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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 07	-01-2009 and ending 06-30-201	0		
B Ch	eck ıf a	pplicable	Please	C Name of organization Rocky Mountain Institute			D Employer i	dentification number
☐ Ad	dress ch	nange	use IRS label or	Doing Business As			74-2244: E Telephone	
┌ Na	me cha	nge	print or type. See	Doing business As				
Ind	tıal retu	rn	Specific Instruc-	Number and street (or P O t	ox if mail is not delivered to street addre	ss) Room/suite	(303) 245	
Гте	mınate	d	tions.	1820 Folsom Street			G Gross receip	ots \$ 13,434,162
☐ Am	ended	return		City or town, state or country	, and ZIP + 4		1	
Гар	plication	n pending		Boulder, CO 80302				
			F Nam	ne and address of principa	lofficer	H(a) Is th	■ is a group reti	urn for
				Pickett nowmass Creek Road			ates?	⊤Yes 🔽 No
				ass, CO 81654		H(b) Are a	II affiliates incl	uded?
								st (see instructions)
I Ta	x-exem	npt status	▽ 501(c)	(3) ◄ (insert no)	(a)(1) or	H(c) Gro	up exemption	number 🟲
J W	ebsite	e: 🕨 WW	/W RMI OR	G				
K For	m of or	ganızatıon	✓ Corporat	ion Trust Association C	Other F	L Year of fo	ormation 1982	M State of legal domicile CO
Pa	rt I	Sum	mary					
	1				most significant activities			officiant and restarative
e e			esources	a tillivilig, verdalit, alld se	cure, for all, for ever To that end,	our mission i	s to drive the	enicient and restorative
Governance								
Ě								
<u>\$</u>	2	Check	this box 🛏	if the organization discor	ntinued its operations or disposed	of more than	25% of its ne	t assets
	3		,		oody (Part VI, line 1a)			3 15
જુ	4	Numbe	r of ındepen	dent voting members of th	e governing body (Part VI, line 11	o)		412
Activities &	5	Total n	umber of en	nployees (Part V , line 2a)				5123
រូវ	6	Total n	umber of vo	lunteers (estimate if nece	ssary)			620
•	7a	Total g	ross unrelat	ted business revenue from	Part VIII, column (C), line 12	•		7a 0
	ь	Net unr	elated busi	ness taxable income from	Form 990-T, line 34			7b
<u>a</u>						Pric	or Year	Current Year
	8			i grants (Part VIII, line 1h			7,803,178	
ěПц	9))		5,020,452	
Revenu	10				lines 3, 4, and 7d)		-44,444	-152,031
_	11 12		•	, , , , , , , , , , , , , , , , , , , ,	5, 6d, 8c, 9c, 10c, and 11e) st equal Part VIII, column (A), lin	_	-475,948	17,222
	12			•	· · · · · · · · · · · · · · · · · · ·		12,303,238	13,104,464
	13	Grants	and simila	ir amounts paid (Part IX, c	olumn (A), lines 1-3)		0	0
	14			r for members (Part IX, co		0	0	
92	15	Saları 10)	es, other co	mpensation, employee be	5 –	8,604,701	8,114,798	
Expenses	16a	,	sional fund	raising fees (Part IX, colu		0	0,221,775	
÷	ь			enses (Part IX, column (D), line				
ш	17				11a-11d, 11f-24f)		4,828,377	4,240,647
	18				ual Part IX, column (A), line 25)		13,433,078	
	19	Reven	ue less exp	enses Subtract line 18 fr	om line 12		-1,129,840	
≥ 8						_	g of Current	End of Year
Net Assets or Fund Balances		_				<u> </u>	rear	
Ass Ba	20						10,448,757	10,562,470
25 E	21		-	•	21 from line 20		3,798,559 6,650,198	
	22 13 11		ature Blo				0,030,190	7,003,049
					nined this return, including accompanying	schedules and s	statements, and t	o the best of my knowledge
		and bel	ief, it is true, o	correct, and complete Declaration	on of preparer (other than officer) is base	d on all informat	tion of which prep	parer has any knowledge
Sigr	1	***	***			2010	-11-08	
		Sign	ature of office	:r		Date	11 00	
				ce President of Finance				
		Тур	e or print nam	e and title				
		Preparei		D CHOUN		Check If self-	Preparer's idei	ntifying number
Paid		signatur	e F CRAIG	R CHOUN		empolyed 🕨 🦵	(see instructio	nis)
•	arer's		ame (or yours	EHRHARDT KEEFE STEINER	EIN Þ			
Use	Only		nployed), and ZIP + 4	7979 E TUFTS AVENUE SUI	TE 400		LAIN F.	
				DENVER, CO 802372843			Phone no 🕨	(303) 740-9400
May	the IR	S discus	s this retui	· · · · · · · · · · · · · · · · · · ·	above? (see instructions)			✓ Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

