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PUBLIC DISCLOSURE COPY

Form 8879-TE	l	IRS e-file	e Signatu a Tax Exe	re Aut	horization Entity		ОМВ	No. 1545-0047
					ind ending	. 20	1 9	
Description of the Transmission	,		send to the IRS.				2	2022
Department of the Treasury Internal Revenue Service		Go to www.irs	s.gov/Form8879	E for the I	atest information.			
Name of filer						EIN or S		
ROCKY	MOUNTAIN					74-	222514	ŧ0
Name and title of officer or pe	erson subject to tax		R PETERS	•				
	<u> </u>		I EXECUTI	VE DIR	LECTOR			
	Return and Re							
Check the box for the retu Form 5330 filers may enter or <b>10a</b> below, and the am- whichever is applicable, b than one line in Part I.	er dollars and cents ount on that line for	. For all other for the return beir	orms, enter whole ng filed with this f	dollars onl orm was bl	y. If you check the b ank, then leave line '	box on line <b>1a, 2</b> <b>1b, 2b, 3b, 4b,</b>	2a, 3a, 4a, 5 5b, 6b, 7b,	5a, 6a, 7a, 8a, 9a, 8b, 9b, or 10b,
1a Form 990 check h	nere X	b Total rev	<b>enue,</b> if any (Forn	n 990, Part	VIII, column (A), line	12)	ц. 1ь 1,	,727,906.
2a Form 990-EZ che		b Total rev	enue, if any (Forn	n 990-EZ, lii	ne 9)		2b	
3a Form 1120-POL	check here	b Total tax	(Form 1120-POL,	line 22)			3b 📃	
4a Form 990-PF che	eck here	b Tax base	d on investment	income (F	orm 990-PF, Part V,	line 5)	4b	
5a Form 8868 check		b Balance	<b>due</b> (Form 8868,	ine 3c)			5b	
6a Form 990-T chec		b Total tax	(Form 990-T, Par	t III, line 4)			6b	
7a Form 4720 check								
8a Form 5227 check					rm 5227, Item D)			
9a Form 5330 check			Form 5330, Part	. ,				
10a Form 8038-CP ch Part II Declarat					d (Form 8038-CP, Parent Pa e Parent P		10b	
Under penalties of perjury							respect to (r	
of entity)			I OI THE ADOVE EI		rama person subje			
of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv personal identification nur	ution account indic it the entry to this a s prior to the payme ve confidential infor	cated in the tax account. To reve ent (settlement) rmation necess	preparation softworke a payment, I date. I also author ary to answer ing	vare for pay must conta prize the fin uiries and r	ment of the federal act the U.S. Treasury ancial institutions in esolve issues related	taxes owed on Financial Agen volved in the p d to the payme	n this return, nt at 1-888-3 processing o ent. I have s	and the 353-4537 no of the electronic elected a
PIN: check one box only X I authorize ER		ROWN AND	) KLOSTER	, LLC		to enter m	ıy PIN	25140
			ERO firm name				Enter	five numbers, but ot enter all zeros
with a state age on the return's o As an officer or return. If I have	ency(ies) regulating disclosure consent person subject to t	charities as par screen. ax with respect s return that a c	t of the IRS Fed/ t to the entity, I w copy of the return	State progr ill enter my i is being fil	ted within this return am, I also authorize PIN as my signature ed with a state ager screen.	the aforementi	of the return ioned ERO t ar 2022 elec	is being filed to enter my PIN ctronically filed
Signature of officer or person subje	ect to tax ation and Author	ontigation				۵	Date	
			cation					
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	-	Cation		84246932 Do not enter all			
I certify that the above nu submitting this return in a Business Returns.								
ERO's signature <b>ERI</b>	CKSON, BR	OWN AND	KLOSTER,	LLC	Date	06/05/2	3	
					e Instructions ss Requested T	o Do So		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

ROCKY MOUNTAIN FIELD INSTITUTE, INC. 815 S 25TH ST STE 101 COLORADO SPRINGS, CO 80904

#### DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

Halalahililaanillaallaanililaal

Department of the Treasury Internal Revenue Service

### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



A	For th	e 2022 calendar year, or tax year beginning and er	nding				
B	Check if applicab	le: C Name of organization		D Employer identific	cation number		
	Addre						
	Name	pe Doing business as		74-22251	40		
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final	V 815 S 25TH ST STE 101		719-471-			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,961,369.		
	Amer	COLORADO SERINGS, CO 00904		H(a) Is this a group re			
	Appli tion	Finame and address of principal officer: O ENNET ER FETERSON,	PH.D	for subordinates	? Yes X No		
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	· 527	lf "No," attach a	list. See instructions		
-	Websi			H(c) Group exemption			
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🔄 Other	L Year o	of formation: 1982 N	State of legal domicile: CC		
Pa	art I	Summary	-		2		
ø	1	Briefly describe the organization's mission or most significant activities: ROCKY	MOUN	TAIN FIELD			
Governance		PROMOTES THE CONSERVATION AND STEWARDSHIP	OF P	UBLIC LANDS	IN THE		
ern	2	Check this box if the organization discontinued its operations or dispose	ed of more	1 1			
õ	3				11		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ldots$			11		
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			35		
Activities &	6	Total number of volunteers (estimate if necessary)			100		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
				Prior Year 555, 397 •	Current Year 724,846.		
ue	8	Contributions and grants (Part VIII, line 1h)		747,638.	974,128.		
Revenue	9	Program service revenue (Part VIII, line 2g)		23,322.	24,595.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,933.	4,337.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,345,290.	1,727,906.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,545,290.	0.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		881,131.	952,582.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		001,131.	0.		
Den	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 11, 293	1	• •	•		
ă	17			316,149.	263,175.		
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,197,280.	1,215,757.		
	10			148,010.	512,149.		
L Sc Sc Sc Sc Sc Sc Sc Sc Sc Sc Sc Sc Sc		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assats (Part Y, line 16)	201	2,580,588.	2,781,930.		
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	······	31,310.	11,692.		
Vet /	21	Net assets or fund balances. Subtract line 21 from line 20		2,549,278.	2,770,238.		
		Net assets or fund balances. Subtract line 21 from line 20		4,545,470.	2,110,230.		

| 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.

~	Signature of officer		Date					
Sign Here	CARL WOODY, INTERIM EXECUTIVE DI	₽₽₽₽₽	Duto					
Here	Type or print name and title	ALCION						
Paid	Print/Type preparer's name Preparer's sign MITCHELL DOWNS, CPA MITCHEL	ature L DOWNS, CPA (		PTIN P00831972				
Preparer	Firm's name ERICKSON, BROWN AND KLOS		Firm's EIN 84-	0686698				
Use Only	Firm's address 4565 HILTON PARKWAY, SUI	<u>FE 101</u>						
	COLORADO SPRINGS, CO 809	07	Phone no. 719 -	-531-0445				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	32001 12-13-22LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2022) ROCKY MO	UNTAIN FIELD INSTIT	JTE, INC.	74-2225140 Page <b>2</b>
Pa	rt III Statement of Program Serv	ice Accomplishments		
	Check if Schedule O contains a resp	onse or note to any line in this Part III		
1	Briefly describe the organization's mission:			
	ROCKY MOUNTAIN FIELD		THE CONSERVATI	ON AND
	STEWARDSHIP OF PUBLIC	LANDS IN THE SOUTH	ERN ROCKY MOUN	TAIN REGION
	THROUGH VOLUNTEER-BAS			
	EDUCATION AND RESTORA			
2	Did the organization undertake any signific		hich were not listed on the	
-				37
	If "Yes," describe these new services on S			
3	Did the organization cease conducting, or		ducts, any program service	es? Yes X No
5	If "Yes," describe these changes on Sched		ducts, any program service	
4	Describe the organization's program service		a largest program convises	as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organization			
	revenue, if any, for each program service re		grants and anocations to t	thers, the total expenses, and
40	(a the service is a service is	37,343. including grants of \$		venue \$ 978,465.)
48	(Code: ) (Expenses \$ 1,0 RMFI CONSERVES AND RE			
	SOUTHERN COLORADO AND			
	CARRYING OUT PROGRAMS			
	RESTORATION, PUBLIC S			
	ENVIRONMENTAL FIELD S			
	VOLUNTEER STEWARDSHIP			
	COMMUNITY, PROVIDED H			
	AND ADULTS, AND PROVIDED H			
	ASSESS THE EFFECTIVEN			
	1005 INDIVIDUALS VOLU			
	ORGANIZATION.	NIBERED INEIR IIME	IOWARDO IIIA MI	BBION OF THE
	ORGANIZATION:			
4b	(Code: ) (Expenses \$	including grants of \$	) (Pc	venue \$
40			) (///	yende \$)
40	(Code: ) (Expenses \$	including grants of \$	) (pe	venue \$
4c		including grants of \$	) (Re	venue \$ )
4c		including grants of \$	) (Re	venue \$ )
-4c		including grants of \$	) (Re	venue \$)
	(Code: ) (Expenses \$	including grants of \$	) (Re	venue \$)
		including grants of \$	) (Re	venue \$ )
		including grants of \$	) (Re	venue \$)
4c	(Code:) (Expenses \$	including grants of \$	) (Re	venue \$)
4c		including grants of \$	) (Re	venue \$)
4c		including grants of \$	) (Re	venue \$ )
4c		including grants of \$	) (Re	venue \$ )
4c	(Code:) (Expenses \$	including grants of \$	) (Re	venue \$)
4c	(Code:) (Expenses \$	including grants of \$	) (Re	venue \$)
4c			) (Re	venue \$)
	Other program services (Describe on Sche		) (Revenue \$	venue \$)
4d	Other program services (Describe on Sche	dule O.)		venue \$)

