year			
2	Aggregate value of	of contributions to (during year) .			
3	Aggregate value of	of grants from (during year)			
4	Aggregate value a	at end of year			
5	Did the organizat	ion inform all donors and donor	advisors in writing that the assets hele	d in donor advised	
	funds are the orga	anization's property, subject to the	e organization's exclusive legal control?.		Yes No
6	-	-	and donor advisors in writing that grant		
			fit of the donor or donor advisor, or for		
			<u></u>		YesNo
Pa		tion Easements.			
			"Yes" on Form 990, Part IV, line 7.		
1			e organization (check all that apply).		
		n of land for public use (for example		n of a historically in	•
		of natural habitat In of open space		n of a certified hist	oric structure
2			eld a qualified conservation contribution	in the form of a co	nconvotion
2	-	last day of the tax year.			e End of the Tax Year
а				2a	
b			s	2b	
c			historic structure included in (a)	2c	
d			) acquired after July 25, 2006, and not or		
-				2d	
3			nsferred, released, extinguished, or terr	minated by the or	ganization during the
	tax year		· · · · · · · · ·	,	5
4	-		ervation easement is located		
5			garding the periodic monitoring, inspe		
	violations, and enf	forcement of the conservation ea	sements it holds?		. 🗌 Yes 🔛 No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcin	g conservation ease	ments during the year
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation ease	ments during the year
8		•	2(d) above satisfy the requirements of sec		
9		•	ports conservation easements in its	•	
			t of the footnote to the organization's t	financial statemen	ts that describes the
De		counting for conservation easement	s of Art, Historical Treasures, or Oth	or Similar Accot	
ГС			"Yes" on Form 990, Part IV, line 8.	iei Siiiilai Assel	5.
4 -		v			
1a	service, provide in	Part XIII the text of the footnote	ASB ASC 958, not to report in its rever ts held for public exhibition, education to its financial statements that describes	these items.	
b	art, historical treat provide the follow	sures, or other similar assets he ring amounts relating to these ite		esearch in furthera	nce of public service,
2	If the organizatio	n received or held works of a	rt, historical treasures, or other similar	r assets for financ	ial gain, provide the
			ASB ASC 958 relating to these items:		
a					
b	Assets included in	1 Form 990, Part X			Φ

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

JSA 2E1268 1.000 Schedule D (Form 990) 2022

Schee		KY MOUNTAIN I					244146 Page <b>2</b>
Ра	rt III Organizations Maintain	ing Collections of	Art, Historical Tre	easures, o	r Other Similar	Assets (C	ontinued)
3	Using the organization's acquisition		other records, chec	k any of the	e following that	make sign	ificant use of its
	collection items (check all that app	ly):					
а	Public exhibition			or exchange	e program		
b	Scholarly research		e Other				
С	Preservation for future gene						
4	Provide a description of the organ	nization's collection	s and explain how	they further	the organizatio	n's exempt	purpose in Part
_	XIII.						
5	During the year, did the organization						
	assets to be sold to raise funds rath		ained as part of the	organizatior	r's collection?	<u> </u>	Yes No
Pa	rt IV Escrow and Custodial A		oc" on Form 000	Dart IV/ line	0 or reported	an amour	t on Form
	Complete if the organiza 990, Part X, line 21.	allon answered to	25 OH FOHH 990, F	ant iv, line	e 9, or reported	an amoun	
10	Is the organization an agent, trus	too custodian or c	ther intermediary f	or contribut	ions or other as	ente not	
īa	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement i						
			proto the renorming ter			Amount	
с	Beginning balance			1c			
d	Additions during the year						
е	Distributions during the year						
f	Ending balance			1f			
2a	Did the organization include an am	ount on Form 990,	Part X, line 21, for e	escrow or cu	ustodial account l	liability?	Yes No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanation	n has been p	rovided on Part X		<u> </u>
Pa	rt V Endowment Funds.						
	Complete if the organiza						
		(a) Current year	(b) Prior year	(c) Two yea		e years back	(e) Four years back
1a	Beginning of year balance	1,082,899.	1,182,829.	1,019,		006,401.	971,159.
b	Contributions	5,000.	1,500.		127.	4,350.	29,597.
С	Net investment earnings, gains,	20.206	06.001	100	c	40.000	
_	and losses	38,326.	-86,931.	198,	602.	42,082.	37,165.
	Grants or scholarships						
е	Other expenditures for facilities	17,916.		20	879.	20,574.	19,422.
	and programs	13,931.	14,499.		519.	12,761.	12,098.
t a	Administrative expenses End of year balance	1,094,378.	1,082,899.	1,182,		019,498.	1,006,401.
g 2	Provide the estimated percentage						
a	Board designated or quasi-endown		%	, column (a))			
b	Permanent endowment 85.91	00 %					
с	Term endowment 14.0900 %						
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.				
3a	Are there endowment funds not in	the possession of t	he organization that	are held an	d administered fo	or the	
	organization by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						3a(ii) X
-	If "Yes" on line 3a(ii), are the relate	•					3b
4	Describe in Part XIII the intended		ation's endowment fu	nds.			
Ра	rt VI Land, Buildings, and Equ Complete if the organiz	ation answered "Y	es" on Form 990,	Part IV, line	e 11a. See Forr	m 990, Pa	rt X, line 10.
	Description of property	(a) Cost o	r other basis (b) Cost	or other basis other)	(c) Accumulated depreciation		) Book value
1a	Land						
b	Buildings		16,1	27,876.	3,031,574	<u> </u>	13,096,302.
С	Leasehold improvements			166,286.	126,541		39,745.
d	Equipment.			978,274.	2,657,542		1,320,732.
	Other			100,000.	100,000		NONE
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal For	m 990, Part X, colum	n (B), line 10	)c.)		14,456,779.
						Schedu	ule D (Form 990) 2022

#### Part VII **Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FIXED INCOME INVESTMENT	12,755,253.	
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	12,755,253.	

## Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value	
(1)INTERCOMPANY RECEIVABLES	2,959,567.	
(2)SECURITY DEPOSITS	632,381.	
(3)INTEREST IN DENVER FOUNDATION	494,846.	
(4)CRYPTOCURRENCY	37,217.	
(5)RIGHT OF USE ASSET	21,397,432.	
_(6)		
(7)		
_(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	25,521,443.	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)OPERATING LEASE LIABILITIES		21,659,028.
(3)DUE TO RELATED PARTY		7,383.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col	l. (B) line 25.)	21,666,411.

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 . JSA 2E1270 1.000

Schedu	Ie D (Form 990) 2022 ROCKY MOUNTAIN INSTITUTE	74	-2244146 Page <b>4</b>
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	140,285,076.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,000,349.
3	Subtract line 2e from line 1	3	139,284,727.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	111,941.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	139,396,668.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	141,617,774.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d		-	
	Other (Describe in Part XIII.)		
e		2e	592,318.
е 3	Other (Describe in Part XIII.)	2e 3	592,318. 141,025,456.
	Other (Describe in Part XIII.)     2d       Add lines 2a through 2d     2d		
3	Other (Describe in Part XIII.)     2d       Add lines 2a through 2d		
3 4	Other (Describe in Part XIII.)       2d         Add lines 2a through 2d		
3 4 a	Other (Describe in Part XIII.)       2d         Add lines 2a through 2d	3 4c	
3 4 b c 5	Other (Describe in Part XIII.)       2d         Add lines 2a through 2d	3 4c	141,025,456.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

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:

(19,621) - BENEFICIAL INTEREST HELD IN THE DENVER FOUNDATION

SCHEDULE F (Form 990)	Statement of Activities Outside the United Statement if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, Attach to Form 990.		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.			
Name of the organization		Employer ider	ntification number	
ROCKY MOUNTAIN	INSTITUTE	74-224	4146	
	nformation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizatio	on answered "Yes" on	
-	. Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	ria used to		

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	<b>(b)</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		7	PROGRAM SERVICES	SEE PART V	2,402,501.
(2) EAST ASIA AND THE PACIFIC	1	40	PROGRAM SERVICES	SEE PART V	7,394,855.
(3) EUROPE		45	PROGRAM SERVICES	SEE PART V	12,248,263.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	SEE PART V	446,173.
(5) NORTH AMERICA		10	PROGRAM SERVICES	SEE PART V	2,207,007.
(6) SOUTH ASIA		26	PROGRAM SERVICES	SEE PART V	3,448,947.
(7) SUB-SAHARAN AFRICA		13	PROGRAM SERVICES	SEE PART V	3,158,840.
(8) SOUTH AMERICA		1	PROGRAM SERVICES	SEE PART V	54,971.
(9) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	SEE PART V	16,725.
10) EAST ASIA AND THE PACIFIC			GRANTMAKING		1,832,214.
11) EUROPE			GRANTMAKING		1,010,078.
12) SOUTH ASIA			GRANTMAKING		222,667.
13) SUB-SAHARAN AFRICA			GRANTMAKING		655,173.
14)					
15)					
16)					
17) 20 Subtotol		140			
<ul> <li>Subtotal</li> <li>Total from continuation sheets to Part I</li> </ul>	1	142.			35,098,414.
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	1.	142.			35,098,414. <b>F (Form 990) 20</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 2E1274 1.000

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 🔔 🕨 _
3	Enter total number of other organizations or entities

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ROCKY	MOUNTAIN	INSTITU

 

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 ROCKY MOUNTAIN INSTITUTE
 74-2244146
 Page 2

 Grants and Other
 Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

 Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name organizatio	of n	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				CARBON-FREE					
(1)			SOUTH ASIA	BUILDINGS	190,667.	WIRE			
				CLIMATE ALIG					
(2)			SOUTH ASIA	INDUSTRIES	32,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	FINANCE	200,000.	WIRE			
(*)					,				
(4)			EUROPE/ICELAND/GREENLAND	GLOBAL SOUTH	60,078.	WIRE			
				THIRD					
(5)			EUROPE/ICELAND/GREENLAND	DERIVATIVE	750,000.	WIRE			
				CARBON-FREE					
(6)			EAST ASIA/PACIFIC	ELECTRICITY	33,810.	WIRE			
(7)			EAST ASIA/PACIFIC	GLOBAL SOUTH	66,099.	WIRE			
				CLIMATE					
(8)			EAST ASIA/PACIFIC	FINANCE	1,260,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	GLOBAL SOUTH	211,347.	WIRE			
(•)									
(10)			SUB-SAHARAN AFRICA	GLOBAL SOUTH	313,977.	WIRE			
(11)			SUB-SAHARAN AFRICA	GLOBAL SOUTH	44,849.	WIRE			
<u> </u>									
(12)			SUB-SAHARAN AFRICA	GLOBAL SOUTH	85,000.	WIRE			
(13)			EAST ASIA/PACIFIC	GLOBAL SOUTH	370,305.	WIRE			
				CLIMATE					
(14)			EAST ASIA/PACIFIC	INTELLIGENCE	102,000.	WIRE			
(15)									
(16)									

Schedule F (Form 990) 2022

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11 Schedule F (Form 990) 2022

Part III

ROCKY MOUNTAIN INSTITUTE Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

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

Schedule F (Form 990) 2022

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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "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

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)

LINE 3 (1): AFRICA, CARBON-FREE BUILDINGS, ENERGY TRANSITION ACADEMY, CARBON-FREE ELECTRICITY, CARBON-FREE TRANSPORTATION, CLIMATE ALIGNED INDUSTRIES, CLIMATE FINANCE ACCESS NETWORK, INDIA, ISLANDS (INCLUDING MANAGEMENT SERVICES)

