

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2023** calendar year, or tax year beginning **07/01**, 20**23**, and ending **06/30**, 20**24**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **ROCKY MOUNTAIN INSTITUTE**
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2490 JUNCTION PLACE **200**
City or town, state or province, country, and ZIP or foreign postal code
BOULDER, CO 80301

D Employer identification number
74-2244146

E Telephone number
(303) 245-1003

G Gross receipts \$ **173,373,751**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.RMI.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **1982**

M State of legal domicile: **CO**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **WE WORK WITH BUSINESSES, POLICYMAKERS, AND COMMUNITIES TO SCALE ENERGY EFFICIENCY AND RENEWABLE ENERGY SOLUTIONS, REDUCE ENERGY WASTE, AND BOOST ACCESS TO AFFORDABLE CLEAN ENERGY.**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	682
6 Total number of volunteers (estimate if necessary)	6	12
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	134,163
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	105,446,092	124,078,624
9 Program service revenue (Part VIII, line 2g)	24,790,890	29,890,319
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,804,384	838,264
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	355,302	9,926,284
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	139,396,668	164,733,491

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,697,316	14,675,465
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	95,659,198	106,709,635
16a Professional fundraising fees (Part IX, column (A), line 11e)	21,780	94,680
b Total fundraising expenses (Part IX, column (D), line 25)	6,934,646	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	36,778,724	38,535,192
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	141,157,018	160,014,972
19 Revenue less expenses. Subtract line 18 from line 12	(1,760,350)	4,718,519

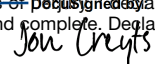
Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	140,735,486	149,471,347
21 Total liabilities (Part X, line 26)	44,380,064	45,698,763
22 Net assets or fund balances. Subtract line 21 from line 20	96,355,422	103,772,584

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

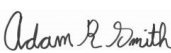
Sign Here


3AAFA43E6F1446C...
Signature of officer
JON CREYTS, CEO
Type or print name and title

5/14/2025
Date

Paid Preparer Use Only

Print/Type preparer's name
ADAM R. SMITH

Preparer's signature

ADAM R. SMITH

Date
05/13/2025

Check ☐ if self-employed

PTIN
P00958966

Firm's name
FORVIS MAZARS, LLP

Firm's EIN
44-0160260

Firm's address
111 SOUTH TEJON SUITE 800, COLORADO SPRINGS, CO 80903-9848

Phone no.
(719) 471-4290

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

Rocky Mountain Institute
74-2244146

1

5/13/2025 8:57:24 AM

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

1	Briefly describe the organization's mission: <u>WE WORK WITH BUSINESSES, POLICYMAKERS, AND COMMUNITIES TO SCALE ENERGY EFFICIENCY AND RENEWABLE ENERGY SOLUTIONS, REDUCE ENERGY WASTE, AND BOOST ACCESS TO AFFORDABLE CLEAN ENERGY.</u>
<hr/>	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.
<hr/>	
4a	(Code:) (Expenses \$ <u>51,471,713</u> including grants of \$ <u>2,548,321</u>) (Revenue \$ <u>20,442,130</u>) <u>DECARBONIZING KEY SECTORS:</u> <u>- RMI'S BUILDINGS PROGRAM DRIVES A CLEAN ENERGY TRANSITION IN THE GLOBAL BUILDINGS</u> <u>SECTOR BY ADOPTING A WHOLE-SYSTEMS APPROACH. WE WORK TO ADVANCE CLEAN TECHNOLOGY IN THE GLOBAL</u> <u>BUILDING SECTOR THAT LOWERS HOUSING COST BURDENS AND IMPROVES HOUSING QUALITY, CREATING A SAFE</u> <u>AND HEALTHY BUILT ENVIRONMENT FOR ALL.</u> <u>- RMI'S ELECTRICITY PROGRAM WORKS WITH PARTNERS TO CREATE AND SCALE SOLUTIONS THAT DEPLOY CLEAN</u> <u>ENERGY TECHNOLOGIES WHILE MAINTAINING ENERGY RELIABILITY, EXPANDING ENERGY ACCESS, AND IMPROVING</u> <u>AFFORDABILITY. WE SUPPORT US UTILITIES IN PLANNING, PROVIDE INDEPENDENT ANALYSIS ON CHINA'S USE</u> <u>OF WIND AND SOLAR TO MEET ITS GROWING ELECTRICITY DEMAND, AND TRANSFORM UTILITY BUSINESS MODELS</u> <u>TO SUPPORT CLEAN ENERGY INVESTMENT IN THE GLOBAL SOUTH.</u> <u>- RMI'S TRANSPORTATION PROGRAM SPEARHEADS A RAPID AND EQUITABLE TRANSITION TO A CLEAN</u> <u>(CONTINUED ON SCHEDULE O)</u>
4b	(Code:) (Expenses \$ <u>37,159,980</u> including grants of \$ <u>3,517,038</u>) (Revenue \$ <u>4,714,796</u>) <u>SCALING SOLUTIONS AROUND THE WORLD:</u> <u>- RMI CHINA ACCELERATES DECARBONIZATION OF THE</u> <u>COUNTRY'S BIGGEST CARBON-PRODUCING SECTORS, OFFERING IN-DEPTH, INDEPENDENT TECHNICAL EXPERTISE</u> <u>AND SOLUTION-BASED IMPLEMENTATION STRATEGIES TO HELP CHINA REACH CLEAN ENERGY AND EMISSIONS</u> <u>REDUCTION TARGETS.</u> <u>- THE GLOBAL SOUTH PROGRAM WORKS ON THE GROUND TO ACCELERATE THE ENERGY TRANSITION, HELPING</u> <u>EMPOWER, CONNECT, AND ELEVATE VOICES IN AFRICA, SOUTHEAST ASIA, THE CARIBBEAN, AND BEYOND TO</u> <u>DEVELOP THE LABOR AND SKILLS NEEDED TO BE PART AND BENEFIT FROM THE ENERGY TRANSITION.</u> <u>- RMI INDIA SUPPORTS THE TRANSFORMATION OF INDIA'S ECONOMY FOR A CLEAN, THRIVING, AND INCLUSIVE</u> <u>ENERGY FUTURE, ALIGNED WITH THE COUNTRY'S BOLD AMBITION TO ACHIEVE A NET-ZERO ECONOMY BY 2070.</u> <u>- THE US PROGRAM RAISES THE AMBITION AND IMPACT OF US FEDERAL AND STATE CLIMATE POLICY, HELPING</u> <u>(CONTINUED ON SCHEDULE O)</u>
4c	(Code:) (Expenses \$ <u>33,153,047</u> including grants of \$ <u>2,368,491</u>) (Revenue \$ <u>3,301,932</u>) <u>APPLYING POWERFUL MARKET CATALYSTS:</u> <u>- THE CLIMATE FINANCE ACCESS NETWORK HELPS DEVELOPING COUNTRIES SECURE AND STRUCTURE FINANCE FOR</u> <u>CLIMATE INVESTMENTS, WITH A FOCUS ON SMALL ISLAND DEVELOPING STATES (SIDS) AND LEAST DEVELOPED</u> <u>COUNTRIES (LDCS) IN AFRICA, THE PACIFIC ISLANDS, AND THE CARIBBEAN.</u> <u>- CLIMATE INTELLIGENCE MAKES EMISSIONS VISIBLE - IMPROVING ACCESS TO TIMELY, TRUSTWORTHY DATA</u> <u>THAT CAN HELP DRIVE CLIMATE-ALIGNED DECISIONS AND TRANSACTIONS GLOBALLY.</u> <u>- CLIMATE-ALIGNED FINANCE PARTNERS WITH THE FINANCE COMMUNITY TO BUILD THE INFRASTRUCTURE AND</u> <u>SOLUTIONS NECESSARY TO ALIGN THE GLOBAL FINANCE SECTOR'S ACTIONS WITH EQUITABLE, CONCRETE CARBON</u> <u>REDUCTION GOALS. WE SUPPORT EMERGING ECONOMIES AND DEVELOPING COUNTRIES TO BREAK DOWN ROADBLOCKS</u> <u>TO CLIMATE FINANCE, AND PROVIDE ANALYSIS TO MAXIMIZE US INVESTMENTS IN THE ENERGY TRANSITION.</u> <u>- THE ENERGY TRANSITION ACADEMY IS A LEADERSHIP, CAPACITY, AND WORKFORCE DEVELOPMENT PLATFORM</u> <u>(CONTINUED ON SCHEDULE O)</u>
4d	Other program services (Describe on Schedule O.) (Expenses \$ <u>12,975,834</u> including grants of \$ <u>6,241,615</u>) (Revenue \$ <u>1,431,679</u>)
4e	Total program service expenses <u>134,760,574</u>