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⊢orm	990	(2022)

Form 990 (2022) ROCKY MOUNTAIN FIELD INSTITUTE, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- /		
0	-	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		- 23
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form	aan	(2022)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
~ ~	Schedule J	23		<u> </u> ▲
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ام	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes, " complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Pa	Note: All Form 990 filers are required to complete Schedule O           At V         Statements Regarding Other IRS Filings and Tax Compliance	38	_ ^	L
1 a	Check if Schedule O contains a response or note to any line in this Part V			
	טווכטא זו טטוולטטוב ט נטווגמווז א ובאטווזב טו ווטנב נט אוזץ ווווש ווו נוווז דאוג ע		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2		185	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
				<u> </u>

Form 990 (2022)	ROCKY	MOUNTAIN	FIELD	INSTITUTE,	INC.
Part V Statements	Regarding	Other IRS Fili	ngs and '	Tax Compliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	unt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts			
were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X
b	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 w	as reo	quired			
	to file Form 8282?	1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g						
h						
8						
•	sponsoring organization have excess business holdings at any time during the year?					
	9 Sponsoring organizations maintaining donor advised funds.					
	a Did the sponsoring organization make any taxable distributions under section 4966?					
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b		
а	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:	100				
	Gross income from members or shareholders	11a				
	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		?	12a		
	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.		•			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratio	n or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

#### ROCKY MOUNTAIN FIELD INSTITUTE, INC.

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

X

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.

