

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2022

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the **2022** calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>ROCKY MOUNTAIN INSTITUTE</u>		<b>D</b> Employer identification number <u>74-2244146</u>
	Doing business as		<b>E</b> Telephone number <u>(303) 245-1003</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <u>164,378,358.</u>
	<u>2490 JUNCTION PLACE</u>	<u>200</u>	
	City or town, state or province, country, and ZIP or foreign postal code <u>BOULDER, CO 80301</u>		

<b>F</b> Name and address of principal officer: <u>JON CREYTS</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>2490 JUNCTION PLACE 200, BOULDER, CO 80301</u>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list. See instructions.

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <u>WWW.RMI.ORG</u>	<b>H(c)</b> Group exemption number
--	--------------------------------------	------------------------------------

<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <u>1982</u>	<b>M</b> State of legal domicile: <u>CO</u>
---	---	---

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities: TRANSFORM THE GLOBAL ENERGY SYSTEM TO SECURE A CLEAN, PROSPEROUS, ZERO-CARBON FUTURE FOR ALL.

<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> <u>14</u>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> <u>12</u>
<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<u>5</u> <u>628</u>
<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u> <u>13</u>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> <u>209,426.</u>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>7b</u> <u>3,185.</u>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>97,127,958.</u>	<u>105,446,092.</u>
<b>9</b> Program service revenue (Part VIII, line 2g)	<u>11,019,917.</u>	<u>24,790,890.</u>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>8,154,503.</u>	<u>8,804,384.</u>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>680,999.</u>	<u>355,302.</u>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>116,983,377.</u>	<u>139,396,668.</u>

	Prior Year	Current Year
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>9,638,528.</u>	<u>8,697,316.</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>	<u>NONE</u>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>65,251,034.</u>	<u>95,659,198.</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>21,580.</u>	<u>21,780.</u>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<u>6,340,796.</u>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>32,292,243.</u>	<u>36,778,724.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>107,203,385.</u>	<u>141,157,018.</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>9,779,992.</u>	<u>-1,760,350.</u>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<u>116,417,411.</u>	<u>140,735,486.</u>
<b>21</b> Total liabilities (Part X, line 26)	<u>18,729,291.</u>	<u>44,380,064.</u>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>97,688,120.</u>	<u>96,355,422.</u>

## Part II Signature Block

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<u>Jon Creyts</u> 3AAFA43E6F1446C... Signature of officer	<u>4/5/2024</u> Date
	<u>JON CREYTS</u> Type or print name and title	<u>CEO</u>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>ADAM R SMITH CPA</u>	Date <u>04/05/2024</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00958966</u>
	Firm's name <u>FORVIS, LLP</u>	Firm's EIN <u>44-0160260</u>	Phone no. <u>719-471-4290</u>	
	Firm's address <u>111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848</u>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  X

**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 on the prior Form 990 or 990-EZ?  X Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  X No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 33,815,290. including grants of \$ 2,150,302. ) (Revenue \$ 4,060,824. )  
SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 42,181,354. including grants of \$ 3,935,014. ) (Revenue \$ 15,477,839. )  
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. )

**4e** Total program service expenses 117,416,743.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	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. <span style="float:right">2a 628</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</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)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

HEATHER MCCREERY 2490 JUNCTION PLACE SUITE 200 BOULDER, CO 80301 303-245-1003

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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) PETER BOYER ----- TRUSTEE (END 12/2022)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 16 ) STEVE DENNING ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 17 ) DR. WEI DING ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 18 ) MARK FERRON ----- TRUSTEE (END 12/2022)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 19 ) MICHAEL HAAS ----- TRUSTEE (END 12/2022)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 20 ) AMORY BLOCH LOVINS ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 21 ) DENNIS V. MCGINN ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 22 ) JEAN OELWANG ----- LEAD IND TRUSTEE (END 12/2022)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 23 ) GEORGE POLK ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 24 ) ELIZABETH ANN SALL ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 25 ) SUMANT SINHA ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .							4,961,954.	NONE	1,102,404.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							4,961,954.	NONE	1,102,404.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 203

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		

**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	(C) Compensation

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



Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Todd Stern, Jessica Uhl, Edward White, Kandeh Yumkella, and Audrey Zibelman.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE SCHEDULE O'.