LINE 3 (2): AFRICA, CLIMATE FINANCE ACCESS NETWORK, CHINA, INDIA, GLOBAL SOUTH, CARBON-FREE ELECTRICITY, CLIMATE INTELLIGENCE, SE ASIA, SUPER TEAM (INCLUDING MANAGEMENT AND FUNDRAISING SERVICES)

ROCKY MOUNTAIN INSTITUTE

COCKI MOUNIAIN INSIIIOIE	<u> </u>
Part V         Supplemental Information           Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accour amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accour Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide a information (see instructions).	inting method); and
LINE 3 (3): GLOBAL SOUTH, CARBON-FREE ELECTRICITY, CARBON-FREE MOBILITY,	
CLIMATE FINANCE ACCESS NETWORK, CLIMATE ALIGNED INDUSTRIES, THIRD	
DERIVATIVE, AFRICA, CARBON-FREE BUILDINGS, INFLUENCE TEAM, ISLANDS, SE	
ASIA, STRATEGY TEAM, SUPER TEAM, US, ZETRO ENERGY (INCLUDING MANAGEMENT	
AND FUNDRAISING SERVICES)	
LINE 3 (4): AFRICA, INFLUENCE TEAM, ENERGY TRANSITION ACADEMY, ISLANDS,	
SE ASIA (INCLUDING MANAGEMENT SERVICES)	
LINE 3 (5): CARBON-FREE BUILDINGS, CARBON-FREE ELECTRICITY, CLIMATE	
FINANCE ACCESS NETWORK, CLIMATE INTELLIGENCE, ENERGY TRANSITION ACADEMY,	
FINANCE, THIRD DERIVATIVE, URBAN TRANSFORMATION, US, CARBON-FREE	
TRANSPORTATION, CLIMATE ALIGNED INDUSTRIES, INFLUENCE TEAM, ISLANDS,	
STRATEGY TEAM (INCLUDING MANAGEMENT SERVICES)	
LINE 3 (6): CARBON-FREE BUILDINGS, CARBON-FREE ELECTRICITY, CLIMATE	
ALIGNED INDUSTRIES, INDIA, INFLUENCE TEAM, THIRD DERIVATIVE, URBAN	
TRANSFORMATION, ZETRO ENERGY (INCLUDING MANAGEMENT SERVICES)	
LINE 3 (7): AFRICA, CARBON-FREE TRANSPORATION, CLIMATE ALIGNED	
INDUSTRIES, CLIMATE INTELLIGENCE, INFLUENCE TEAM, ENERGY TRANSITION	
ACADEMY, INFLUENCE TEAM, SE ASIA GLOBAL SOUTH, CARBON-FREE ELECTRICITY,	

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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).

CLIMATE INTELLIGENCE, COMMUNICATIONS, ENERGY TRANSITION ACADEMY, THIRD

DERIVATIVE (INCLUDING MANAGEMENT SERVICES)

LINE 3 (8): SOUTH AMERICA, ISLANDS, CARBON-FREE ELECTRICITY, ENERGY

TRANSITION ACADEMY (INCLUDING MANAGEMENT SERVICES)

LINE 3 (9): RUSSIA AND NEIGHBORING STATES, ZETRO ENERGY

SCHEDULE G (Form 990)	Complete if th	Information Rent in answer organization entered m	ed "Yes" on	Form 990, P	Part IV, line 17, 18, or 1		OMB No. 1545-0047
Department of the Treasury	0.			or Form 990-			Open to Public
Internal Revenue Service Name of the organization	Go	to www.irs.gov/Form99	o for Instru	ictions and t	ne latest information.	Employer identificati	Inspection on number
ROCKY MOUNTAIN	TNSTTTUTE					74-224414	
Part I Fundraisin Form 990-	<b>g Activities.</b> Comp EZ filers are not re	quired to complet	te this pa	rt.		0, Part IV, line 1	
a 🛛 Mail solicita	email solicitations itations blicitations	e f g	X Solic X Solic Spec	itation of i itation of g cial fundra	non-government g government grants ising events	irants S	
or key employee <b>b</b> If "Yes," list the	is listed in Form 990, 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities (	in connec	tion with p	professional fundra	ising services?	X Yes No fundraiser is to be
<b>(i)</b> Name and addı or entity (fu		<b>(ii)</b> Activity	custody c	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT 1	INFORMATION		Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					NONE	21,780	. NONI
3 List all states in registration or lic	which the organizat	ion is registered o	r licensed	to solicit	contributions or	has been notified	it is exempt from

AK, AR, CA, CO, CT, DC, 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,

Pa	rt II	Fundraising Events. Complete than \$15,000 of fundraising eve gross receipts greater than \$5,000	ent contributions and g			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
Re	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses		Entertainment				
		Other direct expenses				
Pa	10 11 rt III		ine 10 from line 3, col anization answered "	umn (d)		
Revenue		\$15,000 on Form 990-EZ, lin	e 6a. (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				
xpenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
ō	5	Other direct expenses				
	6	Volunteer labor	Yes %	Ŋ Yes% No	Yes%	
	7	Direct expense summary. Add lir	nes 2 through 5 in colu	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)	<u></u>	
9 a k	ı İs	Enter the state(s) in which the organization licensed to con f "No," explain:	anization conducts ga duct gaming activities	in each of these state	es?	Yes No
10a k		Vere any of the organization's gaming "Yes," explain:			iring the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2022 ROCKY MOUNTAIN INSTITUTE	74-2	244146	Page 3
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 entit	у		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	amina		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$		<u> </u>	
	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 pro	ceeds to	)	
	retain the state gaming license?			No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga			
	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$			
Part				

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

#### NAME:

E.A. SOMERSET CONSULTING LLC

#### ADDRESS:

3203 NEW COACH LANE BOWIE, MD 20716-1218

#### ACTIVITY :

PROFESSIONA FUNDRAISER

## CUSTODY OR CONTROL OF CONTRIBUTION?

- GROSS RECEIPTS FROM ACTIVITY : NONE
- AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 21,780.
- AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

## STATEMENT 1

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions,	L	OMB No. 1545-0047
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the United	d States		൭൫൭൭
		•	wered "Yes" on F				2022
		-	tach to Form 990.	, ,			Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization		U				Employer identifi	cation number
ROCKY MOUNTAIN INSTITUTE						74-22441	46
Part I General Information on Grants and	d Assistanc	e					
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance. a	nd
the selection criteria used to award the grant							
2 Describe in Part IV the organization's proceed							
Part II Grants and Other Assistance to D		-			nlete if the organiz	ation answered	"Ves" on Form 990
Part IV, line 21, for any recipient th		-					163 OITTOIII 330,
					•		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc	
(1) NEW BUILDINGS INSTITUTE							
151 SW 1ST AVE, PORTLAND, OR 97204	68-0401509	501(C)(3)	100,000.				SUPPORT PROGRAM
(2) WE MEAN BUSINESS COALITION							
1178 BROADWAY, NEW YORK, NY 10001	85-4146520	501(C)(3)	100,000.				SUPPORT PROGRAM
(3) COLUMBIA UNIVERSITY							
622 WEST 113 STREET NEW YORK, NY 10025	13-5598093	501(C)(3)	155,000.				SUPPORT PROGRAM
(4) COLORADO SCHOOL OF MINES							
1500 ILLINOIS STREET GOLDEN, CO 80401	84-6000551	501(C)(3)	50,000.				SUPPORT PROGRAM
(5) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA							
1850 RESEARCH PARK DR., DAVIS, CA 95618	94-6036494	501(C)(3)	44,228.				SUPPORT PROGRAM
(6) WORLD RESOURCES INSTITUTE	_						
10 G STREET, NE, #800 WASHINGTON, DC 20002	52-1257057	501(C)(3)	400,000.				SUPPORT PROGRAM
(7) RESOURCE LEGACY FUND (CLIMATE MAYORS)	_						
555 CAPITOL MALL SACRAMENTO, CA 95814	95-4703838	501(C)(3)	400,000.				SUPPORT PROGRAM
(8) ADL VENTURES, LLC	_						
815 MASONIC AVE SAN FRANCISCO, CA 94117	81-2698148		423,742.				SUPPORT PROGRAM
(9) AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT EC	_						
529 14TH ST NW, WASHINGTON, DC 20045	94-2711707	501(C)(3)	108,333.				SUPPORT PROGRAM
(10) AMERICAN LUNG ASSOCIATION	_						
55 W. WACKER DR., CHICAGO, IL 60601	13-1632524	501(C)(3)	198,000.				SUPPORT PROGRAM
(11) AMERICAN THORACIC SOCIETY	_						
25 BROADWAY, NEW YORK, NY 10004	06-1548706	501(C)(3)	15,800.				SUPPORT PROGRAM
(12) ASSOCIATION FOR ENERGY AFFORDABILITY, INC.	4						
105 BRUCKNER BLVD BRONX, NY 10454	13-3374285	501(C)(3)	437,780.				SUPPORT PROGRAM
2 Enter total number of section 501(c)(3) and	0	0					
3 Enter total number of other organizations list	ted in the line	1 table	<u></u>		<u></u>		. 5