1a         Enter the number of voling members of the governing body of the governing body?         Image: Soverning body?	Sec	tion A. Governing Body and Management						
If there are material differences in voting numbers of the governing body, or if the governing body.       11         2 Ded any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management dulies customatily performed by or under the direct supervision of officers, director, trustees, or key employees to a management during they ears of a significant dury or the state of the organization have members or stockholders?       2       X         3 Dot the organization bocome aware during the years of a significant dury or a business relationship with any other or more members or stockholders, or other person?       3       X         4 Dot the organization have members or stockholders, or other person who had the power to elect or appoint one or more members of the governing body?       5       X         5 Dot the organization common possible downeed to a subject to approval by members, stockholders, or persons other than the governing body?       7       X         6 Dot the organization common possible downeed the members and addresses on Schedule D.       7       X         7 Do the organization notwere downeed the members and addresses on Schedule D.       7       8       X         9 Is there any offer director, trustee, or key molypover of this C mmod D.       7       8       X         9 Is there any offer directo							Yes	No
b Enter the number of voting members included on line 1a, above, who are independent       1b       1.1         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 to a management company or other person?       2       X         3 Did the organization delegate control over management during the sustaination delegate control over management during documents since the prior Form 900 was filed?       3       X         4 Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization reserved to for subject to approval by members, stockholders, or presons other than the governing body?       7       X         9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       X         9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       X         9 Each commute we with authorit to act on behalf of the governing body?       8a       X         9 Is there any officer, director, trustee, or key employee listed in Part VI, Section A, who cannot be reached at the organization convertion and addresses on Schedule O and Parton A addresses on Schedule O and Parton A addresses on	1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11			
b       Enter the number of voting members included on line 1a, above, who are independent       11       11         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 employees to a management company or there person?       2       X         3       Did the organization delegate control over management duites customally performed by or under the direct supervision of officers, trustee, or key employees to a management company or there person?       2       X         4       Did the organization bave members, so tockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or other persons who had the power to elect or appoint one or more members and the organization reserved to (or subject to approval by) members, stockholders, or persons other han the governing body?       X         8       Did the organization common body?       8a       X         9       Is the avent than the governing body?       8a       X         9       Is the avent duited on the set set of the governing body?       8a       X         9       Is there avent than the governing body?       8a       X         9       Is there avent than the governing body?       8a       X         9       Is there avent than the governing body?       8a       X         9       Is there avent than the governing body?       8a       X		If there are material differences in voting rights among members of the governing body, or if the governing						
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 employees to a management company or other person?       2       X         3       Dud the organization obseque control over management duties customarily parformed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3       X         4       Dud the organization nake any significant changes to its governing documents is incice the prior Form 990 was filed?       4       X         5       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of stockholders, or other persons who had the power to elect or appoint one or more members of stockholders, or other persons other than the governing body?       8       X         6       DX       B off the organization contemportaneously document the meetings held or written actions undertaken during the year by the following:       8       X         7       D act committee with authority to act on behalf of the governing body?       8a       X         9       is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization contemportaneously document the meetings held or written actions undertaken during the year by the following:       8b       X         9       is there any officer, director, trustee, or key employees required bodses any officer, director, trustee, or key employees r		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
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 employees to a management company or other person?       2       X         3       Did the organization disease, or key employees to a management company or other person?       3       J         4       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         7       Did the organization have members or stockhodders?       6       X         7       Did the organization come members or stockhodders?       7       0       X         8       Did the organization come propersions of the organization cerempropresens other than the governing body?       7       0       X         9       Data the organization cerempropresensoly document the meetings held on witten actions undertaken during the year by the following:       8       8       X         9       Is there any officer, director, trustee, or key employee isteled in Part VII. Section A, who cannot be reached at the organization there presens of the organization bar witten policies and procedures governing body?       8       8       X         10       Did the organization have motions of the organization acenosistent with the organization serverpuses	b	Enter the number of voting members included on line 1a, above, who are independent	1b		11			
officer, director, trustee, or key employee?     2     X       3     Did the organization delegate control over management dompary or other person?     3     X       4     Did the organization backers, they employees to a management dompary or other person?     3     X       4     Did the organization backers hey employees to a management dompary or other person?     4     4       5     Did the organization backers aware during the year of a significant diversion of the organization's assets?     5     X       6     Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members and tockholders, or other persons who had the power to elect or appoint one or more members and the organization comming body?     7     X       8     Did the organization contemportaneously document the meetings held or witten actions undertaken during the year by the following:     8     X       9     is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization to adverses or schedule O     9     X       8     Did the organization have local chapters, branches, or affiliates?     10a     10a     X       10a     Did the organization have writen polices and procedures governing the divide is of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 900 to all members of its governing body Percer fling the form?     11a     12a       11a	-		o with	any other				
3         Did the organization delegate control over management duties customally performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?         3         X           4         Did the organization make any significant changes to its governing documents since the prior Form 930 was filed?         4         X           5         Did the organization baceme aware during the year of a significant diversion of the organization's assets?         5         X           7a         Did the organization have members is stockholders?         6         X           7a         Did the organization have members of stockholders?         6         X           8         Did the organization chare members of stockholders?         7b         X           8         Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?         8a         X           9         Each committee with authority to act on behalf of the governing body?         8a         X           9         Each committee with authority to act on behalf of the governing body?         8a         X           9         Each committee with authority to act on behalf of the governing body?         8a         X           9         Each committee with authority to act on behalf of the gorganization scell addresses on Schedule O         9 <td></td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td></td> <td>Х</td>						2		Х
of officers, directors, trustees, or key employees to a management company or other person?       3       X         4       Did the organization back any significant charges to its governing documents since the prior Form 990 was filed?       4       X         5       Did the organization back members or stockholders?       6       X         6       Did the organization have members or stockholders?       6       X         7a       Did the organization have members or stockholders?       7a       X         8       Did the organization have members or stockholders?       7a       X         9       A rea my governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization have interposition of the governing body?       8a       X       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's malling address? If 'Yes,' provide the names and addresses on Schedule O       9       X         8       Buf 'Yes,' (d) the organization have local chapters, branches, or affiliate?       10a       10a       X         10a       Did the organization have exiter policies and procedures governing body before filing the form?       11a       X         10a       Did the	3				··· -			
4       Did the organization make any significant changes to its governing documents since the prior Form 900 was field?       4       X         5       Did the organization bacome aware during the year of a significant diversion of the organization's assets?       6       X         6       Did the organization have members or stockholders?       6       X         7a       Did the organization have members or stockholders?       7a       X         8       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7a       X         8       Did the organization one members, stockholders?       7a       X         9       Is there any officer, director, trustee, or key emptypee listed in Part VII. Section A, who cannot be reached at the organization in alling address? If "Yes," provide the names and addresses on Schedule O       9       X         9       Is there any officer, director, trustee, or key emptypee listed in Part VII. Section A who cannot be reached at the organization have local chapters, branches, or affiliates?       10a       Na         10       Did the organization provide de names and procedures governing body?       10a       Na         11       Has the organization provide a complete copy of this Form 990.       12a       X         12       Did the organization nave written policies and procedures governing body?       12a <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>3</td> <td></td> <td>х</td>				-		3		х
5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         6       Did the organization have members, stockholders, or more members of the governing body?       7a       X         7       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7a       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       X         9       Is there any officer, director, rustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is malling address? If 'res,' provide the names and addresses on Schedule O       9       X         8       Bod 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 the ensures?       10a       X         10a       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 regures written written organization regures the form 990.       10a       X         11a       Has the organization near written consistent with the organization regures written written consistent with the organization regures written written consistent with the organization regures the form 990.       10a       11a       X <tr< th=""><td>4</td><td></td><td></td><td></td><td></td><td>4</td><td></td><td>Х</td></tr<>	4					4		Х
6       Did the organization have members or stockholders?       6       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         a       Ib due organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a       The governing body?       8b       X       8a       X         b       Each committee with authority to act on behalf of the governing body?       8b       X       8a       X         b       Each committee with authority to act on behalf of the governing body?       8b       X       8a       X         b       Each committee with authority to act on behalf of the governing body?       8b       X       8a       X         commonitements       Mainters?       We members on Schedule O       9       X         Section B. Policies (7his Section B requests information about policies not required by the Internal Revenue Code.)       10a       X         10a       Did the organization have a written policies and procedures on schedule O       9       11a <t< th=""><td></td><td></td><td></td><td></td><td></td><td>5</td><td></td><td>Х</td></t<>						5		Х
7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         A re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a The governing body?       8a       X       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes. 'provide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes. 'No       10a       X         104 bit organization on the outen holicies and prognization 's exempt purposes?       10a       X       10a       X         113 Has the organization neave written conflict of interest policy? /f 'No', 'g to line 13       12a       12a       X       12a       X         124 Did the organization neave written written and enforce compliance writt the policy? /f 'Yes,' describe on Schedule O the this comparization's equiration and enforce compliance written policy? /f 'Yes,' describe on Schedule O the process, if any, used by the requiration the eview this Form 990.       12a       X       12a <td< th=""><td></td><td colspan="6"></td><td>Х</td></td<>								Х
more members of the governing body?     7a     X       b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons tother than the governing body?     7b     X       a The governing body?     Ba     X     Ba     X       b Each committee with authority to act on behalf of the governing body?     Ba     X     Ba     X       9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's maling address? If 'Yes,' provide the names and addresses on Schedule O     9     X       Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)     Yes     No       10a     X     Ida     X     Ida     X       11a     Has the organization have written policies and procedures governing body before filing the form?     Ida     X       12a     Did the organization have written policies and procedures governing body before filing the form?     Ida     X       12a     Did the organization have a written collicies of such chapters, affiliates, and branches on termosers of ta governing body before filing the form?     Ida     X       12a     Did the organization have a written collicies of usice analy interests that could give rise to conflicts?     Ida     X       12a     Did the organization have a written whistleblower policy?     Ida     X     Ida					····  -			
b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         a       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a       The governing body?       8b       X       8b       X         b       Each committee with authority to act on behalf of the governing body?       8b       X       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have britten policies and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       10a       X       10a       X         10a       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 to review this Form 990.       12a       10a       X         12a       Did the organization have a written collicit of interest policy? If 'No,' go to line 13       12a       X       12a       X         12a       Did the organization have a written whisteblower policy?       10a       10a       X       12a       X         12a						7a		х
persons other than the governing body?     7b     X       8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a     X       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 'Vse, 'provide the names and addresses on Schedule 0.     9     X       Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)     10a     Did the organization have local chapters, branches, or affiliates?     10a     10a     Did the organization have local chapters, branches, or affiliates?     10a     X       9 Is there any officer, director, trustee, or key employee listed in Part VII, Section S exempting body before filing the form?     10a     X       9 Did the organization have local chapters, branches, or affiliates?     10a     10a     X       10a     Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?     10b     11a     X       12a     Did the organization have a written collicity? If 'No', 'or to line 13     12a     X     12a     X       12 Did the organization regulary and consistently monitor and enforce compliance with the policy? If 'No', 'or to line 13     12a     X     12a     X       13 Did the organization have a written onflowing persons	b							
8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       Ba       X         a The governing body?       Ba       X         b Each committee with authority to act on behalf of the governing body?       Ba       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       10a       DX         10a       Did the organization have bacal chapters, branches, or affiliates?       10a       X         and branches to ensure their operations are consistent with the organization to review this Form 990.       11a       X         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         12b       We enflicts, director, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         12b       Did the organization have a written whistleblower policy?       13       X       12c       X	-					7b		х
a The governing body?       Ba       X         b Each committee with authority to act on behalf of the governing body?       Ba       X         b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O       9       X         Section B. Policles (This Section B requests information about policies not required by the Internal Revenue Code)       9       X         10a       Did the organization have local chapters, branches, or affiliates?       10a       10a       X         11a       Has the organization nave 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?       10a       11a       X         12a       Did the organization nave a written conflict of interest policy? If 'No,' go to line 13       12a       12a       X       12b       X       12a       X       12b	8				····  -			
b       Each committee with authority to act on behalf of the governing body?       B       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O       9       X         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?       Ves       No       No         11a       Has 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?       10a       11a       X         12a       Did the organization nevale written conflict of interest policy? If 'No,' go to line 13       12a       X         13       Did the organization have a written conflict of interest policy?       13a       X       14a         14       brogenization nave a written document referention and destruction policy?       13a       X       14a         14       brogenization have a written whistleblower policy?       13a       X       14a       X         12b       Did the organization have a written whistleblower policy?       14a       X       13a       X         14<			-	-		8a	Х	
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,' and bit and addresses on Schedule O.       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         Yes,' did the organization have local chapters, branches, or affiliates?         10a       Did the organization policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12a       Did the organization new a written conflict of Interest policy? If 'Yeg,' go to line 13       12a       X         13       Did the organization have a written onbits of policy? If 'Yeg,' go to line 13       12a       X         14       X       10d       12a       X         15       Did the organization new a written consistent with monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O now this was done       12a       X         14       X       12b       X       12b       X         15       Did the organization have a written oblowing persons include a review and approval by independent persons, comparability		Each committee with authority to act on behalf of the governing body?			····  -			
organization's mailing address? If "Yes," provide the names and addresses on Schedule O         9         X           Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a         X           10a         Did the organization have local chapters, branches, or affiliates?         10a         X           b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?         10b         10a         X           11a         Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         10b         11a         X           b Bescribe on Schedule O the process, if any, used by the organization to review this Form 990.         12a         X         12a         X         12b         X	-				····  -			
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes         10a Did the organization have local chapters, branches, or affiliates?       Yes       No         11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10a       X         12a Did the organization have a written conflict of interest policy? If "No," go to line 13       10a       X         12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12a       X         13 Did the organization nave a written whistleblower policy?       13       X       12b       X         14 Did the organization nave a written whistleblower policy?       13       X       12c       X         14 Did the organization have a written whistleblower policy?       13       X       14       X         15 Did the organization have a written whistleblower policy?       14       X       15b       X       15b       X       15b       X       15b       X       15b       X       16a       X	5					a		x
10a       Did the organization have local chapters, branches, or affiliates?       Yes       No         10a       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       Image: State S	Sec					<u> </u>		
10a       Did the organization have local chapters, branches, or affiliates?       10a       X         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       11a       X         11a       Has the organization have a written conflict of interest policy? If "No," go to line 13       12a       X       12a       X         12b       Were offices, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12a       X       12a<			svenue				Vas	No
b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c       Did the organization have a written whistleblower policy?       13       X       12c       X         13       Did the organization have a written document retention and destruction policy?       13       X       14       X         14       Did the organization have a written beform?       13a       X       14       X       12c       X         13       Did the organization have a written whistleblower policy?       13       X       14       X       12c       X       14       X       12c       X       14       X       15       13       X       14       X       15       13       X       14       X       15       16       15	10a	Did the organization have local chapters, branches, or affiliates?			Г	10a	100	
and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         b       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       11a       X         12a       Did the organization have a written conflict of interest policy? <i>If 'No," go to line 13</i> 12a       X       12b         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12a       X       12b         c       Did the organization neve a written whistleblower policy?       13       X       14       X       12c       X       14       X       14       X       14       X       14       X       15b       <					····  -	100		
11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         b       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       11a       X       12a         12a       Did the organization have a written conflict of interest policy? <i>If</i> "No," <i>go to line 13</i> 12a       X       12b       X						10h		
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Part VII	Co	ompensation of Officers, Directors, Tr	rustees, l	Key Employees,	Highest Co	ompensated
	์ Em	nployees, and Independent Contracto	ors			

