

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>

Please contact your Forvis Mazars advisor if you have questions about these rules.

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025

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 \$ 199,511,785
H(a) Is this a group return for subordinates? [] Yes [x] 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: [x] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527

J Website: WWW.RMI.ORG

K Form of organization: [x] Corporation [] Trust [] Association [] Other L Year of formation: 1982 M State of legal domicile: CO

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1 Briefly describe the organization's mission... WE WORK WITH BUSINESSES, POLICYMAKERS, AND COMMUNITIES TO SCALE ENERGY EFFICIENCY AND RENEWABLE ENERGY SOLUTIONS... 2 Check this box [] if the organization discontinued its operations... 3 Number of voting members of the governing body... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue—add lines 8 through 11...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

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 Signature of officer JON CREYTS, CEO Date May 12, 2026 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name ADAM R. SMITH Preparer's signature ADAM R. SMITH Date 05/11/2026 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 [x] Yes [] No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 51,627,268 including grants of \$ 2,571,790) (Revenue \$ 14,257,979)
(SEE ON SCHEDULE O)

4b (Code:) (Expenses \$ 38,179,385 including grants of \$ 1,352,695) (Revenue \$ 5,597,505)
(SEE ON SCHEDULE O)

4c (Code:) (Expenses \$ 34,280,205 including grants of \$ 955,192) (Revenue \$ 4,394,616)
(SEE ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 6,933,727 including grants of \$ 252,558) (Revenue \$ 1,185,760)

4e Total program service expenses 131,020,585

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
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? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	✓	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	717		
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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 CH 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? <i>If "No," provide an explanation on Schedule O</i>	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 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.	8	
1b	Enter the number of voting members included on line 1a, above, who are independent	6	
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?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
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?		✓
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
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		✓

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?		✓
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓	
11b	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	✓	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	✓	
13	Did the organization have a written whistleblower policy?	✓	
14	Did the organization have a written document retention and destruction policy?	✓	
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?		
15a	The organization's CEO, Executive Director, or top management official	✓	
15b	Other officers or key employees of the organization	✓	
	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?	✓	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	✓	

Section C. Disclosure

- 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.
AMRITA BHANDARI, 2490 JUNCTION PLACE SUITE 200, BOULDER, CO 80301, (303) 245-1003

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JON CREYTS CHIEF EXECUTIVE OFFICER	40.0 1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			609,854	0	185,057	
(2) MARTHA PICKETT BOARD CO-CHAIR THROUGH 4/25; GENERAL COUNSEL	40.0 1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			421,453	0	110,018	
(3) KYLIE ROGERS CHIEF PEOPLE OFFICER	40.0 0.0				<input checked="" type="checkbox"/>		381,168	0	115,074	
(4) BRYAN FISHER MANAGING DIRECTOR	40.0 0.0				<input checked="" type="checkbox"/>		381,755	0	112,331	
(5) JOSH HENRETIG MANAGING DIRECTOR	40.0 0.0				<input checked="" type="checkbox"/>		383,058	0	109,929	
(6) LENA HANSEN CHIEF STRATEGY OFFICER	40.0 0.0				<input checked="" type="checkbox"/>		390,409	0	95,359	
(7) OCTAVIO FUENTES INTERIM CHIEF FINANCIAL OFFICER	40.0 1.0			<input checked="" type="checkbox"/>			344,744	0	95,455	
(8) HEATHER MCCREERY CHIEF FINANCIAL OFFICER (END 01/25)	40.0 1.0			<input checked="" type="checkbox"/>			389,099	0	49,843	
(9) JENNIFER STOKES CHIEF DEVELOPMENT OFFICER	40.0 0.0				<input checked="" type="checkbox"/>		335,419	0	97,237	
(10) LEIA GUCCIONE MANAGING DIRECTOR	40.0 0.0				<input checked="" type="checkbox"/>		391,444	0	16,066	
(11) HEIDI JOHNSON ASSISTANT SECRETARY	40.0 0.0			<input checked="" type="checkbox"/>			96,351	0	30,568	
(12) AMORY BLOCH LOVINS TRUSTEE/CONTRACTOR	1.0 0.0	<input checked="" type="checkbox"/>					102,040	0	0	
(13) DENNIS V MCGINN BOARD CO-CHAIR (BEGIN 04/25)	1.0 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			0	0	0	
(14) MARTHA BROOKS BOARD CO-CHAIR (BEGIN 04/25)	1.0 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			0	0	0	

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 (END 04/25)	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) ANJALI BANSAL TRUSTEE (END 04/25)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) BRYAN J. HANNEGAN TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) CATHERINE COLEMAN FLOWERS TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) ENKI TAN TRUSTEE (END 03/25)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) JESSICA UHL TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) KANDEH YUMKELLA TRUSTEE (END 04/25)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) MA JUN TRUSTEE (END 04/25)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23)										
(24)										
(25)										
1b Subtotal								4,226,794	0	1,016,937
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								4,226,794	0	1,016,937

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 315

	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 type="checkbox"/>	<input checked="" 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
MANAGED SOLUTION, 2150 W. WASHINGTON ST. SUITE 402, SAN DIEGO, CA 92110	INFORMATION TECHNOLOGY	812,961
M. HARRIS & CO., 2109 W. GRACE STREET, CHICAGO, IL 60618	PUBLICATION	686,747
AXION SOLUTIONS, LLC, 209 MELVIN AVE, ANNAPOLIS, MD 21401	CONSULTING	646,163
NELSON NYGAARD CONSULTING ASSOC., INC., 2 BRYANT ST., SUITE 300, SAN FRANCISCO, CA 94105	CONSULTING	571,682
IN OUR BACKYARDS, INC., PO BOX 4668 PMB 74253, NEW YORK, NY 10163	CONSULTING	569,088