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Grants, and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

Table with columns for (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Includes sub-rows 10a and 10b for land/equipment and 10c for accumulated depreciation.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	139,396,668.
2	Total expenses (must equal Part IX, column (A), line 25)	2	141,157,018.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,760,350.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,688,120.
5	Net unrealized gains (losses) on investments	5	408,031.
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	19,621.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	96,355,422.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2022)

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2022

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 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) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 78.49%; 15 Public support percentage from 2021 Schedule A, Part II, line 14 74.02%; 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [ ]; 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. [ ]; 17b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. [ ]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. [ ]

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 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) organization, check this box and **stop here**. . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(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 Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017 . . . . .			
b	From 2018 . . . . .			
c	From 2019 . . . . .			
d	From 2020 . . . . .			
e	From 2021 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018 . . . .			
b	Excess from 2019 . . . .			
c	Excess from 2020 . . . .			
d	Excess from 2021 . . . .			
e	Excess from 2022 . . . .			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

ROCKY MOUNTAIN INSTITUTE

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 not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is 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

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

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

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

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).

Name of organization <p style="text-align: center;">ROCKY MOUNTAIN INSTITUTE</p>	Employer identification number <p style="text-align: center;">74-2244146</p>
---	---

**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	N/A <hr/> <hr/> <hr/>	\$ 7,362,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
2	N/A <hr/> <hr/> <hr/>	\$ 8,000,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
3	N/A <hr/> <hr/> <hr/>	\$ 6,370,500.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
4	N/A <hr/> <hr/> <hr/>	\$ 2,973,098.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
5	N/A <hr/> <hr/> <hr/>	\$ 5,159,341.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
6	N/A <hr/> <hr/> <hr/>	\$ 4,818,951.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization <p style="text-align: center;">ROCKY MOUNTAIN INSTITUTE</p>	Employer identification number <p style="text-align: center;">74-2244146</p>
---	---

**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
7	N/A <hr/> <hr/> <hr/>	\$ 3,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 3,325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/> <hr/>	\$ 3,128,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A <hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A <hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A <hr/> <hr/> <hr/>	\$ 2,885,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">ROCKY MOUNTAIN INSTITUTE</p>	Employer identification number <p style="text-align: center;">74-2244146</p>
---	---

**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
13	N/A <hr/> <hr/> <hr/>	\$ 2,775,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A <hr/> <hr/> <hr/>	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <p style="text-align: center;">ROCKY MOUNTAIN INSTITUTE</p>	Employer identification number <p style="text-align: center;">74-2244146</p>
---	---

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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.

Name of organization ROCKY MOUNTAIN INSTITUTE	Employer identification number 74-2244146
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities 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 . . . . . \_\_\_\_\_

**Part 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.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2022

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)</b>	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	1,535.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	26,411.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .	27,946.													
<b>d</b> Other exempt purpose expenditures . . . . .	141,129,072.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	141,157,018.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

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

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 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; c 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?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 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)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures. See instructions.

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.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

ROCKY MOUNTAIN INSTITUTE

74-2244146

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for aggregate values, 5-6 for donor information with Yes/No checkboxes.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows 1-8 for various conservation easement details and monitoring information.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Rows 1a-1b for art collection reporting, 2 for financial gain reporting.

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

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 85.9100 %
c Term endowment 14.0900 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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

**Part IX Other Assets.**

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)	
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (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



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 139,396,668.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 141,157,018.

Part XIII Supplemental Information.