Schedule I (Form 990) 2022

Covernments, and Individuals in the United States       Conject if the organization answered "yes" on Form 990, Part IV, line 21 or 22.	SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
Compare in the organization answered 'res on Form '90, 'part in, the 21 of 22. Attach to Form '90, 'part in, the 21 of 22. Co to www.irs.gov/Form990 for the latest information.         Open to Public Inspection           Name of the organization market the selection offering used to award the grants or assistance?         Employe identification number '14-234146           Part II General Information on Grants and Assistance?			•					2022
Description of the leavest         Co to www.irs.gov/Form990 for the latest information.         Inspection           Name of the opposition         Implexe identification number         12-2241146           PATL         General Information maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection or field used to award the grants or assistance?         Implexe identification number         12-2241146           2         Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection or field used to award the grants or assistance?         Implexe identification 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.           1         10 Name and addetse adgustration or grant and selective contraction 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.         (i) Purched Plance of grant additional space is needed.           1         10 Name and addetse adgustration or grant additional space is needed.         (i) Purched Plance of grant additional space is needed.         (i) Purched Plance of grant additional space is needed.           1         10 Name and adgustration or grant additional space is needed.         (i) Purched Plance of grant additional space is needed.         (i) Purched Plance of grant additional space is needed.	Com	plete if the o	-		orm 990, Part IV,	line 21 or 22.		-
Name of the organization         Employer identification number           PORT         General Information on Grants and Assistance         1           1         Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection ortheria used to award the grants or assistance?		_						
Non-thick NUMBER         Transmission           Part         Description maintain records to substantiate the amount of the grants or assistance, the grante set seligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: Control of Control of Control of Section Sec		Go t	o www.irs.gov/	Form990 for the la	test information.			
Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantes or assistance, and the selection criteria used to award the grants or assistance?       Image: Comparison of the selection criteria used to award the grants or assistance?       Image: Comparison of the selection criteria used to award the grants or assistance?       Image: Comparison of the selection criteria used to award the grants or assistance?       Image: Comparison of the selection criteria used to award the grants or assistance?       Image: Comparison of 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.         1 (a) Name and address of organization of generement of grant or assistance of generation of generation assistance in the selection of generation of	Name of the organization						Employer identifica	tion number
1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection oriteria used to award the grants or assistance?       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address organization's and power than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address organization (b) EN       (b) EN (c) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2							74-2244146	
Less election orieria used to award the grans or assistance?       Ves       No         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       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.       Image: the imag	Part I General Information on Grants an	d Assistanc	e					
<ul> <li>a Carbon Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Territil 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.</li> <li>I (a) Name and address droganization         <ul> <li>(b) Ellin</li> <li>(c) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.</li> </ul> </li> <li>I (a) Name and address droganization         <ul> <li>(b) Ellin</li> <li>(c) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.</li> </ul> </li> <li>I (a) Name and address droganization         <ul> <li>(b) Ellin</li> <li>(c) Part IV, line 21, for any recipient that received more than \$5,000.</li> <li>(c) Part IV, line 21, for any recipient that received more than \$5,000.</li> </ul> </li> <li>I (a) Name and address droganization (b) Part Part IV, line 21, for any recipient that received more than \$5,000.</li> <li>(c) Part Part IV, line 21, for any recipient that received more than \$5,000.</li> <li>(c) Part Part IV, line 21, for any recipient that received more than \$5,000.</li> <li>(c) Part Part IV, line 21, for any recipient that received more than \$5,000.</li> </ul> <li>(c) Part Part IV, line 21, for any recipient that received more than \$5,000.</li> <li>(c) Part Part Part Part Part Part Part Part</li>	-			-	-			
Part III         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.           1 (a) Name and address of organization or government         (b) EIN         (c) RC section or government         (c) RC section or government         (c) Purpose of grant or government         (c) Purpose of grant or government         (c) Purpose of grant organizations         (c) Purpose of grant organization           12 streation         Streation         Streation         Streation         Streation         Streation         (c) Purpose of grant organization         (c) Purpose of grant organization <td< th=""><th>_</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	_							
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.           1 (a) Name and address of organization or government         (b) EN         (b) RC section grant         (c) Amount of cash grant         (b) Amount of cash grant			-	-				
1 (a) Name and address of organization or government         (b) EIN         (c) EIN         (c) Amount of (ll applicable)         (f) Amount of grant         (f) Amount of noncash assistance         (f) Method of valuation (box, FM/, opprise)         (g) Description of noncash assistance         (h) Purpose of grant           (l) applicable         (g) Amount of noncash assistance         (f) Method of valuation (box, FM/, opprise)         (g) Description of noncash assistance         (h) Purpose of grant           (l) applicable         85 -4009764         sol(c)(3)         500,000.         EUPORT         EUPORT           (l) Catabox MAPEER, INC.         85 -3149996         Sol(c)(3)         199,895.         EUPORT PROGRAM           (d) INTEGRAL GROUP, INC.         421 Str Strater Contactor, Ca 94612         94 -3391667         53,254.         EUPPORT PROGRAM           (d) INTEGRAL GROUP, INC.         421 Str Strater Contactor, Ca 94612         94 -3391667         53,254.         EUPPORT PROGRAM           (f) NETRET CONTACT, NR MARINERTON, DC 20007         52-1477559         501(c)(3)         108,333.         EUPPORT PROGRAM           (f) Strater Contactor, NR	Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,
(1) BUILDINSS DECARBONIZATION COALITION         SUFFORT PROGRAM           346 MILGON STREAT PERTALWA, CA 94952         \$5-4008764         \$01(c)(3)         \$500,000.         SUFFORT PROGRAM           (2) CARBON NAPPER, INC.         12 S. RANNORD AVE PARADENA, CA 91005         \$5-3149996         \$01(c)(3)         199,895.         SUFFORT PROGRAM           (3) DAVID BAREER ARCHITECTS         461 280 ST, C127 SBN FRANCISCO, CA 94612         94-3384000         215,283.         SUPPORT PROGRAM           (4) INTERSAL GOODP, INC.         427 13mt Street CALLAND, CA 94612         94-3384000         215,283.         SUPPORT PROGRAM           (5) NATIONAL HOUSTING TRUST         1013 30TH ST, NN MASHINGTON, DC 20007         52-1477599         \$01(c)(3)         108,333.         SUPPORT PROGRAM           (6) PASTEVE HOUSE INSTITUTE US         1013 30TH ST, NN MASHINGTON, DC 20007         52-1477599         \$01(c)(3)         47,865.         SUPPORT PROGRAM           (3) DAVID HAST ARE CARLAND, CR 96654         30-0211695         \$01(c)(3)         47,865.         SUPPORT PROGRAM           (6) SOLUTIONS ENDERT FILLAND, CR 94611         46-3811348         \$01(c)(3)         200,000.         SUPPORT PROGRAM           (10) SUPPORT ST, INC.         46-3811348         \$01(c)(3)         200,000.         SUPPORT PROGRAM           (2) SOLUTIONS PROJECTS, INC.         46-3811348         \$	Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	
(1) BUILDINSS DECARBONIZATION COALITION         SUFFORT PROGRAM           346 MILGON STREAT PERTALWA, CA 94952         \$5-4008764         \$01(c)(3)         \$500,000.         SUFFORT PROGRAM           (2) CARBON NAPPER, INC.         12 S. RANNORD AVE PARADENA, CA 91005         \$5-3149996         \$01(c)(3)         199,895.         SUFFORT PROGRAM           (3) DAVID BAREER ARCHITECTS         461 280 ST, C127 SBN FRANCISCO, CA 94612         94-3384000         215,283.         SUPPORT PROGRAM           (4) INTERSAL GOODP, INC.         427 13mt Street CALLAND, CA 94612         94-3384000         215,283.         SUPPORT PROGRAM           (5) NATIONAL HOUSTING TRUST         1013 30TH ST, NN MASHINGTON, DC 20007         52-1477599         \$01(c)(3)         108,333.         SUPPORT PROGRAM           (6) PASTEVE HOUSE INSTITUTE US         1013 30TH ST, NN MASHINGTON, DC 20007         52-1477599         \$01(c)(3)         47,865.         SUPPORT PROGRAM           (3) DAVID HAST ARE CARLAND, CR 96654         30-0211695         \$01(c)(3)         47,865.         SUPPORT PROGRAM           (6) SOLUTIONS ENDERT FILLAND, CR 94611         46-3811348         \$01(c)(3)         200,000.         SUPPORT PROGRAM           (10) SUPPORT ST, INC.         46-3811348         \$01(c)(3)         200,000.         SUPPORT PROGRAM           (2) SOLUTIONS PROJECTS, INC.         46-3811348         \$		(b) EIN				<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		
(2) CARBON MAPPER, INC.         BS-3149996         501(c)(3)         199,895.         BUPORT PROGRAM           (3) DAVID BAKE ARCHITECTS         4512ND ST, C127 SAN FRANCISCO, CA 94612         94-3334000         215,283.         BUPORT PROGRAM           (4) INTEGRAL GROUP, INC.         427 13TH STREET GALARD, CA 94612         94-3334000         215,283.         BUPORT PROGRAM           (5) NATIONAL HOUSING TRUST         101 30TH ST, IN MASHINTON, DC 20007         52-1477599         501(c)(3)         108,333.         BUPORT PROGRAM           (6) PASSIVE HOUSE INSTITUTE US         151 ST NET FORTAM, OR 60654         30-0211695         501(c)(3)         47,865.         BUPORT PROGRAM           (7) RUE BUILDING SCIENCE INC.         200,000.         108,333.         SUPPORT PROGRAM         SUPPORT PROGRAM           (9) SOUTHENN SCIENCE INC.         30-0211695         501(c)(3)         47,865.         SUPPORT PROGRAM           (10) IN 34TH ST. SEATTLE, WA 98103         33-1077399         5,069.         SUPPORT PROGRAM           (9) SOUTHENN SCIENCE INC.         200,000.         SUPPORT PROGRAM         SUPPORT PROGRAM           (10) IN MATH ST. SEATTLE, WA 98103         33-1077399         5,069.         SUPPORT PROGRAM           (10) STREET ONLINE NOVENDALTICL AR CONTER         501(c)(3)         60,000.         SUPPORT PROGRAM           (10) ST	(1) BUILDINGS DECARBONIZATION COALITION							
12 S. RAYNOND AVE PASADENA, CA 91105       85-3149996       501(C)(3)       199,895.       SUPPORT PROGRAM         (3) AVID BAKER ARCHITECTS       461 200 ST, C127 SAN FRANCISCO, CA 94612       94-3391867       53,254.       SUPPORT PROGRAM         (4) INTEGRAL GROUP, INC.       1       1101 30TH ST. NW KASHINGTON, CA 94612       94-3391867       53,254.       SUPPORT PROGRAM         (5) NATIONAL HOUSING TRUST       1       101 30TH ST. NW KASHINGTON, CA 0007       52-1477599       501(C)(3)       108,333.       SUPPORT PROGRAM         (6) PASSIVE HOUSE INSTITUTE US       1       30-0211695       501(C)(3)       47,865.       SUPPORT PROGRAM         (7) PEH BUILDING SCIENCE INC.       2       2       30-021695       501(C)(3)       47,865.       SUPPORT PROGRAM         (6) SOLUTIONS PROJECTS, INC.       30-021695       501(C)(3)       47,865.       SUPPORT PROGRAM         (6) SOLUTIONS PROJECTS, INC.       46-381348       501(C)(3)       200,000.       SUPPORT PROGRAM         (10) SUTE NEW REWINGKENDENT ALLEM CENTER       501(C)(3)       60,000.       SUPPORT PROGRAM         (10) SUPORT PROGRAM       46-381348       501(C)(3)       60,000.       SUPPORT PROGRAM         (10) SUPPORT PROGRAM       46-381348       501(C)(3)       60,000.       SUPPORT PROGRAM         (10	346 WILSON STREET PETALUMA, CA 94952	85-4008764	501(C)(3)	500,000.				SUPPORT PROGRAM
(3) DAVID BAKER ARCHITECTS         94-3384000         215,283.         SUPPORT PROGRAM           (4) INTEGRAL GROUP, INC.         94-3384000         215,283.         SUPPORT PROGRAM           (4) INTEGRAL GROUP, INC.         94-3391867         53,254.         SUPPORT PROGRAM           (5) NATIONAL HOUSING TRUST         1101 30TH ST, NW NASHINGTON, DC 20007         52-1477599         501(C)(3)         108,333.         SUPPORT PROGRAM           (6) PASSIVE HOUSE INSTITUTE US         151 SW 16T AVE PORTLAND, OR 60654         30-0211695         501(C)(3)         47,865.         SUPPORT PROGRAM           (7) RDH BUILDING SCIENCE INC.         20101 N 34TH ST. SEATTLE, WA 98103         33-1077399         5,069.         SUPPORT PROGRAM           (9) SOUDTIONS PROJECTS, INC.         4096 PIERMONT AVE ORTLAND, CA 94611         46-3811348         501(C)(3)         200,000.         SUPPORT PROGRAM           (19) SUDTHERN ENVIRONMENTAL LAW CENTER         120 GARRET ST. CHARLOTESVILLE, VA 22902         52-1436778         501(C)(3)         60,000.         SUPPORT PROGRAM           (10) TK FABRICATE, LLC         81-245576         52,860.         SUPPORT PROGRAM         SUPPORT PROGRAM           (11) US FUBLIC INTEREST RESEARCH GROUP EDUCATION         20-2134245         501(C)(3)         198,000.         SUPPORT PROGRAM           (12) VERMONT ENSEND INVESTMENT CORPORATION <td< td=""><td>(2) CARBON MAPPER, INC.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(2) CARBON MAPPER, INC.							
461 2ND ST., C127 SAN FRANCISCO, CA 94612       94-3384000       215,283.       SUPPORT PROGRAM         (4) INTEGRAL GROUP, INC.       427 137H STREET OAKLAND, CA 94612       94-3391867       53,254.       SUPPORT PROGRAM         (5) NATIONAL HOUSING TRUST       1101 30TH ST, WW WASHINGTON, DC 20007       52-1477599       501(C)(3)       108,333.       SUPPORT PROGRAM         (6) PASSIVE HOUSE INSTITUTE US       1       101 30TH ST, WW WASHINGTON, DC 20007       52-1477599       501(C)(3)       47,865.       SUPPORT PROGRAM         (7) RDH BUILDING SCIENCE INC.       2       3       2       2       3       3       2       2       3       3       3       3       3       107399       5,069.       SUPPORT PROGRAM       3       3       2       0       3       0 </td <td>12 S. RAYMOND AVE PASADENA, CA 91105</td> <td>85-3149996</td> <td>501(C)(3)</td> <td>199,895.</td> <td></td> <td></td> <td></td> <td>SUPPORT PROGRAM</td>	12 S. RAYMOND AVE PASADENA, CA 91105	85-3149996	501(C)(3)	199,895.				SUPPORT PROGRAM