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 52

Part VIII Statement of Revenue

Check 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	7,170,471				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	139,439,577				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,218,946				
	h	Total. Add lines 1a-1f		146,610,048				
	Program Service Revenue				Business Code			
2a		CONSULTING FEES	541610	15,855,745	15,855,745			
b		MEMBERSHIP DUES	541610	3,801,751	3,801,751			
c		GOVERNMENT & MULTILATERAL CONSULTING	541610	5,568,098	5,568,098			
d		PROGRAM EVENT REVENUE	541610	36,835	36,835			
e								
f		All other program service revenue . .		0	0	0	0	
g	Total. Add lines 2a-2f		25,262,429					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,584,443			2,584,443	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		291			291	
	6a	Gross rents	6a	(i) Real	31,156			
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	31,156	0			
	d	Net rental income or (loss)		31,156			31,156	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	24,849,987			
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	24,594,091				
	c	Gain or (loss)	7c	255,896	0			
	d	Net gain or (loss)		255,896			255,896	
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	OTHER INCOME	541610	173,431	173,431			
	b							
	c							
	d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		173,431					
12	Total revenue. See instructions		174,917,694	25,435,860	0	2,871,786		

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	2,870,078	2,870,078		
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	2,262,158	2,262,158		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,130,389	134,820	1,698,676	296,893
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	87,650,026	72,403,395	10,233,515	5,013,116
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,620,881	3,027,471	406,486	186,924
9 Other employee benefits	10,501,411	8,780,382	1,178,906	542,123
10 Payroll taxes	7,619,786	6,371,014	855,410	393,362
11 Fees for services (nonemployees):				
a Management				
b Legal	1,064,587	968,235	92,964	3,388
c Accounting	335,791		335,791	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	125,599			125,599
f Investment management fees	154,384		154,384	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	20,661,008	18,317,284	2,152,623	191,101
12 Advertising and promotion				
13 Office expenses	1,027,144	651,063	225,025	151,056
14 Information technology	4,224,813	3,493,814	480,949	250,050
15 Royalties				
16 Occupancy	3,166,351	2,658,462	344,656	163,233
17 Travel	6,002,532	4,880,551	729,119	392,862
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	785,824	656,431	16,153	113,240
20 Interest	246,267		246,267	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,144,019	960,516	124,526	58,977
23 Insurance	319,267	268,056	34,752	16,459
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 SUBSCRIPTIONS	2,068,923	1,859,752	145,502	63,669
b BAD DEBT	730,527	172,167	558,360	
c FOREIGN CURRENCY TRANSACTION FEE	292,950	284,806	2,654	5,490
d TAXES	8,298	130	8,168	
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	159,013,013	131,020,585	20,024,886	7,967,542
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 Sheet

Check 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	28,523,780	1	18,669,988
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	25,984,489	3	28,864,869
	4 Accounts receivable, net	11,929,081	4	9,372,367
	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	2,123,288	7	4,906,740
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,612,182	9	3,967,509
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,652,344		
	b Less: accumulated depreciation	10b 7,851,140	14,209,033	10c 13,801,204
	11 Investments—publicly traded securities	41,711,426	11	49,118,225
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	1,522,406
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,378,068	15	19,887,321
16 Total assets. Add lines 1 through 15 (must equal line 33)	149,471,347	16	150,110,629	
Liabilities	17 Accounts payable and accrued expenses	16,693,930	17	16,052,110
	18 Grants payable		18	
	19 Deferred revenue	3,089,951	19	1,982,329
	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	6,259,800	23	1,732,146
	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	19,655,082	25	9,032,052
	26 Total liabilities. Add lines 17 through 25	45,698,763	26	28,798,637
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	36,341,680	27	34,568,106
	28 Net assets with donor restrictions	67,430,904	28	86,743,886
	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	103,772,584	32	121,311,992
33 Total liabilities and net assets/fund balances	149,471,347	33	150,110,629	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	174,917,694
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,013,013
3	Revenue less expenses. Subtract line 2 from line 1	3	15,904,681
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	103,772,584
5	Net unrealized gains (losses) on investments	5	1,595,676
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	39,051
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	121,311,992

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization ROCKY MOUNTAIN INSTITUTE	Employer identification number 74-2244146
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 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

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	96,226,279	97,127,958	105,446,092	124,078,624	146,610,048	569,489,001
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	96,226,279	97,127,958	105,446,092	124,078,624	146,610,048	569,489,001
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)						105,862,079
6 Public support. Subtract line 5 from line 4						463,626,922

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	96,226,279	97,127,958	105,446,092	124,078,624	146,610,048	569,489,001
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	278,798	476,493	835,842	1,646,260	2,615,890	5,853,283
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						575,345,469
12 Gross receipts from related activities, etc. (see instructions)					12	119,660,626
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 2024 (line 6, column (f), divided by line 11, column (f))	14	80.58 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	79.19 %
16a 33 1/3% support test—2024. 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 33 1/3% support test—2023. 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—2024. 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—2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2024. 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—2023. 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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>		
9b	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>		
9c	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>		
10b	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).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

**Schedule B
(Form 990)**

(Rev. January 2025)
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

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 33¹/₃% 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
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 24,685,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 12,250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 10,630,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 6,515,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 6,100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 5,000,000	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
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 4,360,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 4,057,647	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 3,795,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 3,000,000	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.)

Name of organization ROCKY MOUNTAIN INSTITUTE	Employer identification number 74-2244146
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) 74-2244146
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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 EINs 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)				

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)	54,994	0												
c	Total lobbying expenditures (add lines 1a and 1b)	54,994	0												
d	Other exempt purpose expenditures	158,958,019	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	159,013,013	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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	91,017	27,946	15,707	54,994	189,664
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	4,601	1,535	0	0	6,136

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)

(Rev. January 2025)

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for compliance questions.