WE ENVISON A WORLD THRIVING, VERDANT, AND SECURE, FOR ALL, FOR EVER TO THAT END, OUR MISSION IS TO DRIVE THE EFFICIENT AND RESTORATIVE USE OF RESOURCES

					Form 990 (2009)
4e	Total program service expenses▶\$	9,738,83	2		
	(Expenses \$	including grants of	· \$) (Revenue \$)
4d	Other program services (Describe ii	n Schedule O)			
	Windstar Land Conservancy RMI, working in natural values of a 957-acre property located		ndstar Foundation helps to	manage and protect, in perpetuit	y, the aesthetic, wildlife, and
4c	(Code) (Expenses \$	100,676	including grants of \$) (Revenue \$	27,000)
75	Communication This group covers the full co support the various program initiatives and p including consulting reports, white papers, of Communications group creates both in-house	omplement of communications of the community of the commu	ation by working with RMI's cations person is placed wi I reports and books Addition	s Research & Consulting staff to c th each R&C team to coordinate a onally, through web, film, multime	reate the necessary plans to all communications activities edia and broadcasting, the
4b	(Code) (Expenses \$	1,600,928	ıncludıng grants of \$) (Revenue \$	73,353)
	Research & Consulting These teams work w of resources They provide an array of adviso using sustainable high-performance solutions helping to avoid capital and energy costs wh reduce our reliance on oil	ory services within/across & integrated design End	s 3 sectors Built Environme ergy & Resources-provides	ent-transforms the built environme expertise in the areas of energy	ent into a regenerative ecology technology, markets & policy by
4a	(Code) (Expenses \$	8,037,228	ıncludıng grants of \$) (Revenue \$	3,270,415)
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) orga allocations to others, the total expens	nizations and sectio	on 4947(a)(1) trusts a	re required to report the an	
	If "Yes," describe these changes on S	chedule O			
3	Did the organization cease conducting services?	g, or make sıgnıfıcan • • • • •	t changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
2	Did the organization undertake any significant the prior Form 990 or 990-EZ?	gnıfıcant program se	rvices during the year	which were not listed on	┌ Yes ┌ No

Dart TV	Checklist	of Required	Schedules
4 ILT 1/4	CHECKHSL	ui keuulleu	Scheuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	l		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

orm	990 (2009)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
2a	gaming (gambling) winnings to prize winners?	10	162	
	Statements filed for the calendar year ending with or within the year covered by this			
h	return			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		No
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).			
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
_	Did the comment of display the comment of the design of th			
-	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Institution foce and control control buttons uncluded on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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

1820 FOLSOM STREET BOULDER, CO 80302 (303) 245-1003

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

	processes, or changes in Schedule O. See instructions.					
Se	ction A. Governing Body and Management					
			Yes	No		
1_	Enter the number of voting members of the governing body					
1a L		-				
ь		-				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
6	Does the organization have members or stockholders?	6		No		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the					
	year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
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 in Schedule O	9		Νο		
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11						
		11	Yes			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
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?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Se	ction C. Disclosure					
17						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of windows website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the ED MCCULLOUGH	ne orga	nızatıor	n ►		

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	m 990 (2009)			Page	
1b	Total	0		100,87	
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization #11				
			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νο	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual				
	marvada	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	
1	Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization				
	(A) (B)		(C		
- ·	Name and business address Description of services	\rightarrow	Comper	nsation	
285	la Raza Gateway Road Consulting DWMASS, CO 81654			226,600	
	anuka Consulting LLC			115,875	
	68 10th Street ULDER, CO 803042522 Consulting				
_		_			
		\dashv			
2	Total number of independent contractors (including but not limited to those listed above) who received more than				