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.

Name and title     Average hours per weak bits any. Bits any. boltow mine     Perotable recommention bits and attention boltow mine     Perotable compensation roading mine     Repotable compensation roading mine     Estimated compensation roading mine       (1) JENNIFER PETERSON, PH.D.     40.00     X     90,313.     0.     7,709.       (2) CARL WOODY     40.00     X     66,625.     0.     7,504.       (3) SANTIE REGAN     2.000     X     0.     0.     0.       (3) KATIE REGAN     2.000     X     0.     0.     0.       (3) KATIE REGAN     2.000     X     0.     0.     0.       (4) LEE DERR     2.000     X     0.     0.     0.       (4) LEE DERR     2.000     X     0.     0.     0.       PRECIDE     2.000     X     0.     0.     0.       (4) LEE DERR     2.000     X     0.     0.     0.       PRECIDE     2.000     X     0.     0.     0.       (3) JASK ALWINE     2.000     X     X     0.     0.       (4) LEE DERR     2.000     X     X     0.     0.       (4) JASK ALWINE     2.000     X     X     0.     0.       (3) ARATIE REGARN     2.000     X     0	(A)	(B)	(C)		(D)	(E)	(F)				
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(1) JENNIFER PETERSON, PH.D.       40.00       X       90,313.       0.       7,709.         (2) CARL WOODY       40.00       X       66,625.       0.       7,504.         (3) KATTE REGAN       2.00       X       0.       0.       0.       0.         (3) KATTE REGAN       2.00       X       0.       0.       0.       0.       0.         (4) LEE DERR       2.00       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td></td><td></td><td>ctor</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>			ctor								
(1) JENNIFER PETERSON, PH.D.       40.00       X       90,313.       0.       7,709.         (2) CARL WOODY       40.00       X       66,625.       0.       7,504.         (3) KATTE REGAN       2.00       X       0.       0.       0.       0.         (3) KATTE REGAN       2.00       X       0.       0.       0.       0.       0.         (4) LEE DERR       2.00       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td></td><td>hours for</td><td>or dire.</td><td></td><td></td><td></td><td>ted</td><td></td><td></td><td>(W-2/1099-MISC/</td><td>from the</td></t<>		hours for	or dire.				ted			(W-2/1099-MISC/	from the
(1) JENNIFER PETERSON, PH.D.       40.00       X       90,313.       0.       7,709.         (2) CARL WOODY       40.00       X       66,625.       0.       7,504.         (3) KATLE REGAN       2.00       X       0.       0.       0.       0.         (3) KATLE REGAN       2.00       X       0.       0.       0.       0.       0.         (4) LEE DERR       2.00       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td></td><td></td><td>istee c</td><td>trustee</td><td></td><td>a</td><td>pensa</td><td></td><td></td><td>1099-NEC)</td><td><b>v</b></td></t<>			istee c	trustee		a	pensa			1099-NEC)	<b>v</b>
(1) JENNIFER PETERSON, PH.D.       40.00       X       90,313.       0.       7,709.         (2) CARL WOODY       40.00       X       66,625.       0.       7,504.         (3) KATTE REGAN       2.00       X       0.       0.       0.       0.         (3) KATTE REGAN       2.00       X       0.       0.       0.       0.       0.         (4) LEE DERR       2.00       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td></td><td></td><td>ual tru</td><td>ional t</td><td></td><td>ploye</td><td>t com</td><td></td><td>1099-NEC)</td><td></td><td></td></t<>			ual tru	ional t		ploye	t com		1099-NEC)		
(1) JENNIFER PETERSON, PH.D.       40.00       X       90,313.       0.       7,709.         (2) CARL WOODY       40.00       X       66,625.       0.       7,504.         (3) KATTE REGAN       2.00       X       0.       0.       0.       0.         (3) KATTE REGAN       2.00       X       0.       0.       0.       0.       0.         (4) LEE DERR       2.00       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td></td><td></td><td>divid</td><td>nstituti</td><td>officer</td><td>ey em</td><td>lighest mploy</td><td>ormer</td><td></td><td></td><td>organizations</td></t<>			divid	nstituti	officer	ey em	lighest mploy	ormer			organizations
EXECUTIVE DIRECTOR         X         90,313.         0.         7,709.           (2) CARL WOODY         40.00         X         66,625.         0.         7,504.           (3) KATIE REGAN         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (4) LEE DERR         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (5) JEFF MOHRMANN         2.00         X         0.         0.         0.           (6) LLY WEISSGOLD         2.00         X         0.         0.         0.           01RECTOR         X         X         0.         0.         0.           (6) LLY WEISSGOLD         2.00         X         0.         0.         0.           01RECTOR         X         X         0.         0.         0.         0.           (7) MELISSA MCCORMICK         2.00         X         X         0.         0.         0.           10RECTOR         X         X         0.         0.         0.         0.         0.	(1) JENNIFER PETERSON, PH.D.	,	-		0	×	тə	ш.			
(2) CARL WOODY       40.00       X       66,625.       0.       7,504.         (3) KATIE REGAN       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (4) LEE DERR       2.00       X       0.       0.       0.       0.       0.         0.1RECTOR       X       0.       0.       0.       0.       0.       0.       0.         (4) LEE DERR       2.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.					x				90,313.	0.	7,709.
(3)KATIE REGAN2.00X0.0.0.DIRECTORX0.0.0.0.0.(4)LEE DERR2.00X0.0.0.DIRECTORXX0.0.0.0.(5)JEFF MOHRMANN2.00X0.0.0.PRESIDENTXX0.0.0.0.(6)LILY WEISSGOLD2.00X0.0.0.DIRECTORXX0.0.0.0.(7)MELISSA MCCORMICK2.00X0.0.0.SECRETARYXX0.0.0.0.(8)JASON ALWINE2.00X0.0.0.DIRECTORX0.0.0.0.0.(10)ANNA PARRISH2.00X0.0.0.DIRECTORX0.0.0.0.0.(11)ALEX LIPPERT2.00X0.0.0.VICE PRESIDENTXX0.0.0.0.(12)KRISTIN CAHILL2.00VV0.0.0.	(2) CARL WOODY	40.00									
DIRECTORX0.0.0.(4) LEE DERR2.00X0.0.0.DIRECTORXX0.0.0.(5) JEFF MOHRMANN2.00XX0.0.PRESIDENTXX0.0.0.(6) LILY WEISSGOLD2.00X0.0.0.DIRECTORXX0.0.0.(7) MELISSA MCCORMICK2.00XX0.0.SECRETARYXX0.0.0.(8) JASON ALWINE2.00X0.0.0.DIRECTORX0.0.0.0.(9) PRISCILLA MARBAKER2.00X0.0.0.DIRECTORX0.0.0.0.(10) ANNA PARRISH2.00X0.0.0.DIRECTORX0.0.0.0.(11) ALEX LIPPERT2.00XX0.0.VICE PRESIDENTXX0.0.0.(12) KRISTIN CAHILL2.00XX0.0.	EXECUTIVE DIRECTOR/PROGRAM DIRECTOR				Х				66,625.	0.	7,504.
(4) LEE DERR       2.00       X       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.         (5) JEFF MOHRMANN       2.00       X       X       0.       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.       0.       0.         (6) LILY WEISSGOLD       2.00       X       X       0.       0.       0.       0.         01RECTOR       X       X       0.       0.       0.       0.       0.         (7) MELISSA MCCORMICK       2.00       X       X       0.       0.       0.       0.         (7) MELISSA MCCORMICK       2.00       X       X       0.       0.       0.       0.         (8) JASON ALWINE       2.00       X       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (10) ANNA PARRISH       2.00       X       0.       0.       0.       0.       0.         UICE PRESIDENT       2.00       X       X       0.       0.	(3) KATIE REGAN	2.00									
DIRECTOR         X         I         O.         D.         D.         D.         O.         O.         O.         D.         O.         O. <th< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	DIRECTOR		Х						0.	0.	0.
(5) JEFF MOHRMANN       2.00       X       X       X       0.       0.       0.         PRESIDENT       X       X       X       0.       0.       0.       0.         (6) LILY WEISSGOLD       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (7) MELISSA MCCORMICK       2.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		2.00									
PRESIDENTXXX0.0.0.(6) LILY WEISSGOLD2.00X0.0.0.0.DIRECTORX2.00X0.0.0.(7) MELISSA MCCORMICK2.00XX0.0.0.SECRETARYXX0.0.0.0.(8) JASON ALWINE2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(9) PRISCILLA MARBAKER2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(10) ANNA PARRISH2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(11) ALEX LIPPERT2.00X0.0.0.0.VICE PRESIDENTXX0.0.0.0.(12) KRISTIN CAHILL2.000.0.0.0.0.		0.00	X						0.	0.	0.
(6)LILY WEISSGOLD2.00X0.0.0.DIRECTORX2.00X0.0.0.0.(7)MELISSA MCCORMICK2.00XX0.0.0.SECRETARYXX0.0.0.0.0.(8)JASON ALWINE2.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.(9)PRISCILLA MARBAKER2.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.(10)ANNA PARRISH2.00X0.0.0.0.DIRECTORXX0.0.0.0.0.(11)ALEX LIPPERT2.00XX0.0.0.VICEPRESIDENTXX0.0.0.0.(12)KRISTIN CAHILL2.00XX0.0.0.		2.00			37				0	0	0
DIRECTOR       X       0.       0.       0.       0.         (7) MELISSA MCCORMICK       2.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (8) JASON ALWINE       2.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (9) PRISCILLA MARBAKER       2.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		2 00	X		X				0.	0.	0.
(7) MELISSA MCCORMICK2.00XXX0.0.0.SECRETARYXXX0.0.0.0.(8) JASON ALWINE2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(9) PRISCILLA MARBAKER2.00X0.0.0.DIRECTORX0.0.0.0.(10) ANNA PARRISH2.00X0.0.0.DIRECTORX0.0.0.0.(11) ALEX LIPPERT2.00X0.0.0.VICE PRESIDENTXX0.0.0.(12) KRISTIN CAHILL2.00III		2.00	v						0	0	0
SECRETARYXXX0.0.0.(8) JASON ALWINE2.00X0.0.0.DIRECTORX0.0.0.0.(9) PRISCILLA MARBAKER2.00X0.0.0.DIRECTORX0.0.0.0.(10) ANNA PARRISH2.00X0.0.0.DIRECTORX0.0.0.0.(11) ALEX LIPPERT2.00X0.0.0.VICE PRESIDENTXX0.0.0.(12) KRISTIN CAHILL2.00IIII		2 00	^						0.	0.	0.
(8) JASON ALWINE2.00X0.0.0.DIRECTORX0.0.0.0.0.(9) PRISCILLA MARBAKER2.00X0.0.0.DIRECTORX0.0.0.0.0.(10) ANNA PARRISH2.00X0.0.0.DIRECTORX0.0.0.0.(11) ALEX LIPPERT2.00X0.0.0.VICE PRESIDENTXX0.0.0.(12) KRISTIN CAHILL2.00000.0.		2.00	x		x				0.	0.	0.
DIRECTORX0.0.0.(9) PRISCILLA MARBAKER2.00X0.0.DIRECTORX0.0.0.(10) ANNA PARRISH2.00X0.0.DIRECTORX0.0.0.(11) ALEX LIPPERT2.00X0.0.VICE PRESIDENTXX0.0.(12) KRISTIN CAHILL2.00II		2.00									
(9) PRISCILLA MARBAKER2.00X0.0.0.DIRECTORX0.0.0.0.0.(10) ANNA PARRISH2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(11) ALEX LIPPERT2.00X0.0.0.0.VICE PRESIDENTXX0.0.0.0.(12) KRISTIN CAHILL2.000000.0.			x						0.	0.	0.
(10) ANNA PARRISH2.00X0.0.0.DIRECTORX2.00X0.0.0.(11) ALEX LIPPERT2.00XX0.0.0.VICE PRESIDENTXXX0.0.0.(12) KRISTIN CAHILL2.00IIII	(9) PRISCILLA MARBAKER	2.00									
(10) ANNA PARRISH2.00X0.0.0.DIRECTORX2.00X0.0.0.(11) ALEX LIPPERT2.00XX0.0.0.VICE PRESIDENTXXX0.0.0.(12) KRISTIN CAHILL2.00IIII	DIRECTOR		x						0.	0.	0.
(11) ALEX LIPPERT2.00VICE PRESIDENTX(12) KRISTIN CAHILL2.00	(10) ANNA PARRISH	2.00									
VICE PRESIDENT     X     X     0.     0.     0.       (12) KRISTIN CAHILL     2.00	DIRECTOR		Х						0.	0.	0.
(12) KRISTIN CAHILL 2.00	(11) ALEX LIPPERT	2.00									
			X		Х				0.	0.	0.
TREASURER     X     X     X     0.     0.     0.		2.00									•
	TREASURER		X		X				0.	0.	0.
							-				
			1								
			1								