(4) INTEGRAL GROUP, INC.         94-3391867         53,254.         SUPPORT PROGRAM           (427 13TH STREET OAKLARD, CA 94612         94-3391867         53,254.         SUPPORT PROGRAM           (5) MATIONAL HOUSING TRUST         101 30TH ST, NW WASHINGTON, DC 20007         52-1477599         501(C)(3)         108,333.         SUPPORT PROGRAM           (6) PASSIVE HOUSE INSTITUTE US         151 SW 1ST AVE PORTLAND, OR 60654         30-0211695         501(C)(3)         47,865.         SUPPORT PROGRAM           (7) RDH BUILDING SCIENCE INC.         33-1077399         5,069.         SUPPORT PROGRAM         SUPPORT PROGRAM           (8) SOUTHERN ENVIRONMENTAL LAW CENTER         33-1077399         5,069.         SUPPORT PROGRAM           (9) SOUTHERN ENVIRONMENTAL LAW CENTER         52-1436778         501(C)(3)         200,000.         SUPPORT PROGRAM           (10) TK FABRICATE, LLC         46-3811348         501(C)(3)         60,000.         SUPPORT PROGRAM           (10) TK FABRICATE, LLC         4910 RED PINE RD MANLUIS, NY 13104         84-2455576         52,860.         SUPPORT PROGRAM           (11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION         52-1384240         501(C)(3)         198,000.         SUPPORT PROGRAM           (12) VERMONT ENERGY INVESTMENT COPORATION         32-0304418         501(C)(3)         96,265.         SUPPORT PROGRAM <td>(3) DAVID BAKER ARCHITECTS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(3) DAVID BAKER ARCHITECTS							
427       13TH STREET OAKLAND, CA 94612       94-3391867       53,254.       SUPPORT PROGRAM         (5) NATIONAL HOUSING TRUST       1101 30TH ST, NW MASHINGTON, DC 20007       52-1477599       501(C)(3)       108,333.       SUPPORT PROGRAM         (6) PASSIVE HOUSE INSTITUTE US       151 SW IST AVE PORTLAND, OR 60654       30-0211695       501(C)(3)       47,865.       SUPPORT PROGRAM         20101 N 34TH ST. SEATTLE, WA 98103       33-1077399       5,069.       SUPPORT PROGRAM         (6) SOLUTIONS PROJECTS, INC.       46-3811348       501(C)(3)       200,000.       SUPPORT PROGRAM         (9) SOUTHERN ENVIRONMENTAL LAW CENTER       120       60,000.       SUPPORT PROGRAM       SUPPORT PROGRAM         (10) TK FABRICATE, LLC       44-2455576       52,860.       SUPPORT PROGRAM         4910 RED FINE RV MANULIS, NY 13104       84-2455576       52,860.       SUPPORT PROGRAM         (11) US FUBLIC INTEREST RESEARCH GROUP EDUCATION       294 WASHINGTON ST. BOSTON, MA 02108       52-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT CORPORATION       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT CORPORATION       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT	461 2ND ST, C127 SAN FRANCISCO, CA 94612	94-3384000		215,283.				SUPPORT PROGRAM
(5) NATIONAL HOUSING TRUST         Support         Support         Support         Support         Support         PROGRAM           1101 30TH ST, NW WASHINGTON, DC 20007         52-1477599         501(C)(3)         108,333.         SUPPORT PROGRAM           (6) PASSIVE HOUSE INSTITUTE US         30-0211695         501(C)(3)         47,865.         SUPPORT PROGRAM           (7) RDH BUILDING SCIENCE INC.         30-0211695         501(C)(3)         47,865.         SUPPORT PROGRAM           20101 N 34TH ST. SEATLE, WA 98103         33-1077399         5,069.         SUPPORT PROGRAM           (8) SOLUTIONS PROJECTS, INC.	(4) INTEGRAL GROUP, INC.							
1101 30TH ST, NW WASHINGTON, DC 20007       52-1477599       501(C)(3)       108,333.       SUPPORT PROGRAM         (6) PASSIVE HOUSE INSTITUTE US       151 SW 1ST AVE PORTLAND, OR 60654       30-0211695       501(C)(3)       47,865.       SUPPORT PROGRAM         (7) RNH BUILDING SCIENCE INC.       30-0211695       501(C)(3)       47,865.       SUPPORT PROGRAM         20101 N 34TH ST, SEATTLE, WA 98103       33-1077399       5,069.       SUPPORT PROGRAM         (6) SOLUTIONS PROJECTS, INC.       40-3811348       501(C)(3)       200,000.       SUPPORT PROGRAM         (9) SOUTHERN ENVIRONMENTAL LAW CENTER       120 GARRET ST. CHARLOTESVILLE, VA 22902       52-1436778       501(C)(3)       60,000.       SUPPORT PROGRAM         (10) TK FABRICATE, LLC       4910 RED FINE RD MANLUIS, NY 13104       84-2455576       52,860.       SUPPORT PROGRAM         (11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION       22-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT CORPORATION       20-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT CORPORATION       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         20 WINOOSKI, FALLS WAY WINOSKI, VT 05404       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM <td>427 13TH STREET OAKLAND, CA 94612</td> <td>94-3391867</td> <td></td> <td>53,254.</td> <td></td> <td></td> <td></td> <td>SUPPORT PROGRAM</td>	427 13TH STREET OAKLAND, CA 94612	94-3391867		53,254.				SUPPORT PROGRAM
(6) PASSIVE HOUSE INSTITUTE US         30-0211695         501(C) (3)         47,865.         SUPPORT PROGRAM           (7) RDH BUILDING SCIENCE INC.         33-1077399         5,069.         SUPPORT PROGRAM           (8) SOLUTIONS PROJECTS, INC.         46-3811348         501(C) (3)         200,000.         SUPPORT PROGRAM           (9) SOUTHERN ENVIRONMENTAL LAW CENTER         46-3811348         501(C) (3)         200,000.         SUPPORT PROGRAM           (10) TK FABRICATE, LLC         4910 RED PINE RD MANTINUE, VA 22902         52-1436778         501(C) (3)         60,000.         SUPPORT PROGRAM           (11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION         84-2455576         52,860.         SUPPORT PROGRAM           (12) VERMONT ENERGY INVESTMENT CORPORATION         52-1384240         501(C) (3)         198,000.         SUPPORT PROGRAM           (12) VERMONT ENERGY INVESTMENT CORPORATION         20-0304418         501(C) (3)         96,265.         SUPPORT PROGRAM           20 WINOOSKL FALLS WAY WINOOSKL, VT 05404         03-0304418         501(C) (3)         96,265.         SUPPORT PROGRAM	(5) NATIONAL HOUSING TRUST							
151 SW 1ST AVE PORTLAND, OR 60654       30-0211695       501(C)(3)       47,865.       SUPPORT PROGRAM         (7) RDH BUILDING SCIENCE INC.       33-1077399       5,069.       SUPPORT PROGRAM         (8) SOLUTIONS PROJECTS, INC.       46-3811348       501(C)(3)       200,000.       SUPPORT PROGRAM         (9) SOUTHERN ENVIRONMENTAL LAW CENTER       46-3811348       501(C)(3)       200,000.       SUPPORT PROGRAM         (10) TK FABRICATE, LLC       46-38178       501(C)(3)       60,000.       SUPPORT PROGRAM         4910 RED PINE RD MANULUS, NY 13104       84-245576       52,860.       SUPPORT PROGRAM         (11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION       22-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT CORPORATION       52-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         20 WINOOSKI FALLS WAY WINOOSKI, VT 05404       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         20 KINOOSKI FALLS WAY WINOOSKI, VT 05404       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM	1101 30TH ST, NW WASHINGTON, DC 20007	52-1477599	501(C)(3)	108,333.				SUPPORT PROGRAM
(7) RDH BUILDING SCIENCE INC.         33-1077399         5,069.         SUPPORT PROGRAM           (8) SOLUTIONS PROJECTS, INC.         46-3811348         501(C)(3)         200,000.         SUPPORT PROGRAM           (9) SOUTHERN ENVIRONMENTAL LAW CENTER         46-3811348         501(C)(3)         200,000.         SUPPORT PROGRAM           120 GARRET ST. CHARLOTESVILLE, VA 22902         52-1436778         501(C)(3)         60,000.         SUPPORT PROGRAM           (10) TK FABRICATE, LLC         48-245576         52,860.         SUPPORT PROGRAM           4910 RED PINE RD MANLUIS, NY 13104         84-245576         52,860.         SUPPORT PROGRAM           (11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION         22-1384240         501(C)(3)         198,000.         SUPPORT PROGRAM           204 WASHINGTON ST. BOSTON, MA 02108         52-1384240         501(C)(3)         96,265.         SUPPORT PROGRAM           20 WINOOSKI FALLS WAY WINOSKI, VT 05404         03-0304418         501(C)(3)         96,265.         SUPPORT PROGRAM           20 WINOSKI FALLS WAY WINOSKI, VT 05404         03-0304418         501(C)(3)         96,265.         SUPPORT PROGRAM	(6) PASSIVE HOUSE INSTITUTE US							
20101 N 34TH ST. SEATTLE, WA 98103       33-1077399       5,069.       SUPPORT PROGRAM         (8) SOLUTIONS PROJECTS, INC.       46-3811348       501(C)(3)       200,000.       SUPPORT PROGRAM         (9) SOUTHERN ENVIRONMENTAL LAW CENTER       46-3811348       501(C)(3)       200,000.       SUPPORT PROGRAM         120 GARRET ST. CHARLOTESVILLE, VA 22902       52-1436778       501(C)(3)       60,000.       SUPPORT PROGRAM         (10) TK FABRICATE, LLC       4910 RED PINE RD MANLUIS, NY 13104       84-2455576       52,860.       SUPPORT PROGRAM         (11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION       20 HINOOSKI, NM 02108       52-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT CORPORATION       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         20 WINOOSKI, FALLS WAY WINOOSKI, VT 05404       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM	151 SW 1ST AVE PORTLAND, OR 60654	30-0211695	501(C)(3)	47,865.				SUPPORT PROGRAM
(8) SOLUTIONS PROJECTS, INC.         46-3811348         501(C)(3)         200,000.         SUPPORT PROGRAM           (9) SOUTHERN ENVIRONMENTAL LAW CENTER         46-3811348         501(C)(3)         200,000.         SUPPORT PROGRAM           120 GARRET ST. CHARLOTESVILLE, VA 22902         52-1436778         501(C)(3)         60,000.         SUPPORT PROGRAM           (10) TK FABRICATE, LLC         49-2455576         501(C)(3)         60,000.         SUPPORT PROGRAM           (11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION         84-2455576         52-1384240         501(C)(3)         198,000.         SUPPORT PROGRAM           (12) VERMONT ENERGY INVESTMENT CORPORATION         0         03-0304418         501(C)(3)         96,265.         SUPPORT PROGRAM           20 WINOOSKI FALLS WAY WINOSKI, VT 05404         03-0304418         501(C)(3)         96,265.         SUPPORT PROGRAM	(7) RDH BUILDING SCIENCE INC.							
4096 PIEDMONT AVE OAKLAND, CA 94611       46-3811348       501(C)(3)       200,000.       SUPPORT PROGRAM         (9) SOUTHERN ENVIRONMENTAL LAW CENTER       120 GARRET ST. CHARLOTESVILLE, VA 22902       52-1436778       501(C)(3)       60,000.       SUPPORT PROGRAM         (10) TK FABRICATE, LLC       484-245576       501(C)(3)       60,000.       SUPPORT PROGRAM         (11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION       84-245576       52,860.       SUPPORT PROGRAM         294 WASHINGTON ST. BOSTON, MA 02108       52-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT CORPORATION       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         20 WINOOSKI FALLS WAY WINOOSKI, VT 05404       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM	20101 N 34TH ST. SEATTLE, WA 98103	33-1077399		5,069.				SUPPORT PROGRAM
(9) SOUTHERN ENVIRONMENTAL LAW CENTER52-1436778501(C)(3)60,000.SUPPORT PROGRAM120 GARRET ST. CHARLOTESVILLE, VA 2290252-1436778501(C)(3)60,000.SUPPORT PROGRAM(10) TK FABRICATE, LLC4910 RED PINE RD MANLUIS, NY 1310484-245557652,860.SUPPORT PROGRAM(11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION294 WASHINGTON ST. BOSTON, MA 0210852-1384240501(C)(3)198,000.SUPPORT PROGRAM(12) VERMONT ENERGY INVESTMENT CORPORATION03-0304418501(C)(3)96,265.SUPPORT PROGRAM20 WINOOSKI FALLS WAY WINOOSKI, VT 0540403-0304418501(C)(3)96,265.SUPPORT PROGRAM2 Enter total number of section 501(C)(3) and government organizations listed in the line 1 table	(8) SOLUTIONS PROJECTS, INC.							
120 GARRET ST. CHARLOTESVILLE, VA 22902       52-1436778       501(C)(3)       60,000.       SUPPORT PROGRAM         (10) TK FABRICATE, LLC       84-2455576       50.000.       SUPPORT PROGRAM         4910 RED PINE RD MANLUIS, NY 13104       84-2455576       52,860.       SUPPORT PROGRAM         (11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION       84-2455576       50.000.       SUPPORT PROGRAM         294 WASHINGTON ST. BOSTON, MA 02108       52-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT CORPORATION       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         20 WINOOSKI FALLS WAY WINOOSKI, VT 05404       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       Tebe 1.       Tebe 1.       Tebe 1.	4096 PIEDMONT AVE OAKLAND, CA 94611	46-3811348	501(C)(3)	200,000.				SUPPORT PROGRAM
(10) TK FABRICATE, LLC       84-2455576       52,860.       SUPPORT PROGRAM         4910 RED PINE RD MANLUIS, NY 13104       84-2455576       52,860.       SUPPORT PROGRAM         (11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION       294 WASHINGTON ST. BOSTON, MA 02108       52-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT CORPORATION       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         20 WINOOSKI FALLS WAY WINOOSKI, VT 05404       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       The line 1 table       The line 1 table	(9) SOUTHERN ENVIRONMENTAL LAW CENTER							
4910 RED PINE RD MANLUIS, NY 13104       84-2455576       52,860.       SUPPORT PROGRAM         (11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION       52-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         294 WASHINGTON ST. BOSTON, MA 02108       52-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT CORPORATION       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         20 WIN00SKI FALLS WAY WIN00SKI, VT 05404       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       Tele 1       Tele 1       Tele 1	120 GARRET ST. CHARLOTESVILLE, VA 22902	52-1436778	501(C)(3)	60,000.				SUPPORT PROGRAM
(11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION       52-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         294 WASHINGTON ST. BOSTON, MA 02108       52-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT CORPORATION       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         20 WINOOSKI FALLS WAY WINOOSKI, VT 05404       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       The line 1 table       The line 1 table	(10) TK FABRICATE, LLC							
294 WASHINGTON ST. BOSTON, MA 02108       52-1384240       501(C)(3)       198,000.       SUPPORT PROGRAM         (12) VERMONT ENERGY INVESTMENT CORPORATION       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         20 WINOOSKI FALLS WAY WINOOSKI, VT 05404       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       the line 1 table       the line 1 table	4910 RED PINE RD MANLUIS, NY 13104	84-2455576		52,860.				SUPPORT PROGRAM
(12) VERMONT ENERGY INVESTMENT CORPORATION       03-0304418       501(C)(3)       96,265.       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       Support program	(11) US PUBLIC INTEREST RESEARCH GROUP EDUCATION	_						
20 WINOOSKI FALLS WAY WINOOSKI, VT 05404       03-0304418       501(C)(3)       96,265.       SUPPORT PROGRAM         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	294 WASHINGTON ST. BOSTON, MA 02108	52-1384240	501(C)(3)	198,000.				SUPPORT PROGRAM
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(12) VERMONT ENERGY INVESTMENT CORPORATION	4						
								SUPPORT PROGRAM
		0	0					