Form **990** (2009)

\$100,000 in compensation from the organization >2

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
Contributions, gifts, grants and other similar amounts	1a	Federated cam	paigns 1a					
동물	ь	Membership du	es 1b					
S.E	c	Fundraising eve	ents 1c					
¥ <u>a</u>	d	Related organiz	rations 1d					
⊒ي	e	Government grants	s (contributions) 1e					
ntior ers	f		ons, gifts, grants, and 1f	9,868,505	į	į		j j
₹	g	sımılar amounts no Noncash contri	butions included in					
받음		lines 1a-1f \$	5,109					
S မြော်	h	Total. Add lines	s 1a-1f	▶	9,868,505			
g.				Business Code				
Program Serwce Revenue	2a	CONSULTING FEES	<u> </u>	541,610	3,095,958	3,095,958		
	ь	PROJECT REVENUE	=	541,900	179,857	179,857		
93	c	WETLANDS BANKIN	NG	541,900	27,000	27,000		
10	d	PUBLICATION REVE	ENUE	511,190	7,850	7,850		
<i>3</i> 0 ⊆	e	RENTAL INCOME		531,120	60,103	60,103		
∑ ∂rar	f	All other progra	am service revenue					
ΔĚ	g	Total. Add lines	s 2a-2f		3,370,768			
	3		ome (including dividen		, , :-			
			aramounts)		175,567			175,567
	4	Income from inves	stment of tax-exempt bond p	oroceeds 🕨	0			
	5	Royalties	<u> </u>	•	4,971			4,971
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	0	2,100				
		assets other than inventory						
	ь	Less cost or	324,756	4,942				
		other basis and sales expenses						
	c	Gain or (loss)	-324,756	-2,842				
	d	Net gain or (los	s)	▶	-327,598			-327,598
άs	8a	Gross income f events (not inc	_					
Other Revenue		\$						
•		of contributions See Part IV, lin	reported on line 1c)					
Č		See Full IV, IIII	a					
팔	ь	Less direct ex	penses b					
ŏ	с		(loss) from fundraising (events ►	o			<u> </u>
	9a		rom gaming activities					
		See Part IV, lin						
	Ь	Laca director	penses b					
	°		penses b (loss) from gaming activ	/ities	0			
		Gross sales of						
		returns and allo						
	١.		а					
	b		oods sold b	<u> </u>				
	С		(loss) from sales of inve		0			
	11-	Miscellaneous		Business Code 900,099	11,915			11,915
	l _	OTHER INCOM	_	900,099	336			336
	b	WLC REVENUE	:	900,099	336			330
	°	A.II!						
	d		ue					
	e	Total. Add lines	5 11a-11d	· · · ·	12,251			
	12	Total revenue.	See Instructions	▶				
	I				13,104,464	3,370,768	0	-134,809

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 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 governments and organizations in the U S See Part IV, line 21	0	·		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,332,860	1,014,121	151,093	167,646
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	5,140,431	4,218,022	387,261	535,148
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	459,184	311,404	121,105	26,675
9	Other employee benefits	767,793	627,881	51,766	88,146
10	Payroll taxes	414,530	326,650	49,744	38,136
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	18,544	4,759	12,060	1,725
c	Accounting	65,291		65,291	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	33,527		33,527	
g	Other	1,028,559	988,894	33,997	5,668
12	Advertising and promotion	118,249	105,822	0	12,427
13	Office expenses	273,036	179,804	73,579	19,653
14	Information technology	148,363	77,118	49,705	21,540
15	Royalties	0			
16	Occupancy	730,546	420,757	255,374	54,415
17	Travel	668,232	590,870	9,035	68,327
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	75,347	59,373	9,042	6,932
20	Interest	85,386	58,916	19,639	6,831
21	Payments to affiliates	0	107.15	65.705	22.002
22	Depreciation, depletion, and amortization	285,779	197,188	65,729	22,862
23 24	Insurance	26,413	26,413	0	0
а	RESEARCH PRESENTATION MTG	293,969	293,969	0	0
b	BAD DEBT EXPENSE	112,028	112,028	0	0
С	MISCELLANEOUS	277,378	124,843	93,198	59,337
d					
e •	All other expenses				
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	12.255.415	0.700.000	1 404 445	1 125 166
		12,355,445	9,738,832	1,481,145	1,135,468
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beainning of vear End of year 408.698 1.132.521 1 Cash—non-interest-bearing 1 3.251 2 2.247 2 268,800 241,760 3 3 4 1.119.944 665.544 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 235,718 180,074 16,420 Inventories for sale or use 47.875 136,705 122,277 9 Land, buildings, and equipment cost or other basis Complete 2.932.974 10a 10a Part VI of Schedule D 10b 1.377.680 b Less accumulated depreciation 1,726,226 **10c** 1.555.294 5.765.977 11 5.921.494 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 735.563 15 15 724.839 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 10,448,757 16 10,562,470 2.075.016 17 2.147.002 17 Accounts payable and accrued expenses . 18 18 19 19 354,556 337,131 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 383.789 317,816 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 985.198 25 75.472 25 Other liabilities Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 3,798,559 2,877,421 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 4.964.165 6,430,025 27 27 Unrestricted net assets 28 1.002.664 28 545.001 Temporarily restricted net assets Fund 683.369 29 710.023 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 6,650,198 7,685,049 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 10.448.757 10.562.470 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Rocky Mountain Institute