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 ✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b ✓	
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a ✓	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 ✓	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 ✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	115
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	682
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country <u>CH, CO</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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 ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, CO, (CONTINUED ON 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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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.
OCTAVIO FUENTES, 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 ContractorsCheck 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) JON CREYTS CHIEF EXECUTIVE OFFICER	40.0 1.0	✓		✓				549,360	0	52,291
(2) MARTHA C. PICKETT GENERAL COUNSEL & CO-CHAIR	40.0 1.0	✓		✓				427,426	0	41,501
(3) HEATHER MCCREERY CHIEF FINANCIAL OFFICER	40.0 1.0			✓				375,677	0	49,278
(4) KYLIE ROGERS CHIEF PEOPLE OFFICER	40.0 0.0				✓			366,454	0	53,499
(5) BRYAN FISHER MANAGING DIRECTOR	40.0 0.0					✓		370,586	0	47,878
(6) JOSH HENRETIG MANAGING DIRECTOR	40.0 0.0					✓		368,826	0	47,814
(7) LENA HANSEN CHIEF STRATEGY OFFICER	40.0 1.0					✓		374,601	0	32,691
(8) RUSHAD NANVATTY MANAGING DIRECTOR	40.0 0.0					✓		386,250	0	16,073
(9) JENNIFER STOKES CHIEF DEVELOPMENT OFFICER	40.0 0.0				✓			366,224	0	35,426
(10) LEIA GUCCIONE MANAGING DIRECTOR	40.0 0.0					✓		373,414	0	16,751
(11) JULES KORTENHORST CEO (END 1/2023)	40.0 1.0						✓	282,318	0	1,633
(12) HEIDI JOHNSON ASSISTANT SECRETARY	40.0 0.0			✓				91,691	0	29,645
(13) AMORY BLOCH LOVINS TRUSTEE / CONTRACTOR	1.0 0.0	✓						85,149	0	0
(14) EDWARD WHITE BOARD CHAIR (END 12/23)	1.0 1.0	✓		✓				0	0	0

Form **990** (2023)

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/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			
(15) SUMANT SINHA BOARD CHAIR (BEGIN 01/24)	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) ANJALI BANSAL TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) AUDREY ZIBELMAN TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) BRYAN J. HANNEGAN TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) CATHERINE COLEMAN FLOWERS TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) DENNIS V. MCGINN TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) DR. WEI DING TRUSTEE (END 12/23)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) ELIZABETH ANN SALL TRUSTEE (END 12/23)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) ENKI TAN TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) GEORGE POLK TRUSTEE (END 12/23)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								4,417,976	0	424,480
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								4,417,976	0	424,480