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

**Part XIII** Supplemental Information (continued)

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 States**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

ROCKY MOUNTAIN INSTITUTE

74-2244146

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

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

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

Schedule F (Form 990) 2022

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, 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 of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	CARBON-FREE BUILDINGS	190,667.	WIRE			
(2)			SOUTH ASIA	CLIMATE ALIG INDUSTRIES	32,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	FINANCE	200,000.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	GLOBAL SOUTH	60,078.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	THIRD DERIVATIVE	750,000.	WIRE			
(6)			EAST ASIA/PACIFIC	CARBON-FREE ELECTRICITY	33,810.	WIRE			
(7)			EAST ASIA/PACIFIC	GLOBAL SOUTH	66,099.	WIRE			
(8)			EAST ASIA/PACIFIC	CLIMATE 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			
(12)			SUB-SAHARAN AFRICA	GLOBAL SOUTH	85,000.	WIRE			
(13)			EAST ASIA/PACIFIC	GLOBAL SOUTH	370,305.	WIRE			
(14)			EAST ASIA/PACIFIC	CLIMATE INTELLIGENCE	102,000.	WIRE			
(15)									
(16)									

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

3 Enter total number of other organizations or entities . . . . . ▶ 11

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

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

**Part IV Foreign Forms**

- 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  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  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  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  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  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  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)

**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).

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 TRANSPORTATION, CLIMATE ALIGNED

INDUSTRIES, CLIMATE INTELLIGENCE, INFLUENCE TEAM, ENERGY TRANSITION

ACADEMY, INFLUENCE TEAM, SE ASIA GLOBAL SOUTH, CARBON-FREE ELECTRICITY,



**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)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

ROCKY MOUNTAIN INSTITUTE

74-2244146

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				NONE	21,780.	NONE

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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,

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .			
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .			
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .			
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		Revenue	1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c 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:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

---

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?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 21,780.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

**Part I General Information on Grants and Assistance**

- 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 criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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) 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
<b>(1)</b> NEW BUILDINGS INSTITUTE 151 SW 1ST AVE, PORTLAND, OR 97204	68-0401509	501(C)(3)	100,000.				SUPPORT PROGRAM
<b>(2)</b> WE MEAN BUSINESS COALITION 1178 BROADWAY, NEW YORK, NY 10001	85-4146520	501(C)(3)	100,000.				SUPPORT PROGRAM
<b>(3)</b> COLUMBIA UNIVERSITY 622 WEST 113 STREET NEW YORK, NY 10025	13-5598093	501(C)(3)	155,000.				SUPPORT PROGRAM
<b>(4)</b> COLORADO SCHOOL OF MINES 1500 ILLINOIS STREET GOLDEN, CO 80401	84-6000551	501(C)(3)	50,000.				SUPPORT PROGRAM
<b>(5)</b> THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1850 RESEARCH PARK DR., DAVIS, CA 95618	94-6036494	501(C)(3)	44,228.				SUPPORT PROGRAM
<b>(6)</b> WORLD RESOURCES INSTITUTE 10 G STREET, NE, #800 WASHINGTON, DC 20002	52-1257057	501(C)(3)	400,000.				SUPPORT PROGRAM
<b>(7)</b> RESOURCE LEGACY FUND (CLIMATE MAYORS) 555 CAPITOL MALL SACRAMENTO, CA 95814	95-4703838	501(C)(3)	400,000.				SUPPORT PROGRAM
<b>(8)</b> ADL VENTURES, LLC 815 MASONIC AVE SAN FRANCISCO, CA 94117	81-2698148		423,742.				SUPPORT PROGRAM
<b>(9)</b> AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT EC 529 14TH ST NW, WASHINGTON, DC 20045	94-2711707	501(C)(3)	108,333.				SUPPORT PROGRAM
<b>(10)</b> AMERICAN LUNG ASSOCIATION 55 W. WACKER DR., CHICAGO, IL 60601	13-1632524	501(C)(3)	198,000.				SUPPORT PROGRAM
<b>(11)</b> AMERICAN THORACIC SOCIETY 25 BROADWAY, NEW YORK, NY 10004	06-1548706	501(C)(3)	15,800.				SUPPORT PROGRAM
<b>(12)</b> ASSOCIATION FOR ENERGY AFFORDABILITY, INC. 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 government organizations listed in the line 1 table 20