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

									74-224414	16				
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions												
he	organız	zation is not a private foundation because it is (For lines 1 through 11, check only one box)												
1	Γ	A churc	h, conventic	on of churches, or as:	sociation of	churches s	ection 170(b)	(1)(A)(i).						
2	Γ	A schoo	l described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	le E)							
3	Γ	A hospit	al or a coop	erative hospital serv	vice organiza	atıon descri	bed in section	170(b)(1)((A)(iii).					
4	Γ			organization operate y, and state	ed in conjunc	tion with a	hospital descr	ribed in seci	tion 170(b)(1)(A)(iii). En	ter the			
5	Г	An orga	nızatıon ope	rated for the benefit	of a college	or universit	y owned or op	erated by a	governmenta	ıl unıt descri	bed in			
		section	170(b)(1)(<i>A</i>	\)(iv). (Complete Pa	rt II)									
6	Γ	A federa	ıl, state, or l	ocal government or	governmenta	al unit desci	ıbed ın sectio	n 170(b)(1))(A)(v).					
7	<u>\</u>	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	Г			described in section		M(vi) (Com	nlete Part II	١						
9	, _		· ·	t normally receives			•		utions memb	ershin fees	and ares	c		
-	,			ties related to its ex										
		•		ss investment incom	•	-		• •	` '					
			_	anızatıon after June 3				•		ax, nom bas	11103303			
10	_			anized and operated	•			•	•					
11	<u>'</u>	-	_	anized and operated	•		•			carry out th	o purpos	o o o f		
	_	one or m the box a	nore publicly that describ Type I	supported organiza bes the type of suppo b Type II	tions describ orting organiz c	bed in secti zation and c Type III	on 509(a)(1) o omplete lines - Functionally	or section 5 11e throug ⁄integrated	509(a)(2) Se h 11h d	e section 50	9(a)(3). (III - Othe	Check er		
e	l	other the	an foundatio 509(a)(2)	x, I certify that the o	er than one o	or more pub	licly supported	d organızatı	ons describe	d in section	509(a)(1) or		
f g		check th Since A	nıs box ugust 17, 2	eceived a written de 006, has the organiz						. I supporting	j organiza	Γ.		
		_	persons?	ectly or indirectly co	ntrols eithe	ralone orto	aether with n	arenne dae	rihed in (ii)		Yes	No		
				overning body of the	•			ersons desc	cribed iii (ii)	11g(i	-	140		
				r of a person describ			cioni			11g(i				
		• •	•	ed entity of a person			hove2			11g(i	-			
L				·						119(1	"7			
h		riovide	the following	g information about t	ile supporte	u organizati	on(s)							
	(i) Name suppor organiza	of rted	ed EIN lines 1-9 above		(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizat col (i) of suppor	ion in your	(vi Is th organiza col (i) org	ne tion in ganized		ii) unt of port?		
				(see instructions))	Yes	No	Yes	No	Yes	No	\dashv			
						1*	-	† · · ·	1	1				
						+		+						
						+		+						
						+		+						

Total

Part II Support Schedule for Organizations Described in IRC 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.)