Schedule I (Form 990) 2022

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization	Go	Vernmer	nts, and Ir ganization ans At	Assistance t ndividuals in wered "Yes" on F tach to Form 990. Form990 for the la	n the United orm 990, Part IV,	d States		OMB No. 1545-0047
ROCKY MOUNTAIN INSTI	TUTE						74-2244146	
Part I General I	nformation on Grants and	d Assistance	9					
the selection crit 2 Describe in Part	zation maintain records to su eria used to award the grant IV the organization's procec ad Other Assistance to D	s or assistanc lures for mon	e? itoring the use	of grant funds in the	e United States.			Yes No
	ne 21, for any recipient th	-	-					
<b>1 (a)</b> Name an	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MISSION POSSIBLE 1750 PENNSYLVANIA AVE		87-2398379	501(C)(3)	796,250.				SUPPORT PROGRAM
(2)								
(3)		_						
(4)		_						
(5)		-						
(6)		-						
		-						
(8)		-						
(9)		-						
(10)		-						
(11)		-						
(12) 2. Enter total numb	$e_{1}$ of eaction E04(c)(2) and		raonizationa l'a	tod in the line 4 tok				
	per of section 501(c)(3) and per of other organizations list	•	•					

#### ROCKY MOUNTAIN INSTITUTE

74-2244146

# 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>(b)</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
3					
4					
5					
5					
7					
Part IV Supplemental Information. Provide information.	the information re	equired in Part I,	line 2, Part III, c	column (b); and any c	ther additional

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 I (Form 990) (2022)

SCHEDULE J (Form 990)     Compensation Information     OME       For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees     OME								
			n answered "Yes" on Form 990, Part IV, line 23	3.				
	nent of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest information.	0	pen te	ectio		
	of the organization			Employer identification				
ROCH	Y MOUNTATI	N INSTITUTE		74-2244146	5			
Part		ns Regarding Compensation		/				
						Yes	No	
1a	Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form				
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	these items.				
	X First-cla	ss or charter travel	Housing allowance or residence for	personal use				
	Travel fo	or companions	X Payments for business use of person	nal residence				
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees				
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)				
b	or reimburse	ment or provision of all of the ex	e organization follow a written policy re penses described above? If "No," com	plete Part III to	1b	x		
2			to reimbursing or allowing expenses					
-	-		D/Executive Director, regarding the items					
					2	x		
3			on used to establish the compensation of	the				
Ŭ			at apply. Do not check any boxes for metho					
			e CEO/Executive Director, but explain in Pa					
	X Comper	sation committee	Written employment contract					
	X Indepen	dent compensation consultant	X Compensation survey or study					
	Form 99	00 of other organizations	X Approval by the board or compensa	tion committee				
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing				
а			ayment?		4a		Х	
b	Participate in	or receive payment from a supplement	tal nonqualified retirement plan?		4b	Х		
С	Participate in	or receive payment from an equity-bas	ed compensation arrangement?		4c		Х	
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.				
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.					
5	-		on A, line 1a, did the organization pa	y or accrue any				
		n contingent on the revenues of:						
а	The organizat	ion?			5a		Х	
b	Any related of	rganization?			5b		Х	
	If "Yes" on lin	e 5a or 5b, describe in Part III.						
6		listed on Form 990, Part VII, Sectin contingent on the net earnings of:	on A, line 1a, did the organization pa	y or accrue any				
а					6a		Х	
					6b		Х	
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization prov	ide any nonfixed				
	payments not	described on lines 5 and 6? If "Yes," de	escribe in Part III		7	X		
8	Were any am	ounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract that	at was subject				
	to the initial	l contract exception described in I	Regulations section 53.4958-4(a)(3)? If	"Yes," describe				
					8		X	
9			low the rebuttable presumption proced					
			<u></u>		9			
For Pa	aperwork Reduc	tion Act Notice, see the Instructions for Fo	orm 990.	Schedu	ule J (Fo	orm 990	0) 2022	

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		(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)	470,087.	252,000.	12,869.	15,250.	26,081.	776,287.	
<b>1</b> CEO (END 11/2022)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JON CREYTS	(i)	362,049.	102,375.	6,144.	107,726.	33,683.	611,977.	
2 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
HEATHER MCCREERY	(i)	281,211.	66,750.	6,579.	73,147.	32,033.	459,720.	
3 CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
MARTHA PICKETT	(i)	309,519.	78,750.	8,234.	76,205.	23,450.	496,158.	
4 GENERAL COUNSEL AND SECRETARY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
KYLIE ROGERS	(i)	268,795.	86,563.	2,375.	71,992.	40,511.	470,236.	
5 CHIEF PEOPLE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JENNIFER STOKES	(i)	270,711.	65,625.	4,177.	65,604.	19,919.	426,036.	
6 CHIEF DEVELOPMENT OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
STEPHANIE GREENE	(i)	245,613.	26,875.	1,944.	12,878.	36,652.	323,962.	
7 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JUSTIN LOCKE	(i)	259,215.	70,964.	1,927.	62,492.	1,106.	395,704.	
8 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JAMES NEWCOMB	(i)	265,643.	73,250.	12,277.	13,700.	26,588.	391,458.	
9 MANAGING DIRECTOR SENIOR EXPER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
LENA HANSEN	(i)	272,839.	65,750.	2,995.	68,182.	19,919.	429,685.	
10 MANAGING DIRECTOR CHIEF STRATE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
CLAY STRANGER	(i)	255,218.	70,750.	1,875.	66,628.	25,855.	420,326.	
11 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
LEIA GUCCIONE	(i)	256,873.	62,500.	2,151.	68,163.	835.	390,522.	
12 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
SARAH LADISLAW	(i)	268,024.	46,875.	2,024.	69,687.	30,438.	417,048.	
13 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

#### Part III 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

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,

2023. THE RENT IS \$123 PER MONTH.

DESCRIPTION OF FIRST-CLASS TRAVEL: AT CFO OR MANAGING DIRECTOR'S DISCRETION, AND IF APPLICABLE FUNDING ALLOWS, OFFICERS AND SOME HIGH-LEVEL EMPLOYEES WHO TRAVEL FREQUENTLY MAY BE REIMBURSED FOR BUSINESS CLASS TRAVEL. IN THE TAX YEAR, IF BUSINESS CLASS TRAVEL WAS NOT AVAILABLE, FIRST-CLASS TRAVEL WAS REIMBURSED.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED PLAN:

ROCKY MOUNTAIN INSTITUTE ESTABLISHED A 457(F) DEFERRED COMPENSATION PLAN

IN OCTOBER 2022 THAT ALLOWS RMI TO CONTRIBUTE MONEY FOR CERTAIN

### 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.

EXECUTIVES ON A PRE-TAX BASIS INTO INVESTMENTS AND TO ACCUMULATE

TAX-DEFERRED EARNINGS. THE CONTRIBUTIONS FULLY VEST ON OCTOBER 1, 2025,

AT WHICH POINT RMI WILL BE OBLIGATED TO PAY OUT WITHIN 60 DAYS TO ALL

PARTICIPANTS WHO REMAIN EMPLOYED AT RMI. THE FOLLOWING PRE-TAX CALENDAR

YEAR 2022 CONTRIBUTIONS TO THE 457(F) PLAN ARE INCLUDED IN SCHEDULE J,

PART II, COLUMN (C) AS DEFERRED COMPENSATION:

\$ 93,439 - JON CREYTS

\$ 63,000 - MARTHA PICKETT

- \$ 58,740 HEATHER MCCREERY
- \$ 57,860 LENA HANSEN
- \$ 56,000 LEIA GUCCIONE
- \$ 53,750 CLAY STRANGER
- \$ 56,000 JENNIFER STOKES
- \$ 53,750 JUSTIN LOCKE
- \$ 58,300 KYLIE ROGERS
- \$ 56,000 SARAH LADISLAW

ROCKY MOUNTAIN INSTITUTE

74-2244146

## Part III 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 7

DESCRIPTION OF NON-FIXED PAYMENT:

THE EMPLOYEES WERE PAID A PERFORMANCE BONUS AT THE DISCRETION OF

MANAGEMENT.