3 Enter total number of other organizations listed in the line 1 table 5

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

ROCKY MOUNTAIN INSTITUTE

74-2244146

**Part I General Information on Grants and Assistance**

- 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 criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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) 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
<b>(1)</b> BUILDINGS DECARBONIZATION COALITION 346 WILSON STREET PETALUMA, CA 94952	85-4008764	501(C)(3)	500,000.				SUPPORT PROGRAM
<b>(2)</b> CARBON MAPPER, INC. 12 S. RAYMOND AVE PASADENA, CA 91105	85-3149996	501(C)(3)	199,895.				SUPPORT PROGRAM
<b>(3)</b> DAVID BAKER ARCHITECTS 461 2ND ST, C127 SAN FRANCISCO, CA 94612	94-3384000		215,283.				SUPPORT PROGRAM
<b>(4)</b> INTEGRAL GROUP, INC. 427 13TH STREET OAKLAND, CA 94612	94-3391867		53,254.				SUPPORT PROGRAM
<b>(5)</b> NATIONAL HOUSING TRUST 1101 30TH ST, NW WASHINGTON, DC 20007	52-1477599	501(C)(3)	108,333.				SUPPORT PROGRAM
<b>(6)</b> PASSIVE HOUSE INSTITUTE US 151 SW 1ST AVE PORTLAND, OR 60654	30-0211695	501(C)(3)	47,865.				SUPPORT PROGRAM
<b>(7)</b> RDH BUILDING SCIENCE INC. 20101 N 34TH ST. SEATTLE, WA 98103	33-1077399		5,069.				SUPPORT PROGRAM
<b>(8)</b> SOLUTIONS PROJECTS, INC. 4096 PIEDMONT AVE OAKLAND, CA 94611	46-3811348	501(C)(3)	200,000.				SUPPORT PROGRAM
<b>(9)</b> SOUTHERN ENVIRONMENTAL LAW CENTER 120 GARRET ST. CHARLOTESVILLE, VA 22902	52-1436778	501(C)(3)	60,000.				SUPPORT PROGRAM
<b>(10)</b> TK FABRICATE, LLC 4910 RED PINE RD MANLUIS, NY 13104	84-2455576		52,860.				SUPPORT PROGRAM
<b>(11)</b> US PUBLIC INTEREST RESEARCH GROUP EDUCATION 294 WASHINGTON ST. BOSTON, MA 02108	52-1384240	501(C)(3)	198,000.				SUPPORT PROGRAM
<b>(12)</b> VERMONT ENERGY INVESTMENT CORPORATION 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 . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

**Part I General Information on Grants and Assistance**

- 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 criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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) 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 PARTNERSHIP 1750 PENNSYLVANIA AVE WASHINGTON, DC 20006	87-2398379	501(C)(3)	796,250.				SUPPORT PROGRAM
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) 2022



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ROCKY MOUNTAIN INSTITUTE

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

74-2244146

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use            |
| <input type="checkbox"/> Travel for companions                     | <input checked="" type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
- c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JULES KORTENHORST CEO (END 11/2022)	(i)	470,087.	252,000.	12,869.	15,250.	26,081.	776,287.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
2 JON CREYTS CHIEF EXECUTIVE OFFICER	(i)	362,049.	102,375.	6,144.	107,726.	33,683.	611,977.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
3 HEATHER MCCREERY CHIEF FINANCIAL OFFICER	(i)	281,211.	66,750.	6,579.	73,147.	32,033.	459,720.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
4 MARTHA PICKETT GENERAL COUNSEL AND SECRETARY	(i)	309,519.	78,750.	8,234.	76,205.	23,450.	496,158.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
5 KYLIE ROGERS CHIEF PEOPLE OFFICER	(i)	268,795.	86,563.	2,375.	71,992.	40,511.	470,236.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
6 JENNIFER STOKES CHIEF DEVELOPMENT OFFICER	(i)	270,711.	65,625.	4,177.	65,604.	19,919.	426,036.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
7 STEPHANIE GREENE MANAGING DIRECTOR	(i)	245,613.	26,875.	1,944.	12,878.	36,652.	323,962.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
8 JUSTIN LOCKE MANAGING DIRECTOR	(i)	259,215.	70,964.	1,927.	62,492.	1,106.	395,704.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
9 JAMES NEWCOMB MANAGING DIRECTOR SENIOR EXPER	(i)	265,643.	73,250.	12,277.	13,700.	26,588.	391,458.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
10 LENA HANSEN MANAGING DIRECTOR CHIEF STRATE	(i)	272,839.	65,750.	2,995.	68,182.	19,919.	429,685.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
11 CLAY STRANGER MANAGING DIRECTOR	(i)	255,218.	70,750.	1,875.	66,628.	25,855.	420,326.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
12 LEIA GUCCIONE MANAGING DIRECTOR	(i)	256,873.	62,500.	2,151.	68,163.	835.	390,522.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
13 SARAH LADISLAW MANAGING DIRECTOR	(i)	268,024.	46,875.	2,024.	69,687.	30,438.	417,048.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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 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.