Part II Conservation Easements

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 1-9 for various questions and metrics.

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

Table with 2 columns: Description, Amount. Rows 1a-2 for reporting requirements on art and historical treasures.

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **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	1,162,116	1,094,378	1,082,899	1,182,829	1,019,498
b Contributions			5,000	1,500	127
c Net investment earnings, gains, and losses	89,774	108,109	38,326	(86,931)	198,602
d Grants or scholarships					
e Other expenditures for facilities and programs	25,684	25,390	17,916		20,879
f Administrative expenses	15,984	14,981	13,931	14,499	14,519
g End of year balance	1,210,222	1,162,116	1,094,378	1,082,899	1,182,829

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 77.29 %
- c** Term endowment 22.71 %

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

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

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment

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

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	3,836,518	12,291,358
c Leasehold improvements		166,286	148,955	17,331
d Equipment		5,258,182	3,765,667	1,492,515
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))				13,801,204

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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

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) INTERCOMPANY RECEIVABLES	10,000,000
(2) SECURITY DEPOSITS	631,457
(3) INTEREST IN DENVER FOUNDATION	542,031
(4) CRYPTOCURRENCY	9,379
(5) RIGHT OF USE ASSET	8,704,454
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	19,887,321

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	9,032,052
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	9,032,052

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 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	39,051
	TOTAL	39,051

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)**

(Rev. January 2025)

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

**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	8	PROGRAM SERVICES	(SEE STATEMENT)	3,167,096
(2) EAST ASIA AND THE PACIFIC	1	43	PROGRAM SERVICES	(SEE STATEMENT)	10,524,379
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	41	PROGRAM SERVICES	(SEE STATEMENT)	11,440,307
(4) MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	(SEE STATEMENT)	649,195
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	13	PROGRAM SERVICES	(SEE STATEMENT)	2,770,623
(6) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	(SEE STATEMENT)	127,666
(7) SOUTH AMERICA	0	1	PROGRAM SERVICES	(SEE STATEMENT)	262,581
(8) SOUTH ASIA	0	34	PROGRAM SERVICES	(SEE STATEMENT)	5,350,794
(9) SUB-SAHARAN AFRICA	0	9	PROGRAM SERVICES	(SEE STATEMENT)	3,107,221
(10) EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		770,012
(11) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANT MAKING		658,512
(12) SOUTH ASIA	0	0	GRANT MAKING		567,755
(13) SUB-SAHARAN AFRICA	0	0	GRANT MAKING		265,879
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1	150			39,662,020
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	150			39,662,020

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)			SUB-SAHARAN AFRICA	THE GLOBAL SOUTH PROGRAM	84,539	WIRE			
(2)			SUB-SAHARAN AFRICA	THE GLOBAL SOUTH PROGRAM	85,048	WIRE			
(3)			EUROPE (INCLUDING ICELAND AND GREENLAND)	THE GLOBAL SOUTH PROGRAM	30,000	WIRE			
(4)			SUB-SAHARAN AFRICA	THE GLOBAL SOUTH PROGRAM	10,000	WIRE			
(5)			SUB-SAHARAN AFRICA	THE GLOBAL SOUTH PROGRAM	38,233	WIRE			
(6)			SUB-SAHARAN AFRICA	THE GLOBAL SOUTH PROGRAM	20,000	WIRE			
(7)			SOUTH ASIA	CARBON-FREE BUILDINGS	240,200	WIRE			
(8)			SUB-SAHARAN AFRICA	CARBON-FREE TRANSPORTATION	10,000	WIRE			
(9)			EAST ASIA AND THE PACIFIC	CATALYTIC FINANCE	273,750	WIRE			
(10)			EAST ASIA AND THE PACIFIC	RMI CHINA	337,697	WIRE			
(11)			EUROPE (INCLUDING ICELAND AND GREENLAND)	CLIMATE ALIGNED INDUSTRIES	13,512	WIRE			
(12)			SOUTH ASIA	CLIMATE ALIGNED INDUSTRIES	12,000	WIRE			
(13)			EAST ASIA AND THE PACIFIC	CLIMATE INTELLIGENCE	68,000	WIRE			
(14)			EUROPE (INCLUDING ICELAND AND GREENLAND)	CLIMATE-ALIGNED FINANCE	200,000	WIRE			
(15)			SOUTH ASIA	RMI INDIA	160,000	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 10