	MOUNTAIN F	ΊE	LD	INS	STIT	UTE, INC.	74-222	5140	Page <b>8</b>
Part VII Section A. Officers, Directors	, Trustees, Key Emp	oloye	es, an	d Hig	ghest	Compensated Employ	ees (continued)		
(A)	(B)			C)		(D)	(E)	(	(F)
Name and title	Average	12	Pos	sition		Benortable	Reportable		nated
	hours per				than one s both ar	,	compensation	amo	unt of
	week	office	r and a d	director	r/trustee)	) from	from related		ther
	(list any	ctor				the	organizations		ensation
	hours for	director			eq	organization	(W-2/1099-MISC/		n the
	related	tee or	Istee		ensat	(W-2/1099-MISC/	1099-NEC)	organ	nization
	organizations	l trus	al tri	oyee	du o	1099-NEC)		and r	related
	below	Individual trustee or	Institutional trustee Officer	emplo	loyee ner			organi	izations
	line)	Indiv	Institu Officer	Key employee	Highest compensated employee Former				
		-+		+			1	+	
		-+		+					<u> </u>
		-+		╞┼╴┤					
				+		-	+		
				$\vdash$					
				$\vdash$					
1b Subtotal						156,938			,213.
c Total from continuation sheets to F	art VII, Section A					0	-		0.
d Total (add lines 1b and 1c)						156,938	. 0	. 15	,213.
2 Total number of individuals (including						received more than \$10	0,000 of reportable		
compensation from the organization									0
· · · · · ·								Y	'es No
3 Did the organization list any former of	fficer, director, truste	ee. ke	ev emp	lovee	e. or hi	ighest compensated en	no eevolar		
line 1a? If "Yes," complete Schedule						•		3	X
4 For any individual listed on line 1a, is	the sum of reportabl	e cor	nnens	ation	and o	ther compensation from	the organization		
and related organizations greater tha							r the organization	4	X
5 Did any person listed on line 1a recei							vidual for services		
rendered to the organization? If "Yes,	-			-		ated organization of indi		. 5	x
Section B. Independent Contractors	complete Schedule	5010	i sucri	perse	011				
· · · · · · · · · · · · · · · · · · ·	ost componented inc	lonor	adopt (	ontro	actors	that received more tha	n \$100 000 of compo	neation fro	
		•					· ·	Isation no	111
the organization. Report compensation		ear ei	nuing		or with		k year.	(0)	
	A) siness address	NO	NF			(B) Description of	services	(C) Compens	ation
		NO							
2 Total number of independent contract	tors (including but n	ot lim	nited to	-		ed above) who received	more than		
\$100,000 of compensation from the o	organization			0	)				