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

**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.

**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open To Public  
Inspection**

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

**Part I Excess 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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				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 line 2, above, reimbursed by the organization . . . . . \$ \_\_\_\_\_

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . .						\$						

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

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

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

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

Schedule L (Form 990) 2022

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

SCHEDULE L, PART IV, COLUMN (D)

DESCRIPTION OF BUSINESS TRANSACTION INVOLVING INTERESTED PERSON:  
 AMORY LOVINS IS A CURRENT TRUSTEE AND THE FORMER CHIEF SCIENTIST. RMI PAID LOVINS ASSOCIATES \$100,480 DURING FISCAL YEAR ENDING 6/30/2023 FOR CONSULTING AS AN INDEPENDENT CONTRACTOR.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	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 organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

**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.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ROCKY MOUNTAIN INSTITUTE

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

74-2244146

**FORM 990, PART III, LINE 2**

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.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ROCKY MOUNTAIN INSTITUTE

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

74-2244146

- 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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ROCKY MOUNTAIN INSTITUTE

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

74-2244146

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.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ROCKY MOUNTAIN INSTITUTE

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

74-2244146

- 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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ROCKY MOUNTAIN INSTITUTE

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

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 SITUATIONS 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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ROCKY MOUNTAIN INSTITUTE

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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 identification number

ROCKY MOUNTAIN INSTITUTE

74-2244146

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

=====

DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
SEE SCHEDULE O	100,000.	6,458,648.	13,900.
TOTALS	100,000.	6,458,648.	13,900.
	=====	=====	=====

Name of the organization

Employer identification number

**ROCKY MOUNTAIN INSTITUTE**

**74-2244146**

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

=====

COLOMBIA

CHINA

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,

Name of the organization

Employer identification number

**ROCKY MOUNTAIN INSTITUTE****74-2244146**

## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

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.

Name of the organization

Employer identification number

**ROCKY MOUNTAIN INSTITUTE**

**74-2244146**

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING 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 R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ROCKY MOUNTAIN INSTITUTE

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

74-2244146

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RMI INNOVATION CENTER LLC 74-2244146 2490 JUNCTION PLACE SUITE 200 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CANARY MEDIA 86-2478288 2490 JUNCTION PLACE, SUITE 200 BOULDER, CO 80301	JOURNALISM	DE	501C3	LINE 10	ROCKY MOUNTA	X	
(2) ROCKY MOUNTAIN INSTITUTE INTERNATIONAL 47-3919461 2490 JUNCTION PLACE SUITE 200 BOULDER, CO 80301	RESEARCH	CO	501C3	LINE 12A, I	ROCKY MOUNTA	X	
(3) MISSION POSSIBLE PARTNERSHIP (USA), INC. 87-2398379 1750 PENNSYLVANIA AVENUE NW, S WASHINGTON, DC 20006	DE-CARBON	DE	501C3	LINE 7	ROCKY MOUNTA	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) MISSION POSSIBLE PARTNERSHIP	B	796,250.	CASH
(2) MISSION POSSIBLE PARTNERSHIP	D	2,203,750.	CASH
(3) CANARY MEDIA	D	2,937,867.	CASH
(4)			
(5)			
(6)			



**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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(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)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII** Supplemental Information