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 **284**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
WEATHERPROOFING TECHNOLOGIES INC., 3735 GREEN ROAD, BEACHWOOD, OH 44122	ARCHITECT AND RESTORATION	1,225,114
TOPBLOC LLC, 600 W CHICAGO AVE, CHICAGO, IL 60654	SOFTWARE CONSULTING	852,731
MANAGED SOLUTION, 2150 W. WASHINGTON ST., SUITE 402, SAN DIEGO, CA 92110	INFORMATION TECHNOLOGY	745,766
NEOTERIC ENERGY AND CLIMATE LLC, 1717 N ST NW STE 1, WASHINGTON, DC 20036	CONSULTING	435,840
CALIFORNIA CLEAN ENERGY FUND, 436 14TH ST, SUITE 1220, OAKLAND, CA 94612	PROGRAM ADVISORY SERVICES	382,300
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	42	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	5,300,858			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	118,777,766			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,433,238			
	h	Total. Add lines 1a-1f		124,078,624			
Program Service Revenue				Business Code			
	2a	CONSULTING FEES	541610	20,379,000	20,379,000		
	b	MEMBERSHIP DUES	541610	3,846,899	3,846,899		
	c	GOVERNMENT & MULTILATERAL CONSULTING	541610	5,644,184	5,644,184		
	d	PROGRAM EVENT REVENUE	541610	20,236	20,236		
	e						
	f	All other program service revenue		0	0	0	0
g	Total. Add lines 2a-2f		29,890,319				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,623,630			1,623,630
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		866			866
	6a	Gross rents	6a	(i) Real 21,805	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	21,805	0		
	d	Net rental income or (loss)		21,805			21,805
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities 7,854,894	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b	8,640,260			
	c	Gain or (loss)	7c	(785,366)	0		
	d	Net gain or (loss)		(785,366)			(785,366)
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
	11a	EQUITY INVESTMENT DISTRIBUTION	900099	9,769,232			9,769,232
	b	OTHER INCOME	541610	134,381	218	134,163	
	c						
	d	All other revenue		0	0	0	0
e	Total. Add lines 11a-11d		9,903,613				
12	Total revenue. See instructions			164,733,491	29,890,537	134,163	10,630,167

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,843,587	9,843,587		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,831,878	4,831,878		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,641,548	247,996	1,980,270	413,282
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	84,217,571	71,487,050	8,479,150	4,251,371
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,440,222	2,881,585	403,910	154,727
9 Other employee benefits	9,301,996	7,745,616	1,126,678	429,702
10 Payroll taxes	7,108,298	5,824,004	945,731	338,563
11 Fees for services (nonemployees):				
a Management				
b Legal	694,220	550,895	136,630	6,695
c Accounting	336,762		336,762	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	94,680			94,680
f Investment management fees	128,510		128,510	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	17,952,446	15,752,230	1,990,673	209,543
12 Advertising and promotion				
13 Office expenses	396,014	225,398	60,835	109,781
14 Information technology	4,080,714	3,266,657	578,334	235,723
15 Royalties				
16 Occupancy	3,754,236	3,091,927	487,916	174,393
17 Travel	5,968,491	4,914,407	795,597	258,487
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	533,293	402,315	28,298	102,680
20 Interest	330,371		330,371	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,098,454	904,669	142,759	51,026
23 Insurance	265,753	218,870	34,538	12,345
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIPS AND SUBSCRIPTION	1,553,359	1,365,136	148,769	39,454
b FOREIGN CURRENCY ADJUSTMENT	300,231	292,387	1,997	5,847
c BAD DEBT	102,959	62,471	40,488	
d TAXES	14,107	684	13,423	
e All other expenses	1,025,272	850,812	128,113	46,347
25 Total functional expenses. Add lines 1 through 24e	160,014,972	134,760,574	18,319,752	6,934,646
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	18,703,464	1	28,523,780
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	20,057,075	3	25,984,489
	4 Accounts receivable, net	13,259,308	4	11,929,081
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	4,203,750	7	2,123,288
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,951,256	9	4,612,182
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,915,123		
	b Less: accumulated depreciation	10b 6,706,090	10c	14,209,033
	11 Investments—publicly traded securities	27,827,158	11	25,716,534
	12 Investments—other securities. See Part IV, line 11	12,755,253	12	15,993,953
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	25,521,443	15	20,379,007
16 Total assets. Add lines 1 through 15 (must equal line 33)	140,735,486	16	149,471,347	
Liabilities	17 Accounts payable and accrued expenses	13,689,326	17	16,693,930
	18 Grants payable		18	
	19 Deferred revenue	2,656,337	19	3,089,951
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	6,367,990	23	6,259,800
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	21,666,411	25	19,655,082
	26 Total liabilities. Add lines 17 through 25	44,380,064	26	45,698,763
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	32,273,805	27	36,341,680
	28 Net assets with donor restrictions	64,081,617	28	67,430,904
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	96,355,422	32	103,772,584
33 Total liabilities and net assets/fund balances	140,735,486	33	149,471,347	

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck 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	164,733,491
2	Total expenses (must equal Part IX, column (A), line 25)	2	160,014,972
3	Revenue less expenses. Subtract line 2 from line 1	3	4,718,519
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,355,422
5	Net unrealized gains (losses) on investments	5	2,644,436
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	54,207
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	103,772,584

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 .	✓	

Form **990** (2023)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(25) JESSICA UHL	1.0	✓						0	0	0
TRUSTEE	0.0									
(26) KANDEH YUMKELLA	1.0	✓						0	0	0
TRUSTEE	0.0									
(27) MA JUN	1.0	✓						0	0	0
TRUSTEE	0.0									
(28) MARTHA BROOKS	1.0	✓						0	0	0
TRUSTEE	0.0									
(29) STEVE DENNING	1.0	✓						0	0	0
TRUSTEE (END 1/24)	0.0									
(30) TODD STERN	1.0	✓						0	0	0
TRUSTEE (END 12/23)	0.0									

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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)(vii)**. (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 33¹/₃% 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 33¹/₃% 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)						
Total					0	0

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

Cat. No. 11285F

Schedule A (Form 990) 2023

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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51,847,182	96,226,279	97,127,958	105,446,042	124,078,624	474,726,085
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	51,847,182	96,226,279	97,127,958	105,446,042	124,078,624	474,726,085
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						96,143,867
6 Public support. Subtract line 5 from line 4						378,582,218

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	51,847,182	96,226,279	97,127,958	105,446,042	124,078,624	474,726,085
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	93,986	278,798	476,493	835,842	1,646,260	3,331,379
9 Net income from unrelated business activities, whether or not the business is regularly carried on				3,185		3,185
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						478,060,649
12 Gross receipts from related activities, etc. (see instructions)					12	104,147,446
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	79.19 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	78.49 %
16a 33¹/₃% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2023. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2022. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2022. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

Schedule A (Form 990) 2023

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—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

Schedule A (Form 990) 2023

Part VI

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

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

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		\$ 13,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,610,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,321,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 3,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 2,975,000	Person <input checked="" 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 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		\$ 10,580,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,864,971	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 3,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 2,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 3,837,993	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 6,685,724	Person <input checked="" 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 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		\$ 2,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 3,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 7,150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	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 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.