Page 3

SCHEDULE L (Form 990)

## **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.

Department of the Treasury Internal Revenue Service

Inspection	
Employer identification number	

OMB No. 1545-0047

**Open To Public** 

Name of the organization

ipicyci	aonan	ounoi	· ···a
74.	-224	414	6

ROCKY MOUNTAIN INSTITUTE

Part IExcess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

4		(b) Relationship between disqualified person and		(d) Cor	rected
1	(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		\$		
3	Enter the amount of tax, if any, on lin	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>(b)</b> Relationship with organization	<b>(c)</b> Purpose of Ioan	fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In c	default?	<b>(h)</b> Ap by bo comm	ard or	<b>(i)</b> W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or

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>(b)</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) 2022

Part IV Business Transactions Involving Interested Persons.

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1) AMORY BLOCH LOVINS/LOVINS ASSO	TRUSTEE	100,480.	SEE DESCRIPTION		х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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 \$100,480 DURING FISCAL YEAR ENDING 6/30/2023 FOR CONSULTING AS AN INDEPENDENT CONTRACTOR.

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

## ROCKY MOUNTAIN INSTITUTE

Employer identification number 74-2244146

Par	Types of Property				1		
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of deter noncash contributio		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
Ū	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		13	1,475,788.	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						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for			
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29		
						Yes	No
30a	During the year, did the organizat			• •	•		
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required		
	to be used for exempt purposes for	the entire h	olding period?		30a		Х
b	If "Yes," describe the arrangement i	n Part II.					
31	Does the organization have a			-			
	contributions?					X	
32a	Does the organization hire or use	-	_				
	contributions?				32a		Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	) is checked,		
	describe in Part II.						
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Fo	orm 990	) 2022

2E1298 1.000 1713TO 5974 04/11/2024 09:37:35 Part II 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

RECEIVED.

## 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.

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



Department of the Treasury Internal Revenue Service

Employer identification number

74-2244146

## FORM 990, PART III, LINE 2

ROCKY MOUNTAIN INSTITUTE

ENERGY TRANSITION SUPER TEAM BRINGS TOGETHER EXPERTS FROM ACROSS THE INSTITUTE TO DEVELOP INNOVATIVE AND INCLUSIVE FINANCIAL APPROACHES TO THE TRANSITION TO CLEAN ENERGY. THESE APPROACHES CAN MOBILIZE CAPITAL AND ALIGN STAKEHOLDERS FOR A FASTER ENERGY TRANSITION.

## 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 CLEAN ENERGY AND EMISSIONS REDUCTION TARGET.

- 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 SUPPORTS THE TRANSFORMATION OF INDIA'S ECONOMY FOR A CLEAN, THRIVING, AND INCLUSIVE ENERGY FUTURE, ALIGNED WITH THE COUNTRY'S BOLD AMBITION TO ACHIEVE A NET-ZERO ECONOMY BY 2070.

- 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.

Department of the Treasury

## 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.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

### ROCKY MOUNTAIN INSTITUTE

- ENERGY TRANSITION "SUPER TEAM" BRINGS TOGETHER EXPERTS FROM ACROSS THE INSTITUTE TO DEVELOP INNOVATIVE AND INCLUSIVE FINANCIAL APPROACHES TO THE TRANSITION TO CLEAN ENERGY. THESE APPROACHES CAN MOBILIZE CAPITAL AND ALIGN STAKEHOLDERS FOR A FASTER ENERGY TRANSITION.

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

DECARBONIZING KEY SECTORS:

CARBON-FREE BUILDINGS DRIVES A CLIMATE-ALIGNED, EQUITABLE TRANSITION OF THE GLOBAL BUILDINGS SECTOR BY ADOPTING A WHOLE-SYSTEMS APPROACH FOR BUILDING DECARBONIZATION. WE WORK TO ADVANCE A ZERO-EMISSIONS GLOBAL BUILDING SECTOR THAT LOWERS HOUSING COST BURDENS AND IMPROVES HOUSING QUALITY, CREATING A SAFE AND HEALTHY BUILT ENVIRONMENT FOR ALL.
CARBON-FREE ELECTRICITY WORKS WITH PARTNERS TO CREATE AND SCALE SOLUTIONS THAT ADVANCE DECARBONIZATION OBJECTIVES WHILE MAINTAINING ENERGY RELIABILITY, IMPROVING ENERGY ACCESS, ADVANCING EQUITY OUTCOMES, AND SECURING A JUST TRANSITION. WE SUPPORT US UTILITIES IN CLIMATE-ALIGNED PLANNING, SUPPORT CHINA'S USE OF WIND AND SOLAR TO MEET ITS GROWING ELECTRICITY DEMAND, AND TRANSFORM UTILITY BUSINESS MODELS TO SUPPORT CLEAN ENERGY INVESTMENT IN THE GLOBAL SOUTH.

- CARBON-FREE TRANSPORTATION (FORMERLY CARBON-FREE MOBILITY) SPEARHEADS A RAPID AND EQUITABLE TRANSITION TO A ZERO-EMISSIONS TRANSPORTATION FUTURE IN INDIA, CHINA, THE UNITED STATES, AND THE GLOBAL SOUTH. GLOBALLY, OUR WORK WILL ACCELERATE THE ELECTRIFICATION OF TWO- AND THREE-WHEELERS AND TRUCKS, AND FACILITATE INVESTMENT IN EQUITABLE, FUTURE-READY EV INFRASTRUCTURE.

- CLIMATE-ALIGNED INDUSTRIES ENGAGES WITH THE PUBLIC AND PRIVATE SECTORS

## 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.

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



Department of the Treasury Internal Revenue Service

Employer identification number

74-2244146

#### ROCKY MOUNTAIN INSTITUTE

TO KICK-START FIRST-OF-A-KIND INDUSTRIAL PROJECTS THAT ACCELERATE THE DEPLOYMENT OF CLEAN ENERGY WORLDWIDE. WITH PARTNERS, WE LEVERAGE "HUBS" TO COMPLETE FIRST-MOVER COMMERCIAL SCALE PROJECTS, ENCOURAGE THE BUILD-OUT OF GREEN HYDROGEN, AND ACCELERATE CARBON DIOXIDE REMOVAL PROJECTS.

#### 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 AND TRANSACTIONS GLOBALLY.

- CLIMATE-ALIGNED FINANCE PARTNERS WITH THE FINANCE COMMUNITY TO BUILD THE INFRASTRUCTURE AND SOLUTIONS NECESSARY TO ALIGN THE GLOBAL FINANCE SECTOR'S ACTIONS WITH EQUITABLE, CONCRETE CARBON REDUCTION GOALS. WE SUPPORT EMERGING ECONOMIES AND DEVELOPING COUNTRIES TO BREAK DOWN ROADBLOCKS TO CLIMATE FINANCE, AND PROVIDE ANALYSIS TO MAXIMIZE US INVESTMENTS IN THE ENERGY TRANSITION.

- 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.

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## 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.

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



Department of the Treasury Internal Revenue Service

ROCKY MOUNTAIN INSTITUTE

- STRATEGY TEAM (FORMERLY PORTFOLIO IMPACT ACCELERATOR AND STRATEGIC ANALYSIS AND ENGAGEMENT) MAXIMIZES RMI'S IMPACT BY PROVIDING PORTFOLIO-LEVEL STRATEGIC INSIGHTS AND INTELLIGENCE, BOTH INTERNALLY AND EXTERNALLY, SUPPORTING STRATEGIC ENGAGEMENT WITH CRITICAL STAKEHOLDERS, DRIVING OUR ORGANIZATIONAL STRATEGY PLANNING PROCESS, AND SUPPORTING STRATEGY COUNCIL DECISION MAKING.

- 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

OTHER RMI INITIATIVES

- INFLUENCE TEAM (FORMERLY 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. THROUGH PARTNERSHIPS, STRATEGIC COMMUNICATIONS, AND MULTI-CHANNEL STORYTELLING WE INFLUENCE GLOBAL LEADERS TO ADOPT AND SPREAD THE MESSAGE OF THE ACCELERATING ENERGY TRANSITION.

- ZETRO ENERGY (FORMERLY 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

Department of the Treasury

## 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.

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



Internal Revenue Service Name of the organization

ROCKY MOUNTAIN INSTITUTE

74-2244146

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 12 MAY 2023 TO MODIFY ARTICLE VII CONTRACTS, LOANS, AND DEPOSITS, SECTION 1, WHICH STATES THE CEO, GC, CFO, AND ANY MANAGING DIRECTOR OF THE CORPORATION ARE AUTHORIZED TO CONTRACT OR EXECUTE AND DELIVER ANY INSTRUMENT IN THE NAME OF AND ON BEHALF OF THE CORPORATION, AND SUCH AUTHORITY MAY BE GENERAL OR CONFINED TO SPECIFIC INSTANCES. SECTION 1 IS REVISED TO ALSO AUTHORIZE CERTAIN STAFF MEMBERS AS APPROVED BY THE CEO AND EITHER THE GC OR CFO TO ALSO CONTRACT OR EXECUTE AND DELIVER INSTRUMENTS ON BEHALF OF THE CORPORATION WHEN THE PRIMARY AUTHORIZED PERSONNEL DO NOT MEET REQUIREMENTS TO PERFORM THESE FUNCTIONS BECAUSE OF NON US LAWS OR REQUIREMENTS.

#### 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

RMI HAS ENGAGED AN OUTSIDE COMPENSATION FIRM TO REVIEW COMPENSATION FOR

## 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.

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



Department of the Treasury Internal Revenue Service Name of the organization

### ROCKY MOUNTAIN INSTITUTE

Employer identification number 74-2244146

ALL MANAGING DIRECTORS AND CHIEF OFFICERS, UPDATE BENCHMARKS, AND ENSURE COMPENSATION LEVELS ARE APPROPRIATELY COMPETITIVE. THIS REVIEW IS COMPLETED ANNUALLY IN JANUARY. 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 RESOURCES SYSTEM OF RECORD.