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
<p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>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.</p>
<p>SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL - CARBON-FREE BUILDINGS; CARBON-FREE TRANSPORTATION; CATALYTIC FINANCE; CEO TEAM; CLIMATE ALIGNED INDUSTRIES; DEVELOPMENT; ENERGY TRANSITION ACADEMY; FINANCE; GLOBAL SOUTH; ISLANDS; PEOPLE TEAM; STRATEGY TEAM; US PROGRAM EAST ASIA AND THE PACIFIC - ACCRUAL - CARBON-FREE ELECTRICITY; CARBON-FREE TRANSPORTATION; CATALYTIC FINANCE; CEO TEAM; CHINA; CLIMATE ALIGNED INDUSTRIES; CLIMATE INTELLIGENCE; DEVELOPMENT; ENERGY TRANSITION ACADEMY; FINANCE; GLOBAL SOUTH; INDIA; INSTITUTE GENERAL; INFLUENCE TEAM; ISLANDS; NEW ENERGY INDUSTRIAL STRATEGY; ORG FINANCE; PEOPLE TEAM; SE ASIA; STRATEGY TEAM; THIRD DERIVATIVE EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL - AFRICA; CARBON-FREE BUILDINGS; CARBON-FREE ELECTRICITY; CARBON-FREE TRANSPORTATION; CATALYTIC FINANCE; CEO TEAM; CHINA; CLIMATE ALIGNED INDUSTRIES; CLIMATE INTELLIGENCE; DEVELOPMENT; ENERGY TRANSITION ACADEMY; FINANCE; GLOBAL SOUTH; INDIA; INSTITUTE GENERAL; ISLANDS; LEGAL; NEW ENERGY INDUSTRIAL STRATEGY; PEOPLE TEAM; SE ASIA; STRATEGIC OPERATIONS; STRATEGY TEAM; THIRD DERIVATIVE; US PROGRAM MIDDLE EAST AND NORTH AFRICA - ACCRUAL - CATALYTIC FINANCE; CEO TEAM; CLIMATE ALIGNED INDUSTRIES; DEVELOPMENT; FINANCE; GLOBAL SOUTH; INDIA; INSTITUTE GENERAL; PEOPLE TEAM; STRATEGY TEAM; THIRD DERIVATIVE NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL - AFRICA; CARBON-FREE BUILDINGS; CARBON-FREE ELECTRICITY; CARBON-FREE TRANSPORTATION; CATALYTIC FINANCE; CLIMATE ALIGNED INDUSTRIES; CLIMATE INTELLIGENCE; DEVELOPMENT; ENERGY TRANSITION ACADEMY; FINANCE; INDIA; INFLUENCE TEAM; INSTITUTE GENERAL; ISLANDS; PEOPLE TEAM; SE ASIA; STRATEGY TEAM; THIRD DERIVATIVE; US PROGRAM RUSSIA AND NEIGHBORING STATES - ACCRUAL - CATALYTIC FINANCE; CEO TEAM; CHINA; CLIMATE ALIGNED INDUSTRIES; CLIMATE INTELLIGENCE; DEVELOPMENT; FINANCE; GLOBAL SOUTH; INFLUENCE TEAM; ISLANDS; PEOPLE TEAM; SE ASIA; STRATEGY TEAM PROGRAM SERVICES WERE ALL LOCATED IN AZERBAIJAN RELATING TO COP29, THE 2024 UNITED NATIONS CLIMATE CHANGE CONFERENCE SOUTH AMERICA - ACCRUAL - CARBON-FREE BUILDINGS; CARBON-FREE ELECTRICITY; CEO TEAM; CLIMATE ALIGNED INDUSTRIES; FINANCE; ISLANDS; PEOPLE TEAM; THIRD DERIVATIVE; US PROGRAM SOUTH ASIA - ACCRUAL - AFRICA; CARBON-FREE BUILDINGS; CARBON-FREE ELECTRICITY; CARBON-FREE TRANSPORTATION; CATALYTIC FINANCE; CEO TEAM; CHINA; CLIMATE ALIGNED INDUSTRIES; CLIMATE INTELLIGENCE; DEVELOPMENT; ENERGY TRANSITION ACADEMY; FINANCE; INDIA; INFLUENCE TEAM; INSTITUTE GENERAL; ISLANDS; PEOPLE TEAM; SE ASIA; STRATEGY TEAM; THIRD DERIVATIVE; US PROGRAM SUB-SAHARAN AFRICA - ACCRUAL - AFRICA; CARBON-FREE TRANSPORTATION; CATALYTIC FINANCE; CLIMATE ALIGNED INDUSTRIES; CLIMATE INTELLIGENCE; ENERGY TRANSITION ACADEMY; GLOBAL SOUTH; INDIA; INFLUENCE TEAM; ISLANDS; PEOPLE TEAM; SE ASIA; STRATEGY TEAM; THIRD DERIVATIVE; US PROGRAM</p>

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)		SOUTH ASIA	RMI INDIA	50,000	WIRE			
(17)		SOUTH ASIA	RMI INDIA	80,000	WIRE			
(18)		SOUTH ASIA	RMI INDIA	25,555	WIRE			
(19)		EAST ASIA AND THE PACIFIC	THE GLOBAL SOUTH PROGRAM	90,000	WIRE			
(20)		EUROPE (INCLUDING ICELAND AND GREENLAND)	THIRD DERIVATIVE	415,000	WIRE			

**SCHEDULE G
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of nongovernment grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 E.A. SOMERSET CONSULTING, LLC, 701 FAIRCASTLE AVE., SEVERNA PARK, MD 21146	PROFESSIONAL FUNDRAISER		✓	3,222	5,760	(2,538)
2 AKSHAY SHETTY, M-34, GROUND FLOOR, SAKET, NEW DELHI, 110017, IN	PROFESSIONAL FUNDRAISER		✓	448,700	119,839	328,861
3						
4						
5						
6						
7						
8						
9						
10						
Total				451,922	125,599	326,323

- 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.

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

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1 Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	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 _____

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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ROCKY MOUNTAIN INSTITUTE

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.

(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) ADL VENTURES, LLC 815 MASONIC AVE, SAN FRANCISCO, CA 94117	81-2698148		603,004				SUPPORT PROGRAM
(2) (SEE STATEMENT)	13-3374285	501C3	331,437				SUPPORT PROGRAM
(3) GRIDLAB, INC. 2150 ALLSTON WAY STE 420, BERKELEY, CA 94704	82-4198360	501C3	300,000				SUPPORT PROGRAM
(4) BATTELLE MEMORIAL INSTITUTE PO BOX 999, MSIN J1-09, RICHLAND, WA 99352	31-4379427	501C3	160,000				SUPPORT PROGRAM
(5) (SEE STATEMENT)	82-4652837	501C3	152,500				SUPPORT PROGRAM
(6) SIGNETRON INC. 936 CRESTON ROAD, BERKELEY, CA 94708	93-1084053		132,482				SUPPORT PROGRAM
(7) LAWRENCE BERKELEY NATIONAL LABORATORY ONE CYCLOTRON ROAD, BERKELEY, CA 94720	94-2951741	GOVERNMENT	112,114				SUPPORT PROGRAM
(8) DAVID BAKER ARCHITECTS 461 2ND ST, C127, SAN FRANCISCO, CA 94107	94-3384000		110,068				SUPPORT PROGRAM
(9) AMERICAN LUNG ASSOCIATION 55 W. WACKER DRIVE, CHICAGO, IL 60601	13-1632524	501C3	100,000				SUPPORT PROGRAM
(10) (SEE STATEMENT)	26-0535276	501C3	100,000				SUPPORT PROGRAM
(11) (SEE STATEMENT)	52-1384240	501C3	100,000				SUPPORT PROGRAM
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 18