		(2022) ROCKY MOUNT	AIN FIELD	INSTITUTE,	INC.	74-2225	140 Page 9
Pa	rt VI						
		Check if Schedule O contains a respor	ise or note to any lir		(B)	(C)	[]
				(A) Total revenue	Related or exempt	Unrelated	Revenue excluded
				rotarrovondo	function revenue		from tax under sections 512 - 514
S G			72 070				56010115 512 - 514
ant		a Federated campaigns 1a	72,879.				
ũ ể		Membership dues 1b					
r A		Fundraising events 1c					
oja Jia		d Related organizations 1d	60.				
Sin		Government grants (contributions) <b>1e</b> All other contributions, gifts, grants, and	00.				
her		similar amounts not included above 1f	651,907.				
βĘ		Noncash contributions included in lines 1a-1f	11,040.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f		724,846.			
<u> </u>			Business Code	,			
Ð	2 6	GOVERNMENT CONTRACTS	110000	961,163.	961,163.		
, ci			110000	12,965.	12,965.		
Sel			_	,	,		
am			_				
Program Service Revenue	e		-				
Å	f	All other program service revenue	_				
	ç	<b>Total.</b> Add lines 2a-2f		974,128.			
	3	Investment income (including dividends, in					
		other similar amounts)		24,595.			24,595.
	4	Income from investment of tax-exempt bor	d proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
			(3) Others				
	7 a	a Gross amount from sales of assets other than inventory <b>7a 233, 46</b>					
			5.				
Ð	Ľ	and sales expenses 7b 233, 46	3				
venue			0.				
Rev		c Gain or (loss)		0.			
erF		Gross income from fundraising events (not					
Other	00	including \$ of					
Ŭ		contributions reported on line 1c). See					
			8a				
	Ŀ		8b				
		Net income or (loss) from fundraising event					
		Gross income from gaming activities. See					
			9a				
	k		9b				
	c	Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
			10a				
	k	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
sn		MIGORI I ANECUS	Business Code	4 227	1 227		
Miscellaneous Revenue		MISCELLANEOUS	900099	4,337.	4,337.		
illar ven	k						
Be							
Σ		All other revenue     Total. Add lines 11a-11d		4,337.			
	12	Total revenue. See instructions		1,727,906.		0.	24,595.

Part IX Statement of Functional Expenses

ROCKY MOUNTAIN FIELD INSTITUTE, INC.

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 to tinclude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
5	trustees, and key employees	172,150.	141,164.	29,265.	1,721
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	665,087.	561,773.	99,228.	4,086
	Pension plan accruals and contributions (include		,,,,,,		1,000
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	115,345.	96,380.	18,102.	863
10	Payroll taxes	,•_••	,		
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	15,879.	5,083.	10,774.	22
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	23,199.	21,378.	1,511.	310
14	Information technology				
15	Royalties				
16	Occupancy	31,080.	28,425.	2,539.	116
17	Travel	3,614.	3,346.	130.	138
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,117.	8,490.	1,557.	70
23	Insurance	14,995.	14,195.	765.	35
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 0.)				
а	FIELD SUPPLIES	71,067.	71,067.		
b	CONTRACT LABOR	54,347.	54,347.		
С	FEES AND SERVICES	16,125.	14,513.	346.	1,266
d	DONATED ITEMS	11,040.	9,264.	1,699.	77.
е	All other expenses	11,712.	7,918.	1,207.	2,587
25	Total functional expenses. Add lines 1 through 24e	1,215,757.	1,037,343.	167,123.	11,291
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 if following SOP 98-2 (ASC 958-720)				

ROCKY	MOUNTAIN	FIELD	INSTITUTE,	INC.
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74-2225140 Page 11

Form	n 990 (2	2022) ROCKY MOUNTAIN	I FIE	ELD INSTITUTE,	INC.	74-	2225140 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			211.		261.
	2	Savings and temporary cash investments			981,574.	2	1,348,531.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			123,753.	4	226,548.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons describe				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10 010	8	
4	9	Prepaid expenses and deferred charges			10,218.	9	6,824.
	10a	Land, buildings, and equipment: cost or other		100 000			
		basis. Complete Part VI of Schedule D		102,883.	20 050		40.007
		Less: accumulated depreciation		61,956.	29,859.		40,927.
	11	Investments - publicly traded securities		802,150.		625,291. 529,138.	
	12	Investments - other securities. See Part IV, line			624,633.		529,138.
	13	Investments - program-related. See Part IV, line			8,190.	13	4,410.
	14	Intangible assets		0,190.		4,410.	
	15	Other assets. See Part IV, line 11		2,580,588.	15	2,781,930.	
	16	Total assets. Add lines 1 through 15 (must equ			31,310.	16 17	11,692.
	17	Accounts payable and accrued expenses			51,510.	17	11,052.
	18 19	Grants payable				10	
	20	Deferred revenue Tax-exempt bond liabilities				20	
	20	Escrow or custodial account liability. Complete I				20	
ú	22	Loans and other payables to any current or forn				21	
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			31,310.	26	11,692.
		Organizations that follow FASB ASC 958, che	eck here	e X			
ice		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions		2,110,905.	27	2,088,477.	
ΪB	28	Net assets with donor restrictions		438,373.	28	681,761.	
ŭ		Organizations that do not follow FASB ASC 9	58, che	ck here			
г		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	ļ
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ec				30	
эt А	31	Retained earnings, endowment, accumulated in				31	
ž	32	Total net assets or fund balances			2,549,278.	32	2,770,238.
	33	Total liabilities and net assets/fund balances			2,580,588.	33	2,781,930.

Form **990** (2022)

Form	990 (2022) ROCKY MOUNTAIN FIELD INSTITUTE, INC.	74-2	2225140	Pa	ge <b>12</b>
Pa	t 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	1,72		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,21		
3	Revenue less expenses. Subtract line 2 from line 1	3			49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,54		
5	Net unrealized gains (losses) on investments	5	-29	1,1	89.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,77	0,2	38.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	; O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2022)

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization	n
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ployer	identification	numbe
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Nam	еотт	ne organization		FIELD INSTI	ייזייה	TNC			4-2225140
Pa	rt I	Reason for Public							4-2223140
			_		-			5.	
	organ	ization is not a private found			-				
1		A church, convention of ch				)(a)011 no	I)(A)(I).		
2		A school described in sect							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (0		llege or university owned	d or opera	ted by a g	overnmental u	nit describ	bed in
e				nantal unit described in r	nation 17	70/6//4//4	()		
6 7		A federal, state, or local go	-						
1		An organization that norma section 170(b)(1)(A)(vi). (C	•	initial part of its support i	rom a gov	emmenta	i unit or from tr	le general	public described in
8		A community trust describe		(1)(A)(vi) (Complete Par	• 11.)				
9		An agricultural research or				ed in conii	inction with a	and-grant	college
5		or university or a non-land-							
		university:	grant concige of agric		Enter the	name, en	y, and state of	the colleg	
10	X	An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersł	nip fees, ar	nd gross receipts from
		activities related to its exer							
		income and unrelated busi							
		See section 509(a)(2). (Co		, , , , , , , , , , , , , , , , , , ,			,	5	,
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized	-		-			rrv out the	e purposes of one or
		more publicly supported or							
		lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga						-	aivina
-		the supported organization							
		organization. You must o			indjoney				apporting
b		<b>Type II.</b> A supporting org	-		tion with it	te sunnort	ed organizatio	n(s) by ba	vina
D	L	control or management of							
		organization(s). You mus			ame perso			ge the sup	ported
-			•		in connoc	tion with	and functional	lu intograt	ad with
с		J Type III functionally inte						ly integrate	eu with,
d		its supported organizatio						tod organi	zation(a)
u	L							-	
		that is not functionally int						anattent	iveness
		requirement (see instruct	,	•					
е		Check this box if the orga					а туре ї, туре	n, rype m	
	<b>-</b> .	functionally integrated, o							
		er the number of supported							
g		vide the following information i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetany	(vi) Amount of other
		organization	(1) 211	(described on lines 1-10	in your governi Yes	ing document? No	support (see in	-	support (see instructions)
				above (see instructions))	Tes	NO		,	, , ,

Schedule A (Form 990) 2022	ROCKY MOUNT	TAIN FIELD INS	STITUTE, INC.	74-2225140 Page 2
Part II Support Schedule f	or Organizations	Described in Sectio	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support				-	1	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					
	tion C. Computation of Publ		-				
14	Public support percentage for 2022 (					14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	ces test, check thi	s box and <b>stop he</b>	ere. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	-			•		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instructior	ns