-	(Complete only if yo	ou checked the	box on line 5, A	, or 8 or Part I	.)			
	ection A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	5,265,68	1 4,704,835	7,147,154	7,803,178	9	,868,505	34,789,353
2	grants ") Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
4	the organization without charge Total. Add lines 1 through 3	5,265,68	1 4,704,835	7,147,154	7,803,178	9	,868,505	34,789,353
5	The portion of total contributions by each person (other than a	5/255/55	1,731,733	1,11,1201	,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.,,.02,000
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							5,592,061
6	(f) Public Support. Subtract line 5 from line 4							29,197,292
S	ection B. Total Support			l	L			
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	beginning in) A mounts from line 4	5,265,681	280,173	7,147,154	7,803,178	9	,868,505	34,789,353
8	Gross income from interest,		·					
	dividends, payments received on securities loans, rents, royalties and income from similar sources	399,852	280,173	250,399	218,201		180,538	1,329,163
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	41,433	45,770	34,666	20,798		12,251	154,918
11	Total support (Add lines 7 through 10)							36,273,434
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12		21,456,944
L3	First Five Years If the Form 990 is check this box and stop here		·	third, fourth, or f	ifth tax year as a !	501(c)(3	3) organız	eation, ▶┌
<u>S</u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f))		14		80 492 %
L5	Public Support Percentage for 2008	•		11 Coldiiii (1))		15		83 605 %
	33 1/3% support test—2009. If the			on line 13, and l	ine 14 is 33 1/3%		. check t	
	and stop here. The organization qua 33 1/3% support test—2008. If the	alıfıes as a public	ly supported orga	nızatıon				► ▼
L7a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization median Part IV how the organization median.	—2009. If the org tion meets the "f	anization did not o acts and circumst	:heck a box on lin :ances" test, che	ck this box and st	op here.	Explain	· —
b	organization 10%-facts-and-circumstances test	—2008. If the ora	anization did not o	heck a box on lin	e 13.16a.16h o	r 17a an	ıd line	►
_	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nızatıon meets th	e "facts and cırcu	mstances" test, o	heck this box and	stop he	ere.	▶ ┌
18	Private Foundation If the organizatinstructions	ion did not check	a box on line 13,	16a, 16b, 17a oi	17b, check this l	oox and	see	▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בין ביע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 74-2244146

Name: Rocky Mountain Institute

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		(C ition (that a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officel	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
A dam A lbright Trustee	1 0	х						0	0	0
Sharmy Altshuler Trustee	1 0	X						0	0	0
Ray Anderson Trustee	1 0	X						0	0	0
Mary Caulkins Trustee	1 0	Х						0	0	0
Michael Fain Trustee	1 0	х						0	0	0
Suzanne Farver Trustee/Treasurer	1 0	Х		X				0	0	0
Craig Kennedy Trustee	1 0	Х						0	0	0
Chris Sawyer Trustee	1 0	Х						0	0	0
Suzanne H Woolsey Lead Trustee	1 0	X		Х				0	0	0
A mory Lovins Chief Scientist	40 0	Х		X				340,279	0	10,912
Michael Potts President & CEO	40 0	Х		X				294,061	0	13,626
Martha Pickett Executive Director	40 0	Х		X				235,124	0	10,912
John Abele Trustee	1 0	Х						0	0	0
Reuben Munger Trustee	1 0	Х						0	0	0
Donald Woods Trustee	1 0	X						0	0	0
Peter Boyer Trustee	1 0	X						0	0	0
Tom Dinwoodie Trustee	1 0	X						0	0	0
Arjun Gupta Trustee	1 0	Х						0	0	0
Edward Harvey VP of Finance	40 0			Χ				195,175	0	0
Llewellyn Wells VP of Communications	40 0				X			178,193	0	6,920
Doug Laub VP of Development	40 0				X			154,108	0	13,448
James Brew Principal	40 0					X		133,371	0	13,483
Lionel Bony Director	40 0					Х		140,152	0	7,106
Victor Olgyay Principal	40 0					X		136,695	0	13,439
John Simpson Principal	40 0					X		131,668	0	431