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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.

Cat. No. 50084S

Schedule C (Form 990) 2023

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	15,707	0												
c	Total lobbying expenditures (add lines 1a and 1b)	15,707	0												
d	Other exempt purpose expenditures	159,842,686	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	159,858,393	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	8,333	91,017	27,946	15,707	143,003
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	286	4,601	1,535	0	6,422

Schedule C (Form 990) 2023

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to not be 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).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

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

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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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.

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,094,378	1,082,899	1,182,829	1,019,498	1,006,401
b Contributions		5,000	1,500	127	4,350
c Net investment earnings, gains, and losses	108,109	38,326	(86,931)	198,602	42,082
d Grants or scholarships					
e Other expenditures for facilities and programs	25,390	17,916		20,879	20,574
f Administrative expenses	14,981	13,931	14,499	14,519	12,761
g End of year balance	1,162,116	1,094,378	1,082,899	1,182,829	1,019,498

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

a Board designated or quasi-endowment 0.00 %

b Permanent endowment 80.48 %

c Term endowment 19.52 %

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? ☒ Yes ☐ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		16,127,876	3,434,047	12,693,829
c Leasehold improvements		166,286	142,755	23,531
d Equipment		4,520,961	3,029,288	1,491,673
e Other		100,000	100,000	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				14,209,033

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) <u>FIXED INCOME INVESTMENT</u>	15,993,953	
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	15,993,953	

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)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) <u>INTERCOMPANY RECEIVABLES</u>	13,800
(2) <u>SECURITY DEPOSITS</u>	631,822
(3) <u>INTEREST IN DENVER FOUNDATION</u>	528,663
(4) <u>CRYPTOCURRENCY</u>	27,232
(5) <u>RIGHT OF USE ASSET</u>	19,177,490
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	20,379,007

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) <u>OPERATING LEASE LIABILITIES</u>	19,650,414
(3) <u>DUE TO RELATED PARTY</u>	4,668
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	19,655,082

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.

1	Total revenue, gains, and other support per audited financial statements	1	166,546,763
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,644,436
b	Donated services and use of facilities	2b	204,539
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	54,207
e	Add lines 2a through 2d	2e	2,903,182
3	Subtract line 2e from line 1	3	163,643,581
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	128,510
b	Other (Describe in Part XIII.)	4b	961,400
c	Add lines 4a and 4b	4c	1,089,910
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	164,733,491

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.

1	Total expenses and losses per audited financial statements	1	159,129,601
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	204,539
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	204,539
3	Subtract line 2e from line 1	3	158,925,062
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	128,510
b	Other (Describe in Part XIII.)	4b	961,400
c	Add lines 4a and 4b	4c	1,089,910
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	160,014,972

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 STATEMENT](#)

Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	BENEFICIAL INTEREST HELD IN THE DENVER FOUNDATION	54,207
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	GRANTS TO RELATED ORGANIZATION	961,400
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	GRANTS TO RELATED ORGANIZATION	961,400

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	ENDOWMENT FUNDS ARE USED TO PROVIDE RMI INTERNSHIPS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

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
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	9	PROGRAM SERVICES	(SEE STATEMENT)	2,120,460
(2) EAST ASIA AND THE PACIFIC	1	43	PROGRAM SERVICES	(SEE STATEMENT)	10,097,908
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	42	PROGRAM SERVICES	(SEE STATEMENT)	10,039,960
(4) MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	(SEE STATEMENT)	673,270
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	14	PROGRAM SERVICES	(SEE STATEMENT)	2,621,016
(6) SOUTH AMERICA	0	0	PROGRAM SERVICES	CARBON-FREE BUILDINGS, CLIMATE ALIGNED INDUSTRIES, CLIMATE INTELLIGENCE, ISLANDS, SLIPPER TEAM, US (INCLUDING MANAGEMENT SERVICES)	54,834
(7) SOUTH ASIA	0	26	PROGRAM SERVICES	(SEE STATEMENT)	2,551,959
(8) SUB-SAHARAN AFRICA	0	9	PROGRAM SERVICES	(SEE STATEMENT)	2,986,870
(9) EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		1,546,156
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANT MAKING		1,263,592
(11) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANT MAKING		57,197
(12) SOUTH ASIA	0	0	GRANT MAKING		345,228
(13) SUB-SAHARAN AFRICA	0	0	GRANT MAKING		570,112
(14) SOUTH ASIA	0	0	GRANT MAKING		1,049,593
(15)					
(16)					
(17)					
3a Subtotal	1	144			35,978,155
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	144			35,978,155