Schedule A (Form 990) 2022

#### <u>Schedule A (</u>Form 990) 2022

#### ROCKY MOUNTAIN FIELD INSTITUTE, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 647,749. 555,397. 767,473. 724,846 655,117. include any "unusual grants.") 3,350,582. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 974,128. 524,390. 674,834. 723,556. 747,638. organization's tax-exempt purpose 3,644,546. 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 1,179,507 1,442,307 1,371,305 1,303,035 1,698,974 6,995,128. 7a Amounts included on lines 1, 2, and 18,737. 17,763. 18,480. 5,880. 14,456. 75,316. 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 297,467. 596,079. 630,994. 807,973 318,410. amount on line 13 for the year 2,650,923. 337,147. 315,230, 614,559. 636,874. 822,429 2,726,239, c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 4,268,889. Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (a) 2018 9 Amounts from line 6 1,179,507 1,442,307 1,371,305 1,303,035 1,698,974 6,995,128. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 14,037. 20,743. 14,712. 22,822. 24,595. 96,909. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 14,037. 20,743. 14,712. 22,822. 24,595. 96,909. 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 2,255 4,228. 18,933 40,580. 10,827. 4,337 assets (Explain in Part VI.) 1,204,371. 1,390,245. 1,344,790. 1,727,906. 7,132,617. 1,465,305. 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** Section C. Computation of Public Support Percentage 59.85 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 % 60.90 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.36 17 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 1.16 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

232024 12-09-22

#### 74-2225140 Page 5 ROCKY MOUNTAIN FIELD INSTITUTE, INC. Schedule A (Form 990) 2022 Part IV Supporting Or

га	ונוע	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		l in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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.

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

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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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed	Yes	No
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).		

Sei	cion D. An Type in 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	2		

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 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.
- 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.
- 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.
- **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.

Yes

1

2

No

Part V

### ROCKY MOUNTAIN FIELD INSTITUTE, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	e Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232027 12-09-22

	A (Form 990) 2022	ROCK
Part V	Type III Non-Fu	nctionally li
Section D	- Distributions	

## ROCKY MOUNTAIN FIELD INSTITUTE, INC. 5 onally Integrated 509(a)(3) Supporting Organizations (continued)

74-2225140 <sub>P</sub>
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Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 ROCKY MOUNTAIN FIELD INSTITUTE, INC. 74-2225140 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

INC.

OMB No. 1545-0047 2022

Employer identification number

74-2225140

Internal Revenue Service

Name of the organization

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

ROCKY MOUNTAIN FIELD INSTITUTE,

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

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

#### Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

#### Schedule B (Form 990)

Department of the Treasury

Organization type (check one):

Schedule B	(Form	990)	(2022)

ROCKY MOUNTAIN FIELD INSTITUTE,

Name of organization

Part I

223452

art I	<b>Contributors</b> (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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$13,889.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (20

INC.

Employer identification number

74-2225140

223452 11-15-22

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

## ROCKY MOUNTAIN FIELD INSTITUTE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$30,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$103,662.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

74-2225140

Name of organization

223452 11-15-22

ROCKY	MOUNTAIN FIELD INSTITUTE, INC.		74-2225140
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
13		- _ \$10,0	00.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
14		- _ \$10,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
15		\$22,2	57.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
16		\$228,4	86.       Person       X         Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
17		- _ \$5,0	48.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
18		- \$\$6,4	85.       Person       X         Noncash       Image: Complete Part II for noncash contributions.)

Employer identification number

Schedule B	(Form	990)	(2022)	

Name of organization

ROCKY	MOUNTAIN FIELD INSTITUTE, INC.	7
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
19		
		\$19,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
20		
		\$6,000.
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contributions

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$72,879.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

(d)

Type of contribution

X

74-2225140

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Name of orga	nization		E
ROCKY M	OUNTAIN FIELD INSTITUTE, INC.		
Part II	Ioncash Property (see instructions). Use duplicate copies of Par	t II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio	

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

Employer identification number

(d) Date received

(d) Date received

(d) Date received

(d) Date received

74-2225140

	B (Form 990) (2022)			Page <b>4</b>
Name of o	rganization		Employer	identification number
ROCKY	MOUNTAIN FIELD INSTITU	TE, INC.	74-2	2225140
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	ons to organizations described in s through (e) and the following line ent haritable, etc., contributions of \$1,000 or	ry For organizations	ore than \$1,000 for the year
(a) No.	Use duplicate copies of Part III if additional	space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I	how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I	how gift is held
			[	
ŀ		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I	how gift is held
		(e) Transfer of gif	 t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	transferee
(a) No. from				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I	how gift is held
-		(e) Transfer of gif		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	transferee

Department of the Treasury Internal Revenue Service

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(Form	990)
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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.



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Nam	ROCKY MOUNTAIN FIE	LD INSTITUTE.	TNC.	74-2225140
Pa		-		
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised f	unds (	b) Funds and other accounts
1	Total number at end of year			•
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		in donor advised fun	ds
-	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		• •	
Pa				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea		Preservation of a histo	prically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contributi	on in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or ter	minated by the orgar	nization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
-	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservati	on easements during the year
7	Amount of expanses inclused in manitering, increating, here	dling of violations, and onfo	aina concention of	ecomente duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enfol	cing conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	vo satisfy the requirements	of soction 170/b)(4)/E	2)/(i)
U	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservati			
Ŭ	balance sheet, and include, if applicable, the text of the foot		-	
	organization's accounting for conservation easements.	noto to the organization o m		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its reven	ue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, o	r research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue s	tatement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or re	esearch in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre	easures, or other similar ass	ets for financial gain,	provide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

	dule D (Form 990) 2022 ROCKY M	OUNTAIN FI			-					Page <b>2</b>
3	Using the organization's acquisition, accessi									
U	collection items (check all that apply):			any or the	ionowing the	at mane si	igninoant			
а		d	1 🗆 L	oan or excl	hange progra	am				
b	Scholarly research	e								
c	Preservation for future generations	-								
4	Provide a description of the organization's c	ollections and explai	in how th	ev further tl	he organizati	ion's exer	not purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m				-				Yes	No No
Par	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.		-						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	is or other as	ssets not	included			
	on Form 990, Part X?								Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
с	Beginning balance						. 1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance								1	
	Did the organization include an amount on F							L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V Endowment Funds.</b> Complete i	(a) Current year		rior year	(c) Two year			ears hack	(a) Four	years back
4.	Device in a factor balance	(a) Current year	(0) Fi	ior year		IS DACK (		Cal S Dack	(e) i oui	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships Other expenditures for facilities									
e										
f	and programsAdministrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur		L ce (line 10	n column (a	a)) held as:					
	Board designated or quasi-endowment		%	<i>y</i> , oolanni (e						
b	Permanent endowment	%								
c		<u></u> / •								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	ered for th	ne			
	organization by:	-							Г	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Se	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990	0, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr		<b>(b)</b> Cost basis			cumulate preciation	ed	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment			10	2,883.		61,9	56.	4(	),927.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line 1	0c.)				4(	),927.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 ROCKY	MOUNTAIN	FIELD I	INSTI	TUTE,	INC.	74	4-2225140	Page <b>3</b>
Part VII Investments - Other Secur								
Complete if the organization answe		m 990, Part IV	/, line 11k	o. See Form	990, Part X	, line 12.		
(a) Description of security or category (including name	of security)	<b>b)</b> Book value		(c) Method	d of valuatio	n: Cost or en	nd-of-year market v	alue
(1) Financial derivatives								
(2) Closely held equity interests								
(3) Other								
(A) BENEFICIAL INTEREST								
(B) ASSETS HELD BY COMMU	NITY							
(C) FOUNDATION		529,13	38.	END-01	F-YEAR	MARKET	r VALUE	
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) li		529,13	38.					
Part VIII Investments - Program Re			/ 11	о <b>г</b>		line 10		
Complete if the organization answe							d of yoor moriety	
		b) Book value		(C) Method	u or valuatio	n. Cost or en	nd-of-year market v	
(1)								
(2)								
(3)								
<u>(4)</u>								
<u>(5)</u>								
<u>(6)</u>								
<u>(7)</u>								
(8) (9)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) li	ne 13.)		_					
Part IX Other Assets.								
Complete if the organization answe	red "Yes" on For	m 990, Part IV	/, line 110	d. See Form	990, Part X	, line 15.		
	(a) Descrip						(b) Book va	lue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Column (b) must equal Form 990, Part X,	col. (B) line 15.) <sub>.</sub>							
Part X Other Liabilities.								
Complete if the organization answe		m 990, Part IV	/, line 11e	e or 11f. See	e Form 990,	Part X, line 2	-	
1.(a) Description of liab	ility						(b) Book va	lue
(1) Federal income taxes								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Column (b) must equal Form 990, Part X,	() /							
2. Liability for uncertain tax positions. In Part X	III, provide the te	xt of the footn	ote to th	e organizati	on's financia	al statements	s 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... 🗴