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employe	oo, ana anacpen	40116								
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Lena Hansen Principal	40 0					X		105,809	0	10,601

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

,												
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514							
CONSULTING FEES	541,610	3,095,958	3,095,958									
PROJECT REVENUE	541,900	179,857	179,857									
WETLANDS BANKING	541,900	27,000	27,000									
PUBLICATION REVENUE	511,190	7,850	7,850									
RENTAL INCOME	531,120	60,103	60,103									

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DLN: 93493313007180

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization
Rocky Mountain Institute

Employer identification number
74-2244146

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

	organization answered "Yes" to Form 99	0, Part IV, line 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		or adv	rsed Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	5 5	•	
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	o Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure) Preservation of an		rically importantly land area d historic structure
2	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the form	of a co	onservation
	easement on the last day of the tax year	[Held at the End of the Year
_	Total number of conservation easements		2a	Held at the End of the Year
a	Total acreage restricted by conservation easements			
b	Number of conservation easements on a certified his	}	2b	
с		` '	2c	
d	Number of conservation easements included in (c) ac	cquired after 8/1//06	2d	
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	ne organization during
	the taxable year 🛌			
4	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	f violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ients d	uring the year ►
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	durin	g the year 🕨 \$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tıon	┌ Yes
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial		
Par	Organizations Maintaining Collectio Complete if the organization answered "		or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in fu	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii		·
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		r finan	icial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1			► \$
b	Assets included in Form 990, Part X			► \$

Par	Titl Organizations Maintaining Co	<u>llections of Art</u>	:, His	torical T	reası	<u>ires, or O</u>	<u>the</u>	<u>r Similar As</u>	<u>sets</u>	(con	<u>tınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following	that ar	e a significa	int u	se of its collect	ion		
а	Public exhibition		d	┌ Loar	orexc	hange progr	ams				
b	Scholarly research		e	┌ Othe	er						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how	v they furth	ner the	organization	's ex	kempt purpose i	n		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t			•					┌ Yes	; [– _{No}
Pai	t IV Escrow and Custodial Arrang	•				n answere	d "Y	es" to Form 9	90,		
	Part IV, line 9, or reported an ar		•								
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				utions	or other ass	ets	not 	Yes	, [_ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the	follow	ıng table		Г					
_						-		An	ount		
C C	Beginning balance					-	1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo		e 21?						Yes	; [No
	If "Yes," explain the arrangement in Part XIV			1 1137		F 000	<u> </u>	1.71/ 1 40			
Рα	rt V Endowment Funds. Complete	(a)Current Year		<u>wered "Y</u> Prior Year		rorm 990 <u>,</u> wo Years Back		TIV, IINE IU. Three Years Back	(e) For	ır Yea	rs Back
1a	Beginning of year balance	706,173	(-)	753,89	$+\cdot\cdot$	TO TOUTS BUCK	1(4)	Timee rears back	(0). 00	- 100	15 Back
b	Contributions	1,754			0						
С	Investment earnings or losses	-251		-11,4	13						
d	Grants or scholarships	0		22,50	00						
e	Other expenditures for facilities			13,20	00						
f	and programs	3,806		6:	10						
g	End of year balance	703,870		706,1							
9 2	Provide the estimated percentage of the year		 a s	<u> </u>							
- а	Board designated or quasi-endowment	5 000 %									
ь	Permanent endowment > 95 000 % %										
	Termanent endowment P										
c 3a	Term endowment % Are there endowment funds not in the posse	ssion of the organiz	ation t	hat are he	ld and a	administered	l for	the			
	organization by								Y	es	No
	(i) unrelated organizations							3a(\bot	Νo
_	(ii) related organizations							3a(4	N o
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the				· · ·		•	31)	丄	
	t VI Investments—Land, Building:				aan p	art Y line	10				
	Description of investment	<u>s, una Equipme</u>	116. 5	(a) Cost of basis (inve	or other	(b)Cost or o	ther	(c) Accumulated depreciation	(d)	Bool	c value
1a	Land				0	96	,964		+		86,964
	Buildings				0			290,04	10		747,150
	Leasehold improvements		•		0	 	,719	<u> </u>	+		175,366
	Equipment				0	1	,825		_		381,881
	Other					1	,276	<u> </u>	-		163,933
_					-				1		,