3 Enter total number of other organizations listed in the line 1 table 13

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) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA OFFICE OF RESEARCH, SPONSORED PROGR, DAVIS, CA 95618-8140	94-6036494	GOVERNMENT	95,092				SUPPORT PROGRAM
(13) HOUR CAR 755 PRIOR AVE. N SUITE 301D, SAINT PAUL, MN 55104	81-4740695	501C3	86,326				SUPPORT PROGRAM
(14) POWER-TO-X ANALYTICS, LLC 26566 375 AVENUE, HANCOCK, MN 56244	88-2218538		65,000				SUPPORT PROGRAM
(15) CLIMATE STRATEGIES LAB, LLC DBA INDUSTRIOUS LABS 530 WALNUT STREET SUITE 200, CINCINNATI, OH 45202	87-1467403		50,000				SUPPORT PROGRAM
(16) FARMERS UNION FOUNDATION 305 ROSELAWN AVE E #200, SAINT PAUL, MN 55117	41-6041830	501C3	40,000				SUPPORT PROGRAM
(17) INTEGRAL GROUP, INC. 427 13TH STREET, OAKLAND, CA 94612	94-3391867		36,742				SUPPORT PROGRAM
(18) VERMONT ENERGY INVESTMENT CORPORATION 20 WINOOSKI FALLS WAY 5TH FLOOR, WINOOSKI, VT 05404	03-0304418	501C3	34,658				SUPPORT PROGRAM
(19) PASSIVE HOUSE INSTITUTE US 53 W JACKSON BLVD STE 1432, CHICAGO, IL 60604	30-0211695	501C3	34,500				SUPPORT PROGRAM
(20) RDH BUILDING SCIENCE INC. 2101 N 34TH STREET, SEATTLE, WA 98103	33-1077399		31,500				SUPPORT PROGRAM
(21) SUSTAERA, INC. 2 DAVIS DR, DURHAM, NC 27709	87-1277768		26,250				SUPPORT PROGRAM
(22) OPEN MARKET ESCO LLC ONE WASHINGTON MALL SUITE 500, BOSTON, MA 02108	26-4771056		23,091				SUPPORT PROGRAM
(23) WASHINGTON STATE UNIVERSITY 240 FRENCH ADMINISTRATION BLDG, PO BOX 641025, PULLMAN, WA 99164	91-6001108	HIGHER ED	20,273				SUPPORT PROGRAM
(24) FRESH ENERGY 408 SAINT PETER STREET, SUITE 350, SAINT PAUL, MN 55102	41-1735501	501C3	20,000				SUPPORT PROGRAM
(25) ENVIRONMENTAL DEFENSE FUND, INC. 257 PARK AVENUE SOUTH 17TH FLOOR, NEW YORK, NY 10010	11-6107128	501C3	20,000				SUPPORT PROGRAM
(26) TWELVE BENEFIT CORPORATION 600 BANCROFT WAY, BERKELEY, CA 94710	47-4239185	PUBLIC BENEFIT CORP	17,115				SUPPORT PROGRAM
(27) TK FABRICATE, LLC 4910 RED PINE ROAD, MANLIUS, NY 13104	84-2455576		15,978				SUPPORT PROGRAM
(28) FORTH MOBILITY FUND 2035 NW FRONT AVE SUITE 101, PORTLAND, OR 97209	45-4726335	501C3	11,827				SUPPORT PROGRAM

(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
(29) EAST METRO STRONG 428 MINNESOTA ST. #500, SAINT PAUL, MN 55101	86-2121193	501C3	8,600				SUPPORT PROGRAM
(30) NATIONAL ASSOCIATION OF REGULATORY UTILITY COMMISSIONERS 1101 VERMONT AVE NW SUITE 401, WASHINGTON, DC 20005	53-0204609	501C4	7,000				SUPPORT PROGRAM
(31) MOBILITY DEVELOPMENT PARTNERS, LLC 2650 W. MONTROSE SUITE 113, CHICAGO, IL 60618	N/A		13,206				SUPPORT PROGRAM

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.
(2) 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	POTENTIAL ENERGY COALITION, INC 477 MADISON AVENUE SUITE 600, NEW YORK, NY 10022
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THIRD WAY INSTITUTE 1025 CONNECTICUT AVE NW SUITE 400, WASHINGTON, DC 20036
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	US PUBLIC INTEREST RESEARCH GROUP EDUCATION FUND (PIRG) 294 WASHINGTON STREET, BOSTON, MA 02108