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

Cat. No. 50082W

Schedule F (Form 990) 2023

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)			EUROPE (INCLUDING ICELAND AND GREENLAND)	CLIMATE-ALIGNED FINANCE	200,000	WIRE			
(2)			EAST ASIA AND THE PACIFIC	THE GLOBAL SOUTH PROGRAM	135,000	WIRE			
(3)			SUB-SAHARAN AFRICA	THE GLOBAL SOUTH PROGRAM	126,808	WIRE			
(4)			SOUTH ASIA	CARBON-FREE BUILDINGS	150,000	WIRE			
(5)			SOUTH ASIA	RMI INDIA	140,378	WIRE			
(6)			EUROPE (INCLUDING ICELAND AND GREENLAND)	THE GLOBAL SOUTH PROGRAM	44,305	WIRE			
(7)			SUB-SAHARAN AFRICA	THE GLOBAL SOUTH PROGRAM	322,120	WIRE			
(8)			EUROPE (INCLUDING ICELAND AND GREENLAND)	THE GLOBAL SOUTH PROGRAM	54,287	WIRE			
(9)			EAST ASIA AND THE PACIFIC	THE CLIMATE FINANCE ACCESS NETWORK	325,112	WIRE			
(10)			EUROPE (INCLUDING ICELAND AND GREENLAND)	THIRD DERIVATIVE	525,000	WIRE			
(11)			SUB-SAHARAN AFRICA	THE GLOBAL SOUTH PROGRAM	55,000	WIRE			
(12)			EUROPE (INCLUDING ICELAND AND GREENLAND)	CLIMATE ALIGNED INDUSTRIES	115,000	WIRE			
(13)			SUB-SAHARAN AFRICA	THE GLOBAL SOUTH PROGRAM	55,000	WIRE			
(14)			EAST ASIA AND THE PACIFIC	RMI CHINA	250,373	WIRE			
(15)			SUB-SAHARAN AFRICA	THE GLOBAL SOUTH PROGRAM	11,183	WIRE			
(16)			(SEE STATEMENT)						

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

10

3 Enter total number of other organizations or entities

13

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

Schedule F (Form 990) 2023

Part II**Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		EAST ASIA AND THE PACIFIC	THE ENERGY TRANSITION ACADEMY	35,181	WIRE			
(17)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CLIMATE INTELLIGENCE	200,000	WIRE			
(18)		SOUTH ASIA	CLIMATE ALIGNED INDUSTRIES	54,850	WIRE			
(19)		EAST ASIA AND THE PACIFIC	THE CLIMATE FINANCE ACCESS NETWORK	747,500	WIRE			
(20)		NORTH AMERICA (CANADA & MEXICO ONLY)	CLIMATE INTELLIGENCE	57,197	WIRE			
(21)		EAST ASIA AND THE PACIFIC	THE GLOBAL SOUTH PROGRAM	48,343	WIRE			
(22)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CLIMATE INTELLIGENCE	125,000	WIRE			
(23)		SOUTH ASIA	RMI INDIA	1,049,593	WIRE			

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).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	CARBON-FREE BUILDINGS, CARBON-FREE TRANSPORTATION, CLIMATE ALIGNED INDUSTRIES, CLIMATE FINANCE ACCESS NETWORK, ENERGY TRANSITION ACADEMY, GLOBAL SOUTH, INDIA, ISLANDS, STRATEGY TEAM (INCLUDING MANAGEMENT SERVICES)
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	CARBON-FREE BUILDINGS, CARBON-FREE ELECTRICITY, CARBON-FREE TRANSPORTATION, CHINA, CLIMATE ALIGNED INDUSTRIES, CLIMATE FINANCE ACCESS NETWORK, CLIMATE INTELLIGENCE, CLIMATE ALIGNED FINANCE, GLOBAL SOUTH, INDIA, INFLUENCE TEAM, ISLANDS, SE ASIA, SUPER TEAM, THIRD DERIVATIVE (INCLUDING MANAGEMENT AND FUNDRAISING SERVICES)
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	AFRICA, CARBON-FREE BUILDINGS, CARBON-FREE ELECTRICITY, CARBON-FREE TRANSPORTATION, CHINA, CLIMATE ALIGNED INDUSTRIES, CLIMATE FINANCE ACCESS NETWORK, CLIMATE INTELLIGENCE, ENERGY TRANSITION ACADEMY, CLIMATE ALIGNED FINANCE, GLOBAL SOUTH, INDIA, INFLUENCE TEAM, ISLANDS, STRATEGY TEAM, SUPER TEAM, THIRD DERIVATIVE, US (INCLUDING MANAGEMENT AND FUNDRAISING SERVICES)
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	CLIMATE ALIGNED INDUSTRIES, CLIMATE FINANCE ACCESS NETWORK, CLIMATE INTELLIGENCE, CLIMATE ALIGNED FINANCE, GLOBAL SOUTH, INFLUENCE TEAM, STRATEGY TEAM, THIRD DERIVATIVE (INCLUDING MANAGEMENT AND FUNDRAISING SERVICES)
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	AFRICA, CARBON-FREE BUILDINGS, CARBON-FREE ELECTRICITY, CARBON-FREE TRANSPORTATION, CLIMATE ALIGNED INDUSTRIES, CLIMATE FINANCE ACCESS NETWORK, CLIMATE INTELLIGENCE, ENERGY TRANSITION ACADEMY, CLIMATE ALIGNED FINANCE, GLOBAL SOUTH, INFLUENCE TEAM, MIQ FOUNDATION, SE ASIA, STRATEGY TEAM, THIRD DERIVATIVE, US (INCLUDING MANAGEMENT SERVICES)
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	CARBON-FREE BUILDINGS, CARBON-FREE TRANSPORTATION, CHINA, CLIMATE ALIGNED INDUSTRIES, CLIMATE FINANCE ACCESS NETWORK, CLIMATE INTELLIGENCE, GLOBAL SOUTH, INDIA, INFLUENCE TEAM, ISLANDS, SE ASIA, THIRD DERIVATIVE, ZETRO ENERGY (INCLUDING MANAGEMENT AND FUNDRAISING SERVICES)
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	AFRICA, CARBON-FREE TRANSPORTATION, CLIMATE ALIGNED INDUSTRIES, CLIMATE FINANCE ACCESS NETWORK, CLIMATE INTELLIGENCE, ENERGY TRANSITION ACADEMY, GLOBAL SOUTH, INFLUENCE TEAM, ISLANDS, SE ASIA, SUPER TEAM, THIRD DERIVATIVE, (INCLUDING MANAGEMENT AND FUNDRAISING SERVICES)
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

Name of the organization
ROCKY MOUNTAIN INSTITUTE

Employer identification number
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