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

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

For calendar year 2022 or other tax year beginning 07/01, 2022, and ending 06/30, 2023

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>ROCKY MOUNTAIN INSTITUTE</b>	<b>D Employer identification number</b> 74-2244146
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a) 529A	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2490 JUNCTION PLACE SUITE 200</b>	<b>E Group exemption number</b> (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>BOULDER, CO 80301</b>	
		<b>C</b> Book value of all assets at end of year <b>140735486</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>G</b> Check organization type	<input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university
<b>H</b> Check if filing only to	<input type="checkbox"/> Claim credit from Form 8941	<input type="checkbox"/> Claim a refund shown on Form 2439	
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) <b>1</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of <b>HEATHER MCCREERY</b>		Telephone number <b>303-245-1003</b>	
<b>2490 JUNCTION PLACE SUITE 200</b>			
<b>BOULDER, CO 80301</b>			

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	<b>1</b>	4,650.
2 Reserved . . . . .	<b>2</b>	
3 Add lines 1 and 2 . . . . .	<b>3</b>	4,650.
4 Charitable contributions (see instructions for limitation rules) . . . . . <b>SEE STATEMENT 1.</b>	<b>4</b>	465.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	<b>5</b>	4,185.
6 Deduction for net operating loss. See instructions. . . . .	<b>6</b>	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	<b>7</b>	4,185.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	<b>8</b>	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions. . . . .	<b>9</b>	
10 <b>Total deductions.</b> Add lines 8 and 9 . . . . .	<b>10</b>	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. . . . .	<b>11</b>	3,185.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . .	<b>1</b>	669.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). . . . .	<b>2</b>	
3 <b>Proxy tax.</b> See instructions . . . . .	<b>3</b>	
4 Other tax amounts. See instructions . . . . .	<b>4</b>	
5 Alternative minimum tax (trusts only). . . . .	<b>5</b>	
6 <b>Tax on noncompliant facility income.</b> See instructions . . . . .	<b>6</b>	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	<b>7</b>	669.

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). . . . . 1a
b Other credits (see instructions). . . . . 1b
c General business credit. Attach Form 3800 (see instructions) . . . . . 1c
d Credit for prior year minimum tax (attach Form 8801 or 8827). . . . . 1d
e Total credits. Add lines 1a through 1d. . . . . 1e
2 Subtract line 1e from Part II, line 7. . . . . 2 669.
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 deferred under section 1294. Enter tax amount here. . . . . 4 669.
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
c Tax deposited with Form 8868. . . . . 6c
d Foreign organizations: Tax paid or withheld at source (see instructions) . . . . . 6d
e 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 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 8 34.
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . . 9 703.
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. . . . . 10
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here COLOMBIA, CHINA Yes No X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Yes No X
3 Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$
4 Enter available pre-2018 NOL carryovers here \$ . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.
Business Activity Code Available post-2017 NOL carryover
541610 \$ 37,663.
6a Did the organization change its method of accounting? (see instructions) . . . . . X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V. . . . .

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign Here Signature of officer: Adam R Smith Date: 4/5/2024 Title: CEO
May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No

Paid Preparer Use Only Print/Type preparer's name: ADAM R SMITH CPA Date: 04/05/2024 Check if self-employed: PTIN: P00958966
Firm's name: FORVIS, LLP Firm's EIN: 44-0160260
Firm's address: 111 SOUTH TEJON, SUITE 800, COLORADO SPRINGS, CO 8 Phone no. 719-471-4290

FORM 990-T, PAGE 1, PART I, LINE 4 DETAIL

=====

CONTRIBUTION DEDUCTION	CASH CONTRIBUTION (CURRENT YEAR)	CASH CONTRIBUTION (ACCRUAL)
------------------------	-------------------------------------	--------------------------------

-----

SUBTOTAL CHARITABLE CONTRIBUTIONS .....	796,250.
---	----------

CONTRIBUTIONS CARRYOVER

-----

06/30/2018	
06/30/2019	
06/30/2020	
06/30/2021	
06/30/2022	3,121,662.