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>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</p>	✓	
<p>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?</p>	✓	
<p>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.</p> <p> <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 </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
	✓	
		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p>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</p>	✓	
<p>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</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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)	431,393	172,000	6,461	150,294	34,763	794,911	0
	CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
2	MARTHA PICKETT	(i)	334,414	83,081	3,958	85,491	24,527	531,471	0
	BOARD CO-CHAIR THROUGH 4/25; GENERAL COUNSEL	(ii)	0	0	0	0	0	0	0
3	KYLIE ROGERS	(i)	303,095	77,248	825	76,750	38,324	496,242	0
	CHIEF PEOPLE OFFICER	(ii)	0	0	0	0	0	0	0
4	BRYAN FISHER	(i)	303,894	76,519	1,342	78,368	33,963	494,086	0
	MANAGING DIRECTOR	(ii)	0	0	0	0	0	0	0
5	JOSH HENRETIG	(i)	306,090	76,158	810	78,366	31,563	492,987	0
	MANAGING DIRECTOR	(ii)	0	0	0	0	0	0	0
6	LENA HANSEN	(i)	312,573	77,026	810	75,293	20,066	485,768	0
	CHIEF STRATEGY OFFICER	(ii)	0	0	0	0	0	0	0
7	OCTAVIO FUENTES	(i)	277,131	66,563	1,050	71,388	24,067	440,199	0
	INTERIM CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
8	HEATHER MCCREERY	(i)	309,043	77,464	2,592	15,880	33,963	438,942	0
	CHIEF FINANCIAL OFFICER (END 01/25)	(ii)	0	0	0	0	0	0	0
9	JENNIFER STOKES	(i)	258,732	75,600	1,087	75,491	21,746	432,656	0
	CHIEF DEVELOPMENT OFFICER	(ii)	0	0	0	0	0	0	0
10	LEIA GUCCIONE	(i)	314,604	76,300	540	15,642	424	407,510	0
	MANAGING DIRECTOR	(ii)	0	0	0	0	0	0	0
11		(i)							
		(ii)							
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 - PAYMENTS FOR BUSINESS USE OF PERSONAL RESIDENCE	BUSINESS USE OF PERSONAL RESIDENCE: AMORY BLOCH LOVINS RENTED APPROXIMATELY 493 SQ FT OF HIS PERSONAL RESIDENCE FOR RMI TO HOST TOURS, MEETINGS AND OTHER EVENTS AS NEEDED. THE LEASE ENDED DECEMBER 2024. THE RENT WAS \$493 PER MONTH. THE AMOUNT PAID WAS BELOW MARKET RATE AND DESIGNED SIMPLY FOR LOVINS TO COVER THE COST OF CLEANING AND RELATED DISRUPTION OF THE EVENTS HELD AT HIS PERSONAL RESIDENCE.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	ROCKY MOUNTAIN INSTITUTE ESTABLISHED A SECTION 457(F) DEFERRED COMPENSATION PLAN IN OCTOBER 2022. UNDER THE PLAN, THE BOARD OF TRUSTEES MAY APPROVE DISCRETIONARY CONTRIBUTIONS FOR CERTAIN EXECUTIVES. APPROVED AMOUNTS ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AND VEST UPON THE EXECUTIVE COMPLETING THREE YEARS OF ACTIVE EMPLOYMENT FROM THE DATE OF GRANT. UPON VESTING, RMI IS OBLIGATED TO PAY THE APPROVED AMOUNT WITHIN 60 DAYS TO PARTICIPANTS WHO REMAIN EMPLOYED THROUGH THE VESTING DATE.
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)**

(Rev. January 2025)

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

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)				

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 LLC	DIRECTOR/TRUSTEE	\$134,820	AMORY LOVINS IS A CURRENT TRUSTEE, COFOUNDER, CHAIRMAN EMERITUS AND THE FORMER CHIEF SCIENTIST. RMI PAID LOVINS ASSOCIATES \$134,820 DURING FISCAL YEAR ENDING 6/30/2025 FOR CONSULTING AS AN INDEPENDENT CONTRACTOR		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

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	✓	22	3,218,946	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
----	---	----	---

	Yes	No
30a		✓
31	✓	
32a		✓
33		

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 ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS ON COLUMN B