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☐ Special fundraising events

d ☒ In-person solicitations
- 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			
1 E.A. SOMERSET CONSULTING, LLC, 701 FAIRCASTLE AVE., SEVERNA PARK, MD 21146	PROFESSIONAL FUNDRAISER		✓	0	94,680	(94,680)
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	94,680	(94,680)

- 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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
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 Volunteer labor	<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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name _____

Address _____

- 15a** 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	Date	Time	Location	Remarks

☐ 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 explanations 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ROCKY MOUNTAIN INSTITUTE

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

74-2244146

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 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) (SEE STATEMENT)	04-2304133	501C3	400,000				SUPPORT PROGRAM
(2) ADL VENTURES, LLC 815 MASONIC AVE, SAN FRANCISCO, CA 94117	81-2698148		602,207				SUPPORT PROGRAM
(3) AMERICAN LUNG ASSOCIATION 55 W. WACKER DRIVE, CHICAGO, IL 60601	13-1632524	501C3	100,000				SUPPORT PROGRAM
(4) (SEE STATEMENT)	13-3374285	501C3	168,563				SUPPORT PROGRAM
(5) (SEE STATEMENT)	53-0196577	501C3	50,000				SUPPORT PROGRAM
(6) COLUMBIA UNIVERSITY 622 WEST 113 STREET, NEW YORK, NY 10025	13-5598093	501C3	150,000				SUPPORT PROGRAM
(7) (SEE STATEMENT)	82-4485492	501C3	35,000				SUPPORT PROGRAM
(8) COMMUNITY INITIATIVES 1000 BROADWAY SUITE 480, OAKLAND, CA 94607	94-3255070	501C3	75,000				SUPPORT PROGRAM
(9) DAVID BAKER ARCHITECTS 461 2ND ST, C127, SAN FRANCISCO, CA 94107	94-3384000		119,275				SUPPORT PROGRAM
(10) (SEE STATEMENT)	53-0196603	501C3	50,000				SUPPORT PROGRAM
(11) INTEGRAL GROUP, INC. 427 13TH STREET, OAKLAND, CA 94612	94-3391867		35,878				SUPPORT PROGRAM
(12) (SEE STATEMENT)							

- 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 8

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

Cat. No. 50055P

Schedule I (Form 990) 2023

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.
----------------	--

(SEE STATEMENT)

Part II
Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) MISSION POSSIBLE PARTNERSHIP 1750 PENNSYLVANIA AVE NW #300, WASHINGTON, DC 20006	87-2398379	501C3	2,203,750				SUPPORT FORMER RELATED ENTITY
(13) MOVE MINNESOTA 2446 UNIVERSITY AVE W SUITE 170, SAINT PAUL, MN 55114	41-1906261	501C3	75,000				SUPPORT PROGRAM
(14) NAACP CO MT WY STATE CONFERENCE PO BOX 31671, AURORA, CO 80041	84-1262039	501C4	70,000				SUPPORT PROGRAM
(15) OPEN MARKET ESCO LLC ONE WASHINGTON MALL SUITE 500, BOSTON, MA 02108	26-4771056		44,004				SUPPORT PROGRAM
(16) PASSIVE HOUSE INSTITUTE US 53 W JACKSON BLVD STE 1432, CHICAGO, IL 60604	30-0211695	501C3	45,525				SUPPORT PROGRAM
(17) PRESERVATION OF AFFORDABLE HOUSING INC 2 OLIVER STREET SUITE 500, BOSTON, MA 02109	31-1616634	501C3	750,000				SUPPORT PROGRAM
(18) RDH BUILDING SCIENCE INC. 2101 N 34TH STREET, SEATTLE, WA 98103	33-1077399		31,195				SUPPORT PROGRAM
(19) SIGNETRON INC. 936 CRESTON ROAD, BERKELEY, CA 94708	93-1084053		40,419				SUPPORT PROGRAM
(20) SPARK NORTHWEST 1402 3RD AVE SUITE 901, SEATTLE, WA 98101	91-2141987	501C3	400,000				SUPPORT PROGRAM
(21) STRONG TOWNS 1001 KINGWOOD STREET STUDIO 116, BRAINERD, MN 56401	27-1459378	501C3	40,000				SUPPORT PROGRAM
(22) TK FABRICATE, LLC 4910 RED PINE ROAD, MANLIUS, NY 13104	84-2455576		93,512				SUPPORT PROGRAM
(23) UNITED NATIONS FOUNDATION, INC 1750 PENNSYLVANIA AVE. NW, #300, WASHINGTON, DC 20006	58-2368165	501C3	100,000				SUPPORT PROGRAM
(24) US PUBLIC INTEREST RESEARCH GROUP EDUCATION FUND (PIRG) 1543 WAZEE ST., SUITE 460, DENVER, CO 80202	52-1384240	501C3	100,000				SUPPORT PROGRAM
(25) VERMONT ENERGY INVESTMENT CORPORATION 20 WINOOSKI FALLS WAY 5TH FLOOR, WINOOSKI, VT 05404	03-0304418	501C3	19,893				SUPPORT PROGRAM
(26) WE MEAN BUSINESS COALITION 1178 BROADWAY, NEW YORK, NY 10001	85-4146520	501C3	100,000				SUPPORT PROGRAM
(27) CANARY MEDIA 67 BROADWAY ST., SUITE 200, ASHEVILLE, NC 28801	86-2478288	501C3	3,937,867				RELATED ENTITY GRANT

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	RMI UTILIZES A RIGOROUS DUE DILIGENCE AND RISK ANALYSIS PROCESS - WHICH INCLUDES DETAILED QUESTIONAIRES, 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.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ACTION FOR BOSTON COMMUNITY DEVELOPMENT, INC. 178 TREMONT STREET, BOSTON, MA 02111
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ASSOCIATION FOR ENERGY AFFORDABILITY, INC. 105 BRUCKNER BLVD, BRONX, NY 10454
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVE NW, WASHINGTON, DC 20036
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	COMMUNITY DEVELOPMENT CORPORATION OF PEMBROKE HOPKINS PARK 5644 S IOWA DR, PEMBROKE TOWNSHIP, IL 60958
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	GEORGETOWN UNIVERSITY 37TH AND O STREETS NW BOX 571173, WASHINGTON, DC 20057