TOTAL CHARITABLE CONTRIBUTIONS .....	3,917,912.
--------------------------------------	------------

TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION ....	4,650.
--	--------

CHARITABLE CONTRIBUTION DEDUCTION LIMIT (10%) .....	465.
---	------

CHARITABLE CONTRIBUTION DEDUCTION .....	465.
---	------

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

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

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection for  
501(c)(3) Organizations Only**

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

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

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>	<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b>	Gross receipts or sales _____			
<b>b</b>	Less returns and allowances _____ <b>c</b> Balance			
<b>1c</b>				
<b>2</b>	Cost of goods sold (Part III, line 8) . . . . .			
<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . .			
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions. . . . .			
<b>4b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
<b>4c</b>	Capital loss deduction for trusts. . . . .			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .			
<b>6</b>	Rent income (Part IV) . . . . .			
<b>7</b>	Unrelated debt-financed income (Part V) . . . . .			
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI). . . . .			
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII). . . . .			
<b>10</b>	Exploited exempt activity income (Part VIII). . . . .			
<b>11</b>	Advertising income (Part IX). . . . .			
<b>12</b>	Other income (see instructions; attach statement) . . STMT. 1	209,426.		209,426.
<b>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	209,426.		209,426.

<b>Part II</b>	<b>Deductions Not Taken Elsewhere</b> See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.		
<b>1</b>	Compensation of officers, directors, and trustees (Part X) . . . . .		<b>1</b>
<b>2</b>	Salaries and wages . . . . .		<b>2</b> 70,517.
<b>3</b>	Repairs and maintenance . . . . .		<b>3</b>
<b>4</b>	Bad debts . . . . .		<b>4</b>
<b>5</b>	Interest (attach statement). See instructions . . . . .		<b>5</b>
<b>6</b>	Taxes and licenses . . . . .		<b>6</b> 2,606.
<b>7</b>	Depreciation (attach Form 4562). See instructions . . . . .	<b>7</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>	<b>8b</b>
<b>9</b>	Depletion . . . . .		<b>9</b>
<b>10</b>	Contributions to deferred compensation plans . . . . .		<b>10</b>
<b>11</b>	Employee benefit programs . . . . .		<b>11</b> 14,491.
<b>12</b>	Excess exempt expenses (Part VIII) . . . . .		<b>12</b>
<b>13</b>	Excess readership costs (Part IX) . . . . .		<b>13</b>
<b>14</b>	Other deductions (attach statement) . . . . . STMT. 2.		<b>14</b> 98,566.
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14 . . . . .		<b>15</b> 186,180.
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .		<b>16</b> 23,246.
<b>17</b>	Deduction for net operating loss. See instructions . . . . .		<b>17</b> 18,596.
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16. . . . .		<b>18</b> 4,650.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Part IV description of property with columns A, B, C, D for different property types.

Table for Part IV rent received or accrued with columns A, B, C, D for different property types.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

Table for Part IV deductions directly connected with the income in lines 2(a) and 2(b).

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

Table for Part V description of debt-financed property with columns A, B, C, D.

Table for Part V gross income from or allocable to debt-financed property with columns A, B, C, D.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

Table for Part V allocable deductions. Multiply line 3c by line 6.

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends - received deductions included in line 10

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see 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)
<b>Totals</b> .....				

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b> .....				

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7. ....	4
5	Gross income from activity that is not unrelated business income. ....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7



**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

<b>A</b>	<input type="checkbox"/>	_____
<b>B</b>	<input type="checkbox"/>	_____
<b>C</b>	<input type="checkbox"/>	_____
<b>D</b>	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
2 Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A), . . . . .	_____			

3 Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B), . . . . .	_____			

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . .				
5 Readership costs . . . . .				
6 Circulation income . . . . .				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .	_____			

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 . . . . .			

**Part XI Supplemental Information** (see instructions)

---



---



---



---



---



---



---



---



---



---

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

MANAGEMENT FEES 209,426.