## 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.

Name of the organization	Employer identifi	ication number		
ROCKY MOUNTAIN INSTITUTE			74-22442	146
FORM 990, PART III, LINE 4D - OTH	ER PROGRAM SER	VICES		
DESCRIPTION		GRANTS	EXPENSES	REVENUE
EE SCHEDULE O		100,000.	6,458,648.	13,900

----- -----

Schedule O (Form 990 or 990-EZ) 2022

Schedule O (Form 990 or 990-EZ) 2022	Page <b>2</b>
Name of the organization	Employer identification number
ROCKY MOUNTAIN INSTITUTE	74-2244146

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

COLOMBIA CHINA

Schedule O (Form 990 or 990-EZ) 2022	Page <b>2</b>
Name of the organization	Employer identification number
ROCKY MOUNTAIN INSTITUTE	74-2244146

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Schedule O (Form 990 or 990-EZ) 2022		Page <b>2</b>
Name of the organization	Employer i	dentification number
ROCKY MOUNTAIN INSTITUTE	74-22	44146
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHE		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
M. HARRIS & CO.		
2109 W. GRACE STREET		
CHICAGO, IL 60618	MARKETING	839,291.
NEW ENERGY NEXUS		
436 14TH ST SUITE 1220		
OAKLAND, CA 94612	CONSULTING	750,000.
SYSTEM IQ		
69 CARTER LANE		
LONDON		
UNITED KINGDOM EC4V 5EQ	CONSULTING	1,924,055.
RMI CLEAN ENERGY INNOVATIONS PRIVATE LTD		
M-34, GROUND FLOOR, SAKET		
NEW DELHI		
INDIA 1100	CONSULTING	2,050,000.
TOPBLOC LLC		
600 W CHICAGO AVE		
CHICAGO, IL 60654	SOFTWARE CONSULTING	739,234.

Schedule O (Form 990 or 990-EZ) 2022

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Name of the organization	Employer identification number				
ROCKY MOUNTAIN INSTITU	TE		74-2244146		
FORM 990, PART IX - OTHER FEE	S				
=======================================	=				
	(A)	(B)	(C)	(D)	
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES	
CONSULTANT FEES	14,927,502.	12,308,180.	2,486,339.	132,983	
COMMUNICATIONS CONSULTANT	1,926,991.	1,588,764.	321,055.	17,172	
PAYROLL FEES	1,461,899.	1,205,306.	243,566.	13,027	
MISCELLANEOUS FEES	472,840.	389,846.	78,780.	4,214	
TOTALS					
	18,789,232.	15,492,096.	3,129,740.	167,396	

Schedule O (Form 990 or 990-EZ) 2022

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

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

Attach to Form 990.

2022

Employer identification number

74-2244146

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Internal Revenue Service

Part I

Name of the organization

ROCKY MOUNTAIN INSTITUTE

## 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 disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1) RMI INNOVATION CENTER LLC 74-2244146					
2490 JUNCTION PLACE SUITE 200 BOULDER, CO 80302	RMI MGMT	CO	5,349.	13,096,302.	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity		512(b)(13) rolled
						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							
1750 PENNSYLVANIA AVENUE NW, S WASHINGTON, DC 20006	DE-CARBON	DE	501C3	LINE 7	ROCKY MOUNTA	х	
(4)							
(5)							
(6)							
(7)							
							ĺ

Schedule R (Form 990) 2022

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.	,
i ait iii	because it had one or more related organizations treated as a partnership during the tax year.	

because it had one of	indie related bly	anzaloi	r = r = a = a = a = a = a = a = a = a =		e lan year.	1						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> 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 man	<b>j)</b> eral or aging ner?	<b>(k)</b> Percentage ownership
				,			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	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2022

Page **3** 

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

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	Х	
	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
	Purchase of assets from related organization(s)				1h		Х
	Exchange of assets with related organization(s)				1i		X
	Lease of facilities, equipment, or other assets to related organization(s).				1j		X
J							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ĥ	Performance of services or membership or fundraising solicitations for related organization(s)				11	x	
1					1m	- 25	X
	Performance of services or membership or fundraising solicitations by related organization(s).				1n	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10		
0	Sharing of paid employees with related organization(s)	• • • • • • • • • • • • •					
					4	37	
р	Reimbursement paid to related organization(s) for expenses.				1p		
q	Reimbursement paid by related organization(s) for expenses	• • • • • • • • • • • • •			1q	X	
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s).	<u> </u>	<u> </u>		1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete			action thre		s.	
	(a) Name of related organization	(b) Transaction	<b>(c)</b> Amount involved	Method	(d)	erminir	na
		type (a - s)			unt inv		.9
(1)	MISSION POSSIBLE PARNTERSHIP	В	796,250.	CASH			

(6)			hedule R (Form 990) 2022
(5)			
(4)			
(3) CANARY MEDIA	D	2,937,867.	CASH
(2) MISSION POSSIBLE PARNTERSHIP	D	2,203,750.	CASH

### 74-2244146

## 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	1 Organiz	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(j) eral or aging tner?	(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)													
,													

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 ROCKY MOUNTAIN INSTITUTE

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

Form <b>990-T</b>	Exempt Organization Business Income Tax Return		OMB No. 1545-0047
Form <b>330-1</b>	(and proxy tax under section 6033(e))		୬ଲ୨୨
	For calendar year 2022 or other tax year beginning $07/01$ , 2022, and ending $06/30$ , 202 Go to www. <i>irs.gov/Form990T</i> for instructions and the latest information.	<u> </u>	
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3	<u>,</u>	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if			over identification number
address changed.	ROCKY MOUNTAIN INSTITUTE	74-2	2244146
B Exempt under section			exemption number
X 501(C)(3)	or Type 2490 JUNCTION PLACE SUITE 200	(3661	
408(e) 220(e)		_	
408A 530(a)	BOULDER, CO 80301		Check box if an amended return.
529(a) 529A			
G Check organization t			State college/university
H Check if filing only to Check if a 501(c)(3)	Image: Claim credit from Form 8941         Image: Claim credit from Form 8941           organization filing a consolidated return with a 501(c)(2) titleholding corporation		
	attached Schedules A (Form 990-T)		
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		
	ame and identifying number of the parent corporation		
L The books are in care		245-	1003
	2490 JUNCTION PLACE SUITE 200		1000
	BOULDER, CO 80301		
Part I Total Unre	lated Business Taxable Income		
1 Total of unrelat	ed business taxable income computed from all unrelated trades or businesses (see		
instructions)		1	4,650.
2 Reserved		2	
3 Add lines 1 and 2		3	4,650.
	outions (see instructions for limitation rules) SEE. STATEMENT. 1		465.
5 Total unrelated be	usiness taxable income before net operating losses. Subtract line 4 from line 3		4,185.
	operating loss. See instructions	6	
	ed business taxable income before specific deduction and section 199A deduction.		4 105
	m line 5	7	4,185.
	n (generally \$1,000, but see instructions for exceptions)		1,000.
	99A deduction. See instructions	9 10	1,000.
	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	10	1,000.
	ess taxable income. Subtract line to from line 7. In line to is greater than line 7,	11	3,185.
Part II Tax Com			5,105.
	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	669.
	at trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 fron		2	
3 Proxy tax. See in		3	
4 Other tax amount	s. See instructions	4	
5 Alternative minim	um tax (trusts only)	5	
6 Tax on noncomp	liant facility income. See instructions	6	
	through 6 to line 1 or 2, whichever applies	7	669.
For Paperwork Reduct	ion Act Notice, see instructions.		Form <b>990-T</b> (2022)

DocuSign Envelope ID: 16895188-4E23-4177-9F13-1F73064B1AE9

74-2244146	Page <b>2</b>

Form	990-T (2022)		74-224414	б г	Page <b>2</b>
Par	t III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	1a			
b	Other credits (see instructions)	1b			
С	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	1d			
е	Total credits. Add lines 1a through 1d		1e		
2	Subtract line 1e from Part II, line 7		2	6	69.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697	Form 8866			
	Other (attach statement)		3		
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously of	deferred under			
	section 1294. Enter tax amount here		4	6	69.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5		
6a	Payments: A 2021 overpayment credited to 2022	6a			
b	2022 estimated tax payments. Check if section 643(g) election applies	6b			
С	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backup withholding (see instructions)	6e	_		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	_		
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total	6g			
7	Total payments. Add lines 6a through 6g		7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	X			34.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			7	03.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa				
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax	Refunded	11		
Par		· · · · · · · · · · · · · · · · · · ·			_ <b>.</b> .
1	At any time during the 2022 calendar year, did the organization have an ir	•	-	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If	-	•	1	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes	," enter the name of the	foreign country		
_	here COLOMBIA, CHINA			X	
2	During the tax year, did the organization receive a distribution from, or was it the	e grantor of, or transferor to	o, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.	•		1	
3	Enter the amount of tax-exempt interest received or accrued during the tax year			l	
4	Enter available pre-2018 NOL carryovers here \$ Do not incl			l	
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover sh	own here by any deduct	ion reported on	1	
F	Part I, line 6.		a Dan't raduas	l	
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available		s. Don't reduce	l	
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the Business Activity Code	Available post-2017		1	
	541610	\$ 37,663.	· · · · · ·	1	
		\$\$		1	
		-  \$			
		-  \$			
6a	Did the organization change its method of accounting? (see instructions)	,			X
	If 6a is "Yes," has the organization described the change on Form 990,				- 11
	explain in Part V.				
Par					<u> </u>
	de the explanation required by Part IV, line 6b. Also, provide any other additional information	ation. See instructions.			

0:	Unde	r penalties of pe of, it is true, correct	rjury, I d t, and co	eclare that nplete. Dec	I have exami laration of pr	ined this ref eparer (othe	urn, inclu r than tay	uding accompany (payer) is based of	ing scho n all info	edules and ormation c	d statemen of which pro	ts, and t eparer ha	o the bes is any kno	st of my kno wledge.	wledge and
Sign Here	Ĭ	on Creyts				4/5	/2024	CEO				May with		6 discuss th eparer shov	nis return /n below
	Sign	3AAFA43E6F1446C ature of officer				Date		Title				(see i	, nstructions	?X Yes	No
Deid		Print/Type prepa	arer's nar	ne		1,	n	A M	D	late		Check	if	PTIN	
Paid		ADAM R SI	MITH	CPA		Uda	mr	Dmith	(	04/05/20	024	self-em	ployed	P00958	966
Prepar Use O		Firm's name	FORV	/IS, LI	ΓΡ							Firm's E	EIN 4	4-01602	60
036 0	шу	Firm's address	111	SOUTH	TEJON,	SUITE	800,	COLORADO	SPR	INGS,	CO 8	Phone r	ю. 719·	-471-42	90
JSA 2X2741 1.	000													Form <b>990</b>	<b>-T</b> (2022)

FORM 990-T, PAGE 1, PART I, LINE 4 DETAIL									
CONTRIBUTION DEDUCTION	CASH CONTRIBUTION (CURRENT YEAR)	CASH CO	NTRIBUTION (ACCRUAL)						
SUBTOTAL CH	ARITABLE CONTRIBUTIONS .		796,250.						
CONTRIBUTIONS CARRYOVER									
06/30/2018 06/30/2019 06/30/2020 06/30/2021									
06/30/2022	3,121,662.								
TOTAL CHARI	TABLE CONTRIBUTIONS		3,917,912.						
TAXABLE INCOME FOR CHARIT	ABLE CONTRIBUTION LIMITA	ATION	4,650.						
CHARITABLE CONTRIBUTION D	EDUCTION LIMIT (10%)		465.						
CHARITABLE CONTRIBUTION D	EDUCTION		465. 						