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

74-2244146

Part I Questions Regarding Compensation

	Yes	No								
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. <table><tbody><tr><td><input checked="" type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input checked="" type="checkbox"/> Travel for companions</td><td><input checked="" type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></tbody></table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" 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)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" 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	<input checked="" type="checkbox"/>									
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?	<input checked="" type="checkbox"/>									
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. <table><tbody><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input checked="" type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></tbody></table>	<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				
<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?		<input checked="" type="checkbox"/>								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	<input checked="" type="checkbox"/>									
c Participate in or receive payment from an equity-based compensation arrangement?		<input checked="" type="checkbox"/>								
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?		<input checked="" type="checkbox"/>								
b Any related organization?		<input checked="" type="checkbox"/>								
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?		<input checked="" type="checkbox"/>								
b Any related organization?		<input checked="" type="checkbox"/>								
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	<input checked="" type="checkbox"/>									
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		<input checked="" type="checkbox"/>								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

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	JON CREYTS	(i) 427,255	122,105	0	16,500	35,791	601,651	0
	CHIEF EXECUTIVE OFFICER	(ii) 0	0	0	0	0	0	0
2	MARTHA C. PICKETT	(i) 327,426	100,000	0	16,472	25,029	468,927	0
	GENERAL COUNSEL & CO-CHAIR	(ii) 0	0	0	0	0	0	0
3	HEATHER MCCREERY	(i) 302,252	73,425	0	15,358	33,920	424,955	0
	CHIEF FINANCIAL OFFICER	(ii) 0	0	0	0	0	0	0
4	KYLIE ROGERS	(i) 293,579	72,875	0	15,304	38,195	419,953	0
	CHIEF PEOPLE OFFICER	(ii) 0	0	0	0	0	0	0
5	BRYAN FISHER	(i) 298,398	72,188	0	15,160	32,718	418,464	0
	MANAGING DIRECTOR	(ii) 0	0	0	0	0	0	0
6	JOSH HENRETIG	(i) 296,638	72,188	0	15,099	32,715	416,640	0
	MANAGING DIRECTOR	(ii) 0	0	0	0	0	0	0
7	LENA HANSEN	(i) 302,276	72,325	0	11,397	21,294	407,292	0
	CHIEF STRATEGY OFFICER	(ii) 0	0	0	0	0	0	0
8	RUSHAD NANVATTY	(i) 292,656	93,594	0	14,501	1,572	402,323	0
	MANAGING DIRECTOR	(ii) 0	0	0	0	0	0	0
9	JENNIFER STOKES	(i) 296,224	70,000	0	12,711	22,715	401,650	0
	CHIEF DEVELOPMENT OFFICER	(ii) 0	0	0	0	0	0	0
10	LEIA GUCCIONE	(i) 303,414	70,000	0	15,050	1,701	390,165	0
	MANAGING DIRECTOR	(ii) 0	0	0	0	0	0	0
11	JULES KORTENHORST	(i) 32,318	250,000	0	0	1,633	283,951	0
	CEO (END 1/2023)	(ii) 0	0	0	0	0	0	0
12		(i)						
		(ii)						
13		(i)						
		(ii)						
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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	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 1A - TRAVEL FOR COMPANIONS	ONE DIRECTOR AND ONE HIGHLY COMPENSATED EMPLOYEE WERE REIMBURSED FOR TRAVEL COMPANIONS WITHIN THE TAX YEAR. THE REIMBURSEMENT FOR THE DIRECTOR WAS INCLUDED IN REPORTABLE COMPENSATION WITHIN THE 1099.
SCHEDULE J, PART I, LINE 1A - PAYMENTS FOR BUSINESS USE OF PERSONAL RESIDENCE	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 LEASE ENDS JUNE 4TH, 2024. THE RENT IS \$123 PER MONTH.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SUPPLEMENTAL NONQUALIFIED PLAN: ROCKY MOUNTAIN INSTITUTE ESTABLISHED A 457(F) DEFERRED COMPENSATION PLAN IN OCTOBER 2022 THAT ALLOWS RMI TO CONTRIBUTE MONEY FOR CERTAIN 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.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	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 for instructions and the latest information.

OMB No. 1545-0047

2023

**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)												
Total						\$						

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.

Cat. No. 50056A

Schedule L (Form 990) 2023

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

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

[illegible]

Part IV**Business Transactions Involving Interested Persons** (continued)

(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 ASSOCIATES	DIRECTOR/TRUSTEE	\$119,721	AMORY LOVINS IS A CURRENT TRUSTEE AND THE FORMER CHEIF SCIENTIST. RMI PAID LOVINS ASSOCIATES \$119,721 DURING FISCAL YEAR ENDING 6/30/2024 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 for instructions and the latest information.

OMB No. 1545-0047

2023

**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	✓	28	3,433,238	MARKET VALUE
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	0
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No 30a ✓
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?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
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.				

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - THE NUMBER IN COLUMN B REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O (Form 990) Department of Treasury Internal Revenue Service	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.	OMB No. 1545-0047 <div style="border: 2px solid black; padding: 5px; text-align: center;"> 2023 Open to Public Inspection </div>
	▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	
Name of the Organization ROCKY MOUNTAIN INSTITUTE		Employer Identification Number 74-2244146