1,555,294

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		of valuation /ear market value
Financial derivatives		Cost of cital of y	real market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		1 2	
			of valuation
(a) Description of investment type	(b) Book value		ear market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
DEPOSITS			16,839
CSV LIFE INSURANCE POLICIES			37,790
FOR ENDOWMENT			667,210
OTHER ASSETS			3,000
Tatal (Column (b) should agual Form 000, Part V, sol (B) line 1	<i>E</i> \		724 920
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			724,839
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
	(b) A mount		
Federal Income Taxes	0		
LINE OF CREDIT	0		
CAPITAL LEASE OBLIGATIONS	75,472		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	75,472		

	otal expenses (Form 990, Part IX, column (A), line 25)	2	12,355,44
			12,333,11
3 E	excess or (deficit) for the year Subtract line 2 from line 1	3	749,01
4 1	let unrealized gains (losses) on investments	4	285,83
5 [Conated services and use of facilities	5	
6 I	nvestment expenses	6	
7 F	rior period adjustments	7	
8 (Other (Describe in Part XIV)	8	
_	otal adjustments (net) Add lines 4 - 8	9	285,83
	excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,034,85
Part 2	, , , , , , , , , , , , , , , , , , , ,	er Retu	
1	Total revenue, gains, and other support per audited financial statements	1	13,491,76
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	420,83
3	Subtract line 2e from line 1	3	13,070,93
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 33,527		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	33,52
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,104,46
Part X	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
	Total expenses and losses per audited financial statements	1	12,456,91
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	135,00
3	Subtract line 2e from line 1	3	12,321,91
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 33,527		
b	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	33,52
5 Part	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,355,44

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
FIN 48 Footnote		RMI adopted guidance related to uncertainty in income taxes in the Financial Accounting Standards Board's ("FASB") Accounting Standards Codification 740 on July 1, 2009 After evaluating the tax positions taken, none are considered to be uncertain, therefore, no amounts have been recognized as of June 30, 2010 If incurred, interest and penalties associated with tax positions are recorded in the period assessed as general and administrative expense No interest or penalties have been assessed as of June 30, 2010 and 2009 Tax years that remain subject to examination include 2007 through current for the federal return, and 2006 through current for the Colorado return
Endowment Funds Purpose	Schedule D, Part V, Line 4	Endowment funds are used to provide the following (1) RMI Internships (2)Stewardship of Windstar Land Conservancy property

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DLN: 93493313007180

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

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Roc	ky Mountain Institute		74-2244146			
Pa	rt I Questions Regarding Compensation		74-2244140			
					Yes	No
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		•			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe			1b	Yes	
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations		y Written employment contract			
4	During the year, did any person listed in Form 990, Par or a related organization	rt V I	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymeı	nt?	4a		No
b	Participate in, or receive payment from, a supplementa	l nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	ide tl	ne applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Ro in Part III		·	8		No
9	If "Yes" to line 8, did the organization also follow the re	butt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
A mory Lovins	(I) (II)	240,279 0	100,000	I .	0 0	1	351,191)
Michael Potts	(I) (II)	214,061	80,000 0	0 0	1	'	307,687)
Martha Pickett	(I) (II)	195,124 0	40,000		´l		2 246,036)
Edward Harvey	(I) (II)	177,175 0	18,000		0 0	l .	195,175)
Llewellyn Wells	(I) (II)	171,193 0	7,000		0 0	· · · · · · · · · · · · · · · · · · ·	185,113)
Doug Laub	(I) (II)	154,108 0	0	1	[]	1	167,556 0)
Victor Olgyay	(I) (II)	136,695 0	0	·	1	· · · · · · · · · · · · · · · · · · ·)
			<u> </u>		<u></u>			
			<u> </u>		<u>'</u>			
		<u> </u> !	<u> </u>	<u> </u>	<u>-</u>			
			<u> </u>		<u>'</u>			
	-+				-			

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Business Use		A mory Lovins rents approximately 1200 sq ft of his house, plus shared space to RMI as office space under a 1-year written lease ending May 31, 2011 with
of Personal		RMI's option to renew for an additional year. The rent is \$2,685 per month
Residence		