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the 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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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	NEW ENERGY INDUSTRIAL STRATEGY CENTER (NEIS): AN INITIATIVE OF RMI, THE NEIS CENTER IS DESIGNED TO HARNESS CLEAN AND ADVANCED ENERGY TECHNOLOGIES AS A DRIVER OF ECONOMIC STRENGTH, NATIONAL SECURITY, AND INNOVATION. THE LAUNCH OF THE NEIS CENTER SUPPORTS RMI'S MISSION WHILE EXPANDING INTO BROADER GLOBAL WORK.
FORM 990, PART III, LINE 3 - SIGNIFICANT CHANGES IN PROGRAM SERVICES	THE FOLLOWING PROGRAMS WERE PARTIALLY CEASED AND ABSORBED BY OTHER PROGRAMS; URBAN TRANSFORMATION, ZETRO ENERGY, AND ENERGY TRANSITION "SUPER TEAM"
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>DECARBONIZING KEY SECTORS: CARBON-FREE BUILDINGS IS REVOLUTIONIZING ENERGY USAGE IN BUILDINGS IN PARTNERSHIP WITH INDUSTRY, GOVERNMENTS, BUSINESSES, NGOS, FINANCIAL INSTITUTIONS, AND REAL ESTATE DECISION MAKERS. TOGETHER, WE RESEARCH, TEST, AND DRIVE SOLUTIONS THAT REDUCE CLIMATE POLLUTION, LOWER ENERGY COSTS, ENHANCE HEALTH AND RESILIENCE, AND ENSURE THERMALLY COMFORTABLE BUILDINGS FOR ALL. CARBON-FREE ELECTRICITY WORKS WITH PARTNERS TO CREATE AND SCALE SOLUTIONS THAT ADVANCE DECARBONIZATION OBJECTIVES WHILE MAINTAINING ENERGY RELIABILITY, IMPROVING ENERGY ACCESS, ADVANCING EQUITY OUTCOMES, AND SECURING A JUST TRANSITION. WE SUPPORT US UTILITIES IN CLIMATE-ALIGNED PLANNING, SUPPORT CHINA USE OF WIND AND SOLAR TO MEET ITS GROWING ELECTRICITY DEMAND, AND TRANSFORM UTILITY BUSINESS MODELS TO SUPPORT CLEAN ENERGY INVESTMENT IN THE GLOBAL SOUTH. CLIMATE-ALIGNED INDUSTRIES ENGAGES WITH THE PUBLIC AND PRIVATE SECTORS TO KICK-START FIRST-OF-A-KIND INDUSTRIAL PROJECTS THAT REDUCE EMISSIONS AND ACCELERATE THE DEPLOYMENT OF CLEAN ENERGY WORLDWIDE. WITH PARTNERS, WE LEVERAGE "HUBS" TO COMPLETE FIRST-MOVER COMMERCIAL SCALE PROJECTS, ENCOURAGE THE BUILD-OUT OF GREEN HYDROGEN, AND ACCELERATE CARBON DIOXIDE REMOVAL PROJECTS.</p> <p>CARBON-FREE TRANSPORTATION SPEARHEADS A RAPID AND EQUITABLE TRANSITION TO A ZERO-EMISSION TRANSPORTATION FUTURE GLOBALLY THROUGH A WHOLE-SYSTEMS APPROACH. WE WORK WITH DECISION MAKERS WITHIN ALL LEVELS OF GOVERNMENT, BUSINESSES, AND UTILITIES TO AVOID UNNECESSARY MILES TRAVELED, SHIFT TO MORE EFFICIENT MODES, ACCELERATE ELECTRIFICATION OF ALL VEHICLE TYPES, AND FACILITATE INVESTMENT IN AFFORDABLE, FUTURE-READY EV INFRASTRUCTURE FOR ALL.</p>
FORM 990, PART III, LINE 4B -	<p>SCALING SOLUTIONS AROUND THE WORLD: ACCELERATES DECARBONIZATION OF CHINA'S BIGGEST CARBON-PRODUCING SECTORS, OFFERING IN-DEPTH TECHNICAL EXPERTISE AND SOLUTION-BASED IMPLEMENTATION STRATEGIES TO HELP REDUCE EMISSIONS AND INCREASE CLEAN ENERGY THROUGH INNOVATIVE, MARKET-BASED, AND SCALABLE SOLUTIONS. THE GLOBAL SOUTH PROGRAM WORKS ON THE GROUND TO ACCELERATE THE ENERGY TRANSITION, WITH A FOCUS ON IMPROVING ENERGY ACCESS, INCREASING CLEAN ENERGY SUPPLY, BUILDING CAPACITY AND SUPPORTING CLIMATE RESILIENCE IN SUB-SAHARAN AFRICA, SOUTHEAST ASIA, AND ISLANDS NATIONS IN THE CARIBBEAN AND THE PACIFIC. RMI INDIA SUPPORTS THE TRANSFORMATION OF INDIA'S ECONOMY FOR A CLEAN, THRIVING, AND INCLUSIVE ENERGY FUTURE TO ACHIEVE A NET-ZERO ECONOMY BY 2070. THE US PROGRAM RAISES THE AMBITION AND IMPACT OF US FEDERAL AND STATE CLIMATE POLICY AND AIMS TO ACCELERATE INVESTMENTS IN COMMUNITIES AND CREATE TANGIBLE EXAMPLES TO SHOW THAT AMBITIOUS CLIMATE GOALS ARE NOT ONLY POSSIBLE BUT ARE ECONOMICALLY AND SOCIALLY ADVANTAGEOUS.</p>
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>APPLYING POWERFUL MARKET CATALYSTS: CATALYTIC FINANCE (PREVIOUSLY THE CLIMATE FINANCE ACCESS NETWORK) HELPS DEVELOPING COUNTRIES SECURE AND STRUCTURE FINANCE FOR CLIMATE INVESTMENTS, WITH A FOCUS ON SMALL ISLAND DEVELOPING STATES (SIDS) AND LEAST DEVELOPED COUNTRIES (LDCS) IN AFRICA, PACIFIC ISLANDS, AND THE CARIBBEAN THROUGH OUR CLIMATE FINANCE ACCESS NETWORK AND OTHER MARKET INTERVENTIONS. CLIMATE INTELLIGENCE MAKES EMISSIONS VISIBLE — IMPROVING ACCESS TO TIMELY, TRUSTWORTHY DATA THAT CAN HELP DRIVE CLIMATE-ALIGNED DECISIONS AND TRANSACTIONS GLOBALLY. CLIMATE FINANCE PARTNERS WITH THE FINANCE COMMUNITY CLOSE THE GAPS IN THE FINANCIAL SECTOR THAT ARE CURRENTLY PREVENTING CAPITAL FROM FLOWING INTO DECARBONIZATION PROJECTS, PARTICULARLY IN HARD-TO-ABATE SECTORS BY INCREASING BOTH THE SUPPLY AND DEMAND FOR CLIMATE CAPITAL AND ENABLING CAPITAL TO FLOW TO UNDERSERVED COMMUNITIES. THE ENERGY TRANSITION ACADEMY IS A LEADERSHIP, CAPACITY, AND WORKFORCE DEVELOPMENT PLATFORM FOR ENERGY LEADERS AROUND THE WORLD. IT OFFERS TOOLS AND SERVICES TO ADVANCE PROJECTS, PROGRAMS, AND POLICIES THAT WILL EMPOWER COMMUNITIES ACROSS THE GLOBAL SOUTH TO TACKLE CLIMATE CHALLENGES, CREATE JOBS, AND SEIZE CLEAN ENERGY OPPORTUNITIES. STRATEGY TEAM MAXIMIZES RMI'S IMPACT BY PROVIDING PORTFOLIO-LEVEL STRATEGIC INSIGHTS AND INTELLIGENCE, BOTH INTERNALLY AND EXTERNALLY, SUPPORTING STRATEGIC ENGAGEMENT WITH CRITICAL STAKEHOLDERS, DRIVING OUR ORGANIZATIONAL STRATEGY PLANNING PROCESS, AND SUPPORTING STRATEGY COUNCIL DECISION MAKING. THIRD DERIVATIVE GUIDES AND SUPPORTS THE CLIMATE TECH ENTREPRENEURS WHO ARE SOLVING THE WORLD'S TOUGHEST CLIMATE CHALLENGES, CONNECTING THEM WITH A VAST AND DIVERSE NETWORK OF EXPERTS, CORPORATE PARTNERS, AND INVESTORS TO HELP THESE STARTUPS GO TO MARKET FASTER, ADVANCE CLIMATE TECH INNOVATION WITH THEIR BREAKTHROUGH IDEAS, ACHIEVE REAL CLIMATE IMPACTS, AND TRANSFORM MARKETS.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the 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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Rocky Mountain Institute