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES	MIQ IS AN INDEPENDENT METHANE EMISSIONS CERTIFICATION STANDARD THAT AIMS TO DIFFERENTIATE NATURAL GAS PRODUCTION BY EMISSIONS INTENSITY, CREATING FINANCIAL INCENTIVES TO REDUCE METHANE EMISSIONS ACROSS THE OIL AND GAS SECTOR BY DELIVERING A THRIVING MARKET FOR INDEPENDENTLY CERTIFIED GAS.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	TRANSPORTATION FUTURE IN INDIA, CHINA, THE UNITED STATES, AND THE GLOBAL SOUTH. GLOBALLY, OUR WORK WILL ACCELERATE THE ELECTRIFICATION OF TWO- AND THREE-WHEELERS, TRUCKS, AND FACILITATE INVESTMENT IN EV INFRASTRUCTURE FOR ALL. - CLIMATE-ALIGNED INDUSTRIES ENGAGES WITH THE PUBLIC AND PRIVATE SECTORS TO KICK-START FIRST-OF-A-KIND INDUSTRIAL PROJECTS THAT ACCELERATE THE DEPLOYMENT OF CLEAN ENERGY WORLDWIDE FOR HEAVY INDUSTRY. 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 4B - PROGRAM SERVICE DESCRIPTION	CREATE TANGIBLE EXAMPLES TO SHOW THAT MEASURES TO BOOST RENEWABLE ENERGY AND REDUCE ENERGY WASTE 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 AND INCREASE RESILIENCE FOR ALL. - 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 4C - PROGRAM SERVICE DESCRIPTION	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 BOOST THEIR RESILIENCE TO CLIMATE HAZARDS AND SEIZE CLEAN ENERGY OPPORTUNITIES. - 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 DEVELOPING AND INNOVATING CUTTING-EDGE CLEAN TECH SOLUTIONS, CONNECTING THEM WITH A VAST AND DIVERSE NETWORK OF EXPERTS, CORPORATE PARTNERS, AND INVESTORS TO HELP THESE STARTUPS GO TO MARKET FASTER AND ADVANCE CLIMATE TECH INNOVATION.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$12,975,834 INCLUDING GRANTS OF \$6,241,615)(REVENUE \$1,431,679) OTHER RMI INITIATIVES - INFLUENCE TEAM: AS AN AUDIENCE-FIRST, MULTI-CHANNEL STORYTELLING FORCE, RMI STRATEGICALLY COMMUNICATES TO ITS STAKEHOLDERS, THE MEDIA, AND KEY DECISION-MAKERS TO SHARE OUR TECHNICAL EXPERTISE AND INSPIRE THEM TO ACT ON SOLUTIONS. 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 IS A UNIQUE SOFTWARE TOOL THAT HELPS SCALE AND DISSEMINATE ZERO-CARBON BUILDING PRACTICES, TECHNOLOGIES, BUSINESS MODELS, AND FINANCE REQUIREMENTS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	OFFICERS AND TRUSTEES 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 CONFLICT OF INTERESTS ARE REVIEWED BY THE GENERAL COUNSEL TO DETERMINE IF A CONFLICT EXISTS. IF A CONFLICT EXISTS APPROPRIATE ACTION IS TAKEN.
FORM 990, PART VI, LINE 15 - LINE 15A & 15B	RMI HAS ENGAGED AN OUTSIDE COMPENSATION FIRM TO REVIEW COMPENSATION FOR 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, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Return Reference - Identifier	Explanation				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	RMI'S ARTICLES OF INCORPORATION ARE OF PUBLIC RECORD WITH THE COLORADO SECRETARY OF STATE. ANNUAL REPORTS, IRS FORM 990, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE RMI WEBSITE (WWW.RMI.ORG). COPIES OF ANY POLICY, INCLUDING BYLAWS, ARE AVAILABLE UPON REQUEST.				
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (D) - COMPENSATION PAID TO AMORY LOVINS	AMORY LOVINS IS A CURRENT TRUSTEE AND THE FORMER CHIEF SCIENTIST. RMI PAID AMORY LOVINS \$85,149 DURING CALENDAR YEAR 2023 FOR CONSULTING AS AN INDEPENDENT CONTRACTOR.				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	CONSULTANT FEES	15,379,384	14,170,121	1,081,338	127,925
	COMMUNICATIONS CONSULTANT	1,589,715	1,507,685	1,600	80,430
	PAYROLL FEES	983,347	74,424	907,735	1,188
	Total	17,952,446	15,752,230	1,990,673	209,543
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description				(b) Amount
	BENEFICIAL INTEREST HELD IN THE DENVER FOUNDATION				54,207

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

**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 80301	OWNERSHIP OF INNOVATION CENTER IN BASALT, CO	CO	11,267	12,693,930	N
(2) RMI INNOVATIONS LLC (93-4576293) 2490 JUNCTION PLACE SUITE 200, BOULDER, CO 80301	FURTHER MISSION	CO	0	0	N
(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) 67 BROADWAY ST SUITE 200, ASHEVILLE, ASHEVILLE, NC 28801	FURTHER GLOBAL MISSION	DE	501(C)(3)	10	ROCKY MOUNTAIN INSTITUTE	✓	
(2) ROCKY MOUNTAIN INSTITUTE INTERNATIONAL (47-3919461) 2490 JUNCTION PLACE SUITE 200, BOULDER, CO 80301	SUPPORTING ORGANIZATION	CO	501(C)(3)	12 TYPE I	ROCKY MOUNTAIN INSTITUTE	✓	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

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) (SEE STATEMENT)												
(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) (SEE STATEMENT)									
(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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓
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) CANARY MEDIA	B	3,937,867	CASH
(2) ROCKY MOUNTAIN INSTITUTE INTERNATIONAL	B	1,049,593	CASH
(3)			
(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 III**Identification of Related Organizations Taxable as a Partnership** (continued)

(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) D3 COHORT 415, LLC (85-2398611) 22830 TWO RIVERS ROAD, BASALT, CO 81621	INVESTMENT FUNDS	CO	SURGE PROTECTO R INC	N/A	N/A	N/A						N/A
(2) JOLT.SEED419 LLC (87-1885037) 22830 TWO RIVERS ROAD, BASALT, CO 81621	INVESTMENT FUNDS	CO	SURGE PROTECTO R INC	N/A	N/A	N/A						N/A

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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) SURGE PROTECTOR INC (87-1884836) 22830 TWO RIVERS ROAD, BASALT, CO 81621	HOLDING COMPANY	DE	ROCKY MOUNTAIN INSTITUTE	C CORPORATION	0	0	100.00	✓	