74-2244146

ROCKY MOUNTAIN INSTITUTE

88

# SCHEDULE A (Form 990-T)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

20

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 3) Organizations Only

22

A Name of the organization	
----------------------------	--

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).					
ion B Employer id	lentificat				

A Name of the organization	B Employer identification number						
ROCKY MOUNTAIN INSTITUTE	74-2244146						
<b>C</b> Unrelated business activity code (see instructions) 541610	D Sequence: 1 of 1						

**C** Unrelated business activity code (see instructions) 541610

**D** Sequence:

1 of

### E Describe the unrelated trade or business MANAGEMENT FEES

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	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)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D (Form 1041 or					
	Form 1120)). See instructions.	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII).	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement) STMT 1	12	209,426.			209,426.
13	Total. Combine lines 3 through 12	13	209,426.			209,426.
Pai			nitations on deduction	ons. Deducti	ons m	ust be
_	directly connected with the unrelated business incom					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	70,517.
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	2 606
6	Taxes and licenses		1 1		6	2,606.
7 0	Depreciation (attach Form 4562). See instructions				8b	
8 9	Less depreciation claimed in Part III and elsewhere on return		-		9	
9 10	Depletion				10	
11	Employee benefit programs				11	14,491.
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	98,566.
15	Total deductions. Add lines 1 through 14				15	186,180.
16	Unrelated business income before net operating loss deduction					
	column (C)				16	23,246.
17	Deduction for net operating loss. See instructions				17	18,596.
18	Unrelated business taxable income. Subtract line 17 from line				18	4,650.
	aperwork Reduction Act Notice, see instructions.					A (Form 990-T) 2022

Schedule A (Form 990-T) 2022 Page 2 Part III Cost of Goods Sold Enter method of inventory valuation Inventory at beginning of year 1 1 2 2 Purchases 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 5 Other costs (attach statement) 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No q Rent Income (From Real Property and Personal Property Leased with Real Property) Part IV Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. 1 Α в С D Α в С D Rent received or accrued 2 a 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) c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 3 Deductions directly connected with the income 4 in lines 2(a) and 2(b) (attach statement) . . . Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 5 Part V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. 1 Α в С 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 a Straight line depreciation (attach statement). b Other deductions (attach statement) С Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable 4 to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debtfinanced property (attach statement) % 6 Divide line 4 by line 5 % % % 7 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 8 9 Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 10 11 Schedule A (Form 990-T) 2022 JSA 2X2751 1.000

Sched	ule A (Form 990-T) 2022					Page 3
Par	t VI Interest, Anr	nuities, Royalt	ies, and Rents		nizations (see instructions)	
				Exempt Co	ontrolled Organizations	
	1. Name of controlled organization	2. Employer identification number	<ol> <li>Net unrelate income (loss) (see instruction</li> </ol>	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 Organizati	ons	
	7. Taxable income	inc	et unrelated come (loss) 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)						
					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)
Total	-	ncomo of o S	action 501(c)	(7), (9), or (17) Organiz	ation (and instructions)	
Fai	1. Description of income		ount of income	3. Deductions	4. Set-asides	5. Total deductions
				directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)
<u>(1)</u>						
(2) (2)						
(3) (4)						
(4)		Enter he	unts in column 2. re and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	S					
Part			Income, Othe	er Than Advertising Inco	ome (see instructions)	
1	Description of exploit					
2				iness. Enter here and on F		2
3		•		nrelated business income.	Enter here and on Part I,	
	line 10, column (B)					3
4	· · · · ·			s. Subtract line 3 from line	ne 2. If a gain, complete	
_	lines 5 through 7			• • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • •	4
5				sincome		5
6 7	Expenses attributable					6
7				6, but do not enter more		
	4. Enter nere and on I	Part II, IIne 12		<u></u>		7

Schedule A (Form 990-T) 2022

Sched	ule A (Form 990-T) 2022				Page 4
	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if i	eporting two or more periodic	als on a consolidated ba	asis.	
	Α				
	в				
	с				
	D				
Enter	amounts for each periodical listed above	in the corresponding column.			
		A	В	С	D
2	Gross advertising income				
a	Add columns A through D. Enter here a		(A)		
u					•••
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here a		B)		
a	Add columns A through D. Enter here a		0)		•••
4	Advertising gain (loss). Subtract line 3 fi	rom line			
-	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	<b>S</b> .			
	line 4 showing a loss or zero, do not co				
	lines 5 through 7, and enter zero on line				
5	Readership costs				
6	Circulation income				
-					
7	Excess readership costs. If line 6 is le				
	line 5, subtract line 6 from line 5. If line				
•	than line 6, enter zero				
8	Excess readership costs allowed				
	deduction. For each column showing a	•			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D.	-			on
	Part II, line 13				••
Par	t X Compensation of Officers	Directors, and Truste	<b>es</b> (see instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title	e	of time devoted	attributable to
				to business	unrelated business
(1)					
(1)				%	

(3)		%
(4)		%
Total. Enter here and on Part II, line 1		
Part XI Supplemental Information	(see instructions)	

(2)

%

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

### MANAGEMENT FEES

## 209,426.

TOTAL OTHER INCOME

-----

209,426.

STATEMENT 1

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

PURCHASED SERVICES	88,861.
RENT EXPENSE	8,411.
LICENSES & FEES	1,294.
TOTAL OTHER DEDUCTIONS	98,566. 

### STATEMENT 2

_				
In	terna	Rev	enue	Servi
	eparti			

Eorm 4	2220	Underpay	/m	ent of Estimat	ed Tax by Co	rporatior	าร	OMB No. 1545-0123
Depart	ment of the Treasury Revenue Service	Go to wv	vw.ir	Attach to the corpor s.gov/Form2220 for inst		nformation.		2022
Name							Employer i	dentification number
ROC	KY MOUNTA	IN INSTITUTE					74-2	2244146
owed	and bill the corp	rporation is not required oration. However, the co tax penalty line of the cor	orpor	ation may still use Forr	m 2220 to figure the p	enalty. If so,		
Par	tl Required	Annual Payment						
1	Total tax (see inst	ructions)					1	669.
2a	Personal holding co	mpany tax (Schedule PH (For	m 11	20), line 26) included on line	1 2a			
b	-	ncluded on line 1 under sect						
	contracts or section	167(g) for depreciation under	the i	ncome forecast method	2b			
с	Credit for federal	tax paid on fuels (see instr	uctio	ns)	2c			
d	Total. Add lines 2	a through 2c					2d	
3		rom line 1. If the result is						
	does not owe the	penalty					3	669.
4	Enter the tax show	vn on the corporation's 20	)21	income tax return. See in	structions. Caution: If the	e tax is zero or		
	the tax year was for	or less than 12 months, sk	ip th	is line and enter the amo	unt from line 3 on line 5 .		4	NONE
5		payment. Enter the smalle ine 3				•	5	669.
Part		or Filing - Check the				checked, th	e corpo	ration <b>must</b> file
	Form 222	0 even if it does not	owe	e a penalty. See insti	ructions.			
6	The corporat	ion is using the adjusted	seas	onal installment method.				
7	· · ·	ion is using the annualize						
8		ion is a "large corporation	n" fig	juring its first required ins	stallment based on the price	or year's tax.		
Part	Figuring t	he Underpayment						
				(a)	(b)	(c)		(d)
9	through (d) the 15th filers: Use 5th month	ates. Enter in columns (a) day of the 4th ( <i>Form 990-PF</i> b), 6th, 9th, and 12th months ax year	9	11/15/2022	12/15/2022	03/15/	2023	06/15/2023
10	and/or line 7 abo amounts from Scheo line 8 (but not 6 or 7 for the amounts to 6 are checked, enter 2	nts. If the box on line 6 by is checked, enter the dule A, line 38. If the box on ) is checked, see instructions enter. If none of these boxes 5% (0.25) of line 5 above in	10	167.	167.		167.	168.
11	Estimated tax paid	or credited for each period.						
	For column (a) on	ly, enter the amount from						
	line 11 on line 15. Se	ee instructions	11					
		through 18 of one column						
	before going to the r	next column.						
12	Enter amount, if any, from	line 18 of the preceding column	12					
13	Add lines 11 and 12		13					
14	Add amounts on lines	16 and 17 of the preceding column			167.		334.	501.
15	Subtract line 14 from lin	ne 13. If zero or less, enter -0-	15					

16 If the amount on line 15 is zero, subtract line 13 16 from line 14. Otherwise, enter -0-

17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to 

 Ine 18
 17

 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column

 17 18

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

167

For Paperwork Reduction Act Notice, see separate instructions.

168.

167

167

334

167

### Form 2220 (2022)

			(a)	(b)	(c)	(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <i>C corporations</i> <i>with tax years ending June 30 and S corporations:</i> Use 3rd month instead of 4th month. <i>Form 990-PF and Form 990-T filers:</i> Use 5th month instead of 4th month.) See instructions	19				
)	Number of days from due date of installment on line 9 to the					
	date shown on line 19.	20				
	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
	Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	22	\$	\$	\$	\$
	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
	Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	24	\$	\$	\$	\$
	365 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25	T	TY COMPUTA	7	PAPER DETA
	Underpayment on line 17 x Number of days on line 25 x 6% (0.06) 365	26	\$	\$	\$	\$
	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27				
	Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	28	\$	\$	\$	\$
	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	\$
	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
	Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *%	32	\$	\$	\$	\$
	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$	\$
	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
	Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x *%	36	\$	\$	\$	\$
	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$

38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable 

34.

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2022)

PENALTY COMPUTATION DETAIL - FORM 2220

DAT:	E PD 	UNDERPAYMENT	BEG.DATE	END DATE	DAYS	0\0 	PENALTY
~	•	TE PERIOD 1 (11					
			11/15/2022		46	6	1
	TOTAL	FOR QUARTER 1,	RATE PERIO	D 1			1
~	•	TE PERIOD 2 (12					========
======	======	167.	12/31/2022		319	7	10
	TOTAL	FOR QUARTER 1,	RATE PERIO	D 2			10
	-	TE PERIOD 1 (12					=======
======	=====	167.	12/15/2022		16	6	
	TOTAL	FOR QUARTER 2,	RATE PERIO	D 1			
	-	TE PERIOD 2 (12					========
======	=====	167.	12/31/2022		319	7	10
	TOTAL	FOR QUARTER 2,	, RATE PERIO	D 2			10
~		TE PERIOD 2 (03					=======
=======		167.	03/15/2023		245	7	8
	TOTAL	FOR QUARTER 3,	RATE PERIO	D 2			8
	-	TE PERIOD 2 (06					=======
======	=====	168.	06/15/2023		153	7	5
	TOTAL	FOR QUARTER 4,	RATE PERIO	D 2			5
							========

TOTAL UNDERPAYMENT PENALTY

34.

## STATEMENT 2

1713TO 5974 04/11/2024 09:37:35 1128045

Electronic Filing Information: PDF attachments Included in this Return

Tax Year:2022Name:ROCKY MOUNTAIN INSReturn No:E1713TO2

Jurisdiction: Federal - 990T No of Attachments: 1

PDF Attachment Description

PDF File Name

File Size

990T PDF Attachment

E1713TO2\_FE-990T\_NOL Charitable CF.pdf

74,054

## **ROCKY MOUNTAIN INSTITUTE**

Federal Footnotes

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

	U	tilized in Prior	Utilized in	
Year Generated	Original	years	Current Year	Carryforward
2022	(37,663.00)	-	18,596.00	(19,067.00)
Net Operating Loss Carried to 2024	(37,663.00)	-	18,596.00	(19,067.00)

# **Rocky Mountain Institute**

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

			Utilized in	
		Utilized in	Current	
Year Generated	Original	Prior years	Year	Carryforward
2022	3,121,662.00	-	-	3,121,662.00
2023	795,785.00	-	-	795,785.00
Charitable Contribution Carryforward to 2024	3,917,447.00	-	-	3,917,447.00