Employer identification number

74-2244146

Return Reference - Identifier	Explanation																									
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$6,933,727 INCLUDING GRANTS OF \$252,558)(REVENUE \$1,185,760) OTHER RMI INITIATIVES: INFLUENCE TEAM: AS AN AUDIENCE-FIRST, MULTI-CHANNEL STORYTELLING FORCE, RMI LEVERAGES OUR CUTTING-EDGE RESEARCH TO MOVE MORE AUDIENCES-INCLUDING STAKEHOLDERS, THE MEDIA, AND KEY DECISION-MAKERS-TO ACT. THROUGH PARTNERSHIPS, STRATEGIC COMMUNICATIONS, AND MULTI-CHANNEL STORYTELLING WE INFORM GLOBAL LEADERS TO ADOPT AND SPREAD THE MESSAGE OF THE ACCELERATING ENERGY TRANSITION. MIQ: MIQ IS AN INDEPENDENT METHANE EMISSIONS CERTIFICATION STANDARD THAT AIMS TO DIFFERENTIATE NATURAL GAS PRODUCTION BY EMISSIONS INTENSITY, CREATING INCENTIVES FOR THE DRASTIC REDUCTION OF METHANE EMISSIONS ACROSS THE OIL AND GAS SECTOR BY DELIVERING A THRIVING MARKET FOR INDEPENDENTLY CERTIFIED GAS. NEW ENERGY INDUSTRIAL STRATEGY CENTER (NEIS): AN INITIATIVE OF RMI, THE NEIS CENTER IS DESIGNED TO HARNESS CLEAN AND ADVANCED ENERGY TECHNOLOGIES AS A DRIVER OF ECONOMIC STRENGTH, NATIONAL SECURITY, AND INNOVATION. THE LAUNCH OF THE NEIS CENTER SUPPORTS RMI'S MISSION WHILE EXPANDING INTO BROADER GLOBAL WORK.																									
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 AN ALLEGATION OF A CONFLICT OF INTEREST. ALL DISCLOSURES ARE REVIEWED BY THE GENERAL COUNSEL TO DETERMINE IF A CONFLICT EXISTS. IF A CONFLICT EXISTS APPROPRIATE ACTION IS TAKEN TO ADDRESS AND MANAGE THE CONFLICT.																									
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																									
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 \$102,040 DURING CALENDAR YEAR 2024 FOR CONSULTING AS AN INDEPENDENT CONTRACTOR.																									
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Total Expenses</th> <th>(c) Program Service Expenses</th> <th>(d) Management and General Expenses</th> <th>(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>COMMUNICATIONS CONSULTANT FEES</td> <td>1,575,269</td> <td>1,466,652</td> <td>475</td> <td>108,142</td> </tr> <tr> <td>PAYROLL FEES</td> <td>914,247</td> <td>75,208</td> <td>838,039</td> <td>1,000</td> </tr> <tr> <td>CONSULTANT FEES</td> <td>18,171,492</td> <td>16,775,424</td> <td>1,314,109</td> <td>81,959</td> </tr> <tr> <td>Total</td> <td>20,661,008</td> <td>18,317,284</td> <td>2,152,623</td> <td>191,101</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	COMMUNICATIONS CONSULTANT FEES	1,575,269	1,466,652	475	108,142	PAYROLL FEES	914,247	75,208	838,039	1,000	CONSULTANT FEES	18,171,492	16,775,424	1,314,109	81,959	Total	20,661,008	18,317,284	2,152,623	191,101
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																						
COMMUNICATIONS CONSULTANT FEES	1,575,269	1,466,652	475	108,142																						
PAYROLL FEES	914,247	75,208	838,039	1,000																						
CONSULTANT FEES	18,171,492	16,775,424	1,314,109	81,959																						
Total	20,661,008	18,317,284	2,152,623	191,101																						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>BENEFICIAL INTEREST HELD IN THE DENVER FOUNDATION</td> <td>39,051</td> </tr> <tr> <td>TOTAL</td> <td>39,051</td> </tr> </tbody> </table>	(a) Description	(b) Amount	BENEFICIAL INTEREST HELD IN THE DENVER FOUNDATION	39,051	TOTAL	39,051																			
(a) Description	(b) Amount																									
BENEFICIAL INTEREST HELD IN THE DENVER FOUNDATION	39,051																									
TOTAL	39,051																									

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

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

(a) Name, address, and EIN (if applicable) of 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	20,630	12,291,358	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) 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	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)	✓	
s Other transfer of cash or property from related organization(s)		✓

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
ROCKY MOUNTAIN INSTITUTE INTERNATIONAL	R	10,000,000	CASH
(1)			
(2)			
(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 PROTECTOR 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 PROTECTOR 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>