TOTAL OTHER INCOME -----  
209,426.  
=====

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.
	=====

Name: **ROCKY MOUNTAIN INSTITUTE** Employer identification number: **74-2244146**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

Table with 5 rows and 2 columns. Row 1: Total tax (see instructions) 669. Row 2a: Personal holding company tax. Row 2b: Look-back interest. Row 2c: Credit for federal tax paid on fuels. Row 2d: Total of 2a through 2c. Row 3: Subtract line 2d from line 1. Result: 669. Row 4: Enter the tax shown on the corporation's 2021 income tax return. Result: NONE. Row 5: Required annual payment. Result: 669.

**Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.**

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

Table with 9 rows and 5 columns (a-d). Row 9: Installment due dates. Row 10: Required installments. Row 11: Estimated tax paid or credited for each period. Row 12: Enter amount, if any, from line 18 of the preceding column. Row 13: Add lines 11 and 12. Row 14: Add amounts on lines 16 and 17 of the preceding column. Row 15: Subtract line 14 from line 13. Row 16: If the amount on line 15 is zero, subtract line 13 from line 14. Row 17: Underpayment. Row 18: Overpayment.

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.

For Paperwork Reduction Act Notice, see separate instructions.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> 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 with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions . . . . .				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19. . . . .				
<b>21</b> Number of days on line 20 after 4/15/2022 and before 7/1/2022				
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	\$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022				
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	\$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023	SEE PENALTY COMPUTATION WHITEPAPER DETAIL STATEMENT 1			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 6% (0.06)	\$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2022 and before 4/1/2023				
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	\$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2023 and before 7/1/2023				
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	\$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023				
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	\$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024				
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	\$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2023 and before 3/16/2024				
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x %	\$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 . . . . .	\$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns . . . . .				<b>38</b> \$ <b>34.</b>

\*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](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

PENALTY COMPUTATION DETAIL - FORM 2220

=====

DATE PD	UNDERPAYMENT	BEG. DATE	END DATE	DAYS	%	PENALTY
-----	-----	-----	-----	----	--	-----
QUARTER 1, RATE PERIOD 1 (11/15/2022 - 12/31/2022)						
=====						
	167.	11/15/2022	12/31/2022	46	6	1.
TOTAL FOR QUARTER 1, RATE PERIOD 1						1.
=====						
QUARTER 1, RATE PERIOD 2 (12/31/2022 - 11/15/2023)						
=====						
	167.	12/31/2022	11/15/2023	319	7	10.
TOTAL FOR QUARTER 1, RATE PERIOD 2						10.
=====						
QUARTER 2, RATE PERIOD 1 (12/15/2022 - 12/31/2022)						
=====						
	167.	12/15/2022	12/31/2022	16	6	
TOTAL FOR QUARTER 2, RATE PERIOD 1						
=====						
QUARTER 2, RATE PERIOD 2 (12/31/2022 - 11/15/2023)						
=====						
	167.	12/31/2022	11/15/2023	319	7	10.
TOTAL FOR QUARTER 2, RATE PERIOD 2						10.
=====						
QUARTER 3, RATE PERIOD 2 (03/15/2023 - 11/15/2023)						
=====						
	167.	03/15/2023	11/15/2023	245	7	8.
TOTAL FOR QUARTER 3, RATE PERIOD 2						8.
=====						
QUARTER 4, RATE PERIOD 2 (06/15/2023 - 11/15/2023)						
=====						
	168.	06/15/2023	11/15/2023	153	7	5.
TOTAL FOR QUARTER 4, RATE PERIOD 2						5.
=====						
TOTAL UNDERPAYMENT PENALTY						34.
=====						

**Electronic Filing Information: PDF attachments Included in this Return**

**Tax Year:** 2022

**Jurisdiction:** Federal - 990T

**Name:** ROCKY MOUNTAIN INS

**No of Attachments:** 1

**Return No:** E1713TO2

**PDF Attachment Description**

---

**PDF File Name**

---

**File Size**

---

990T PDF Attachment

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

74,054

**ROCKY MOUNTAIN INSTITUTE**

74-2244146

Federal Footnotes

Form 990-T, Schedule A, Part II, Line 17

Management Fees

Net Operating Loss Deduction After 1/1/2018

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



**Rocky Mountain Institute**

74-2244146

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

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