Schedule J (Form 990) 2009

DLN: 93493313007180

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization Rocky Mountain Institute

Employer identification number

74-2244146

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	etermı	nıng	
1	Art—Works of art	аррпсавіс		±9				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	14	25,109	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
12	or trust interests							
	Securities—Miscellaneous Qualified conservation							
13	contribution—Historic							
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	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received				29			
	for which the organization comple	eted Form &	3283, Part IV, Donee Ackn	owledgement	23			
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three years							
	for exempt purposes for the entir					30a		No
b	If "Yes," describe the arrangeme					30a		
31						31		No
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?					32a		N a
h	If "Yes," describe in Part II					32a		N o
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a	ıs checked,			
	describe in Part II							

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

FAttach to Form 990.

2009

Open to Public Inspection

Name of the organization
Rocky Mountain Institute

Employer identification number
74-2244146

ldentifier	Return Reference	Explanation
Governing Documents	Part VI, Section C, Question 19	RMI's Articles of Incorporation are of public record with the Colorado Secretary of State. Financial statements have been placed on RMI's website. A copy of bylaws or any policy is available upon request.
Monitoring Compliance with the Conflict of Interest Policy	Part VI, Section B, Question 12c	Trustees are contacted through an annual affirmation to update any changes to their personal situation Trustees are required to report any changes that may constitute a potential conflict of interest. Trustees are asked to complete a conflict of interest questionnaire each year. If a conflict of interest or an appearance of a conflict of interest arises, the Executive Committee reviews and investigates compliance issues.
Process for Determining Compensation	Part VI, Section B, Question 15 a & b	During fiscal year 2010, RMI retained a Certified Compensation Professional to conduct a detailed analysis of all current positions. This analysis utilized "World At Work" best practices to determine market prices for the roles that currently exist within RMI and establish a grade table. The results of this work enable RMI leadership to ensure appropriate compensation levels for current roles as well as new or restructured jobs in the organization. In order to maintain the integrity of this table, members of the leadership team have been educated on the philosophy behind and use of the compensation study results. Further, processes for appropriately "pricing" new roles are being established to ensure future compliance. The compensation data and recommendations were presented to the RMI Board of Trustees. The executive summary of findings was reviewed, approved and documented as part of the Board minutes.
Board of Directors Review of 990	Part VI, Section B, Question 11A	RMI's review process for the 990 form begins with a formal review by the senior management team (CEO, Executive Director, VP-Finance, VP-Development, Director of Finance) Once reviewed, a second evaluation is performed by the Board of Trustees Audit Committee with the VP-Finance and Director of Finance in attendance Once approved, the Audit Committee provides a copy of Form 990 to the Board and recommends to the Board that they accept the return

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DLN: 93493313007180

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

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 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

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

Public charity status (if section 501(c)(3)) (f) Direct controlling entity

Windstar Land Conservancy

2317 Snowmass Creek Road

Stewardship

CO

501(c)(3)

509(a)(1)

Snowmass, CO 81654 84-1107299

(j)

General or

managing

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)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(2)

(3)

Pa	rt V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV,	, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-I	IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b	Gift, grant, or capital contribution to other organization(s)		1b		No
c	Gift, grant, or capital contribution from other organization(s)		1c		No
d	Loans or loan guarantees to or for other organization(s)		1 d		No
e	Loans or loan guarantees by other organization(s)		1e		No
f	Sale of assets to other organization(s)		1f		No
g	Purchase of assets from other organization(s)		1g		No
h	Exchange of assets		1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		1 i		No
j	Lease of facilities, equipment, or other assets from other organization(s)		1 j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
I	Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets		1m	Yes	
n	Sharing of paid employees		1n	Yes	
0	Reimbursement paid to other organization for expenses		10		No
p	Reimbursement paid by other organization for expenses		1р	Yes	
q	O ther transfer of cash or property to other organization(s)		1 q		No
r	Other transfer of cash or property from other organization(s)		1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship				
	(a) Name of other organization	(b) Transaction type(a-r) Am	ount)	c) ınvolve	ed .
1) V	/indstar Land Conservancy	1m		13.	5,000
1) S	ee Additional Data Table				

(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)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No