Sche	edule D (Form 990) 2022 ROCKY MOUNTAIN FIELD INSTI	TUTE,	INC.	74-	2225140	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per F			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,436	,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-291,189.	·		
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-291	
3	Subtract line 2e from line 1			3	1,727	,906.
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				
b	Other (Describe in Part XIII.)	4b				-
С	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,727	,906.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per	<sup>-</sup> Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			<b>.</b>	1 01 5	757
1	Total expenses and losses per audited financial statements			1	1,215	, / 5 / •
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1				
а	Donated services and use of facilities			-		
b	Prior year adjustments			-		
С	Other losses			-		
d						0
е	Add lines 2a through 2d			2e	1 01 5	
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,215	,/5/.
4	Amounts 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			-		
b		4b				0
С				4c	1 01 -	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	1,215	,/5/.
1 Da	rt 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.

PART X, LINE 2:

RMFI'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY TAXING

AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THEY ARE FILED. AS

OF DECEMBER 31, 2022, THE INFORMATION RETURNS FOR THREE PRIOR YEARS ARE

CONSIDERED OPEN FOR INTERNAL REVENUE SERVICE EXAMINATION.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 the latest information. 2022 Open to Public Inspection

OMB No 1545-0047

ROCKY MOUNTAIN FIELD INSTITUTE, INC.

Employer identification number 74 - 2225140

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOUTHERN ROCKY MOUNTAIN REGION THROUGH VOLUNTEER-BASED TRAIL AND

RESTORATION PROJECTS, ENVIRONMENTAL EDUCATION AND RESTORATION RESEARCH.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY A THIRD PARTY AND A COPY OF IT IS PROVIDED TO

THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR AND BUSINESS MANAGER HAVE

BEEN AUTHORIZED BY THE GOVERNING BODY TO REVIEW AND APPROVE THE FORM 990

BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF DIRECTORS ANNUALLY SUBMIT A CONFLICT OF INTEREST DISCLOSURE FORM FOR BOARD REVIEW. NEWLY APPOINTED MEMBERS SUBMIT CONFLICT

OF INTEREST DISCLOSURE FORMS UPON JOINING THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR NEGOTIATES HER SALARY WITH THE EXECUTIVE COMMITTEE

WHO THEN BRINGS IT TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

PART XII, LINE 2C

IN 2002, THE ORGANIZATION ASSUMED TRUSTEESHIP OF AN EROSION AND

SEDIMENTATION IMPACT REMEDIATION FUND (PIKES PEAK FUND) TO BE FUNDED BY

THE CITY OF COLORADO SPRINGS AND THE UNITED STATES DEPARTMENT OF

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization ROCKY MOUNTAIN FIELD INSTITUTE, INC.	Employer identification number $74 - 2225140$
AGRICULTURE FOREST SERVICE AS PART OF A SETTLEMENT OF CLA	AIMS BY THE
SIERRA CLUB REGARDING FEDERAL CLEAN WATER ACT VIOLATIONS	CAUSED BY THE
CONDITION OF THE PIKES PEAK HIGHWAY. THE ORGANIZATION'S	
RESPONSIBILITIES AS TRUSTEE INCLUDE SERVING AS ADMINISTRA	ATOR FOR THE
PIKES PEAK FUND, REPORTING ON THE STATUS OF THE PIKES PEA	AK FUND ACCOUNT
AND REMEDIATION ACTIVITIES ON A SEMIANNUAL BASIS, ENSURIN	IG THAT
APPROVED REMEDIATION PROJECTS HAVE BEEN CARRIED OUT, AND	ACTING AS
NECESSARY TO CONVENE AND FACILITATE DISCUSSIONS AMONG THE	E SIERRA CLUB,
THE CITY OF COLORADO SPRINGS, THE FOREST SERVICE AND ANY	PROJECT
CONSULTANTS OR CONTRACTORS SELECTED TO CARRY OUT REMEDIAT	TION WORK.
232212 10-28-22	Schedule O (Form 990) 2022

SCH	EDULE	R

#### (Form 990)

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.

OMB No. 1545-0047

22 Open to Public Inspection

Employer identification number

74-2225140

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

Name of the organization

#### ROCKY MOUNTAIN FIELD INSTITUTE, INC.

Part I

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				

#### 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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled itty?
				501(c)(3))		Yes	No
PIKES PEAK COMMUNITY FOUNDATION - 84-1339670	TO ENHANCE THE QUALITY OF						
102 S TEJON ST #530	LIFE IN THE PIKES PEAK						
COLORADO SPRINGS, CO 80903	REGION	COLORADO	501(C)(3)	LINE 7			X
	-						
	-						

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

Schedule R (Form 990) 2022

### Schedule R (Form 990) 2022 ROCKY MOUNTAIN FIELD INSTITUTE, INC.

74-2225140 Page 2

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

(a)	(b)	(c)	(d)		(e)		(f)		(g)	(1	h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomir (related, excluded fr	nant income unrelated, rom tax under s 512-514)	Share inc	of total come	end-	are of of-year sets	alloca	ortionate tions?	Code V-U amount in 20 of Schee	box <sup>r</sup> dule	managing partner?	Percent owners
	_	country)		sections	5 5 12-5 14)					Yes	No	K-1 (Form 1	065) <b>y</b>	res No	
	_														
Identification of Related C organizations treated as a c	Drganizations Taxable	as a Corpo	<b>pration or Trust.</b> Co year.	mplete if t	he organizat	ion ansv	vered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it	had or	ne or m	ore relat
(a)			(b)	(c)	(d)		(e)		(f			(g)		(h)	(i) Sectio
Name, address, and of related organizat	EIN ion	Prim	ary activity	egal domicile (state or foreign country)	Direct cont entity		Type of (C corp, s or tru	S corp,	Share c inco			Share of end-of-year assets	own	entage Iership	512(b)( control entity
				country)				-							Yes

### Schedule R (Form 990) 2022 ROCKY MOUNTAIN FIELD INSTITUTE, INC.

Part V Transactions	s With Related Organizations. Complete if the organization answere	d "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.								
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
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?							
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X				
b	Gift, grant, or capital contribution to related organization(s)	1b		X				
с	Gift, grant, or capital contribution from related organization(s)	1c		X				
	Loans or loan guarantees to or for related organization(s)	1d		X				
	Loans or loan guarantees by related organization(s)	1e		X				
f	Dividends from related organization(s)	1f		Х				
g	Sale of assets to related organization(s)	1g		Х				
h	Purchase of assets from related organization(s)	1h		Х				
i	Exchange of assets with related organization(s)	1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х				
	Sharing of paid employees with related organization(s)	10		Х				
p	Reimbursement paid to related organization(s) for expenses	1p		Х				
q	Reimbursement paid by related organization(s) for expenses	1q		Х				
•								
r	Other transfer of cash or property to related organization(s)	1r		X				
s	Other transfer of cash or property from related organization(s)	1s		X				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

1	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				

### Schedule R (Form 990) 2022 ROCKY MOUNTAIN FIELD INSTITUTE, INC.

#### 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	(b) Primary activity	<b>(c)</b> Legal domicile	(d) Predominant income	(e Are a partners 501 (c orgs	) all s sec.	<b>(f)</b> Share of	<b>(g)</b> Share of		<b>h)</b> ropor- nate	(i) Code V-UBI	<b>(j)</b> General	(k) or Percentage																			
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c orgs <b>Yes</b>	)(3) :.? <b>No</b>	total income	end-of-year assets	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner	or Percentage ? ownership o																			
	-																														
	-																														
											$\square$																				
	-												$\square$	<u> </u>																	
											$\vdash$	+																			
											-			$\vdash$	+																
	-			$\left  \right $	_						$\vdash$	+																			

Schedule R (Form 990) 2022

Schedule R	(Form 990) 2022					
Part VII	Supplementa					

Part VII	Supplemental	Information

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