

** 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.

Open to Public

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A F	or the	2024 calendar year, or tax year beginning an	d ending		
	heck if	C Name of organization		D Employer identific	cation number
	Addres	ROCKY MOUNTAIN FIELD INSTITUTE, INC.			
	Name change		T	74-22251	40
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1485 GARDEN OF THE GODS RD	Room/suite 140	E Telephone number (719) 47	
	termin ated	1		G Gross receipts \$	2,630,584.
	Ameno return	COLORADO SPRINGS, CO 80907		H(a) Is this a group re	
	Application pending	F Name and address of principal officer: KKISIEN CARILLE		for subordinates	
		SAME AS C ABOVE	,	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1 e: WWW.RMFI.ORG) or 527	1 '	list. See instructions
	Vebsit	organization: X Corporation Trust Association Other	I Voor	of formation: 1982	n number 1 State of legal domicile: CO
	rt I	Summary	L feat	or formation. 1902 N	N State of legal doffliche.
ë		Briefly describe the organization's mission or most significant activities: CONS			ARDSHIP OF
Governance		PUBLIC LANDS IN THE SOUTHERN ROCKY MOUNT			
/ern		Check this box if the organization discontinued its operations or dispressions of the governing body (Part VI, line 1a)		1 1	sets.
ĝ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			7
∞ ″		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			32
iţi		Total number of volunteers (estimate if necessary)			1081
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		1,298,008.	1,189,962.
ž	9	Program service revenue (Part VIII, line 2g)		12,805.	3,645.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		31,808.	129,045.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		867.	9,519.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,343,488.	1,332,171.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,049,886.	1,197,705.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	1,250.
χ̈	b	Total fundraising expenses (Part IX, column (D), line 25) 47,4		4E1 270	40E 100
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		451,379. 1,501,265.	485,100. 1,684,055.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-157,777.	-351,884.
_ s		Revenue less expenses. Subtract line 18 from line 12	Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,150,706.	2,868,557.
Asse Bala	21	Total liabilities (Part X, line 16)		361,691.	351,373.
Net, und	22	Net assets or fund balances. Subtract line 21 from line 20		2,789,015.	2,517,184.
Pa	rt II	Signature Block		,, -	, , , , , , , , , , , , , , , , , , , ,
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	which preparer	has any knowledge.	
Sigr		Signature of officer		Date	
Her	е	KRISTEN CAHILL, FINANCE AND OPERATIONS D	IRECTO	₹	
		Type or print name and title		Data I E	DTIN
		Preparer's name Preparer's signature		Date Check	PTIN
Paid		LISA BURKE LISA BURKE	<u>1</u>	.0/09/25 self-employ	
	arer	Firm's name CBIZ ADVISORS, LLC		Firm's EIN 3	4-1874260
Use	UNIY	Firm's address 700 WEST 47TH STREET, SUITE 1100		Di 01	6_015_5500
N /	+b - 15	KANSAS CITY, MO 64112		Phone no. 5 1	6-945-5500
ıvıay	tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	ROCKY MOUNTAIN FIELD INSTITUTE PROMOTES THE CONSERVATION AND	
	STEWARDSHIP OF PUBLIC LANDS IN THE SOUTHERN ROCKY MOUNTAIN REGION	
	THROUGH VOLUNTEER-BASED TRAIL AND RESTORATION PROJECTS, ENVIRONMENT	NTAL
	EDUCATION AND RESTORATION RESEARCH.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	ses, and
	revenue, if any, for each program service reported.	
4a		3,645.)
	RMFI CONSERVES AND RESTORES KEY PUBLIC LANDS AND NATURAL AREAS IN	
	SOUTHERN COLORADO. RMFI ACHIEVES ITS MISSION BY CARRYING OUT PROGI	
	IN THE FOLLOWING AREAS: RESOURCE PRESERVATION AND RESTORATION, PUT	
	STEWARDSHIP, ENVIRONMENTAL EDUCATION, AND ENVIRONMENTAL FIELD STU	DY AND
	RESEARCH. IN 2024, RMFI PROVIDED OUTDOOR VOLUNTEER STEWARDSHIP	
	OPPORTUNITIES FOR A BROAD SPECTRUM OF THE COMMUNITY, PROVIDED HAND	
	ENVIRONMENTAL EDUCATION PROGRAMS FOR YOUTH AND ADULTS, AND PROVIDED TO A SECOND AND PROVIDED TO A SECOND AND ADDRESS OF THE PROPERTY A	
	FIELD STUDY AND RESEARCH OPPORTUNITIES TO ASSESS THE EFFECTIVENESS	
	RESTORATION AND STEWARDSHIP ACTIVITIES. 1,081 INDIVIDUALS VOLUNTED	<u> ERED</u>
	THEIR TIME TOWARDS THE MISSION OF THE ORGANIZATION.	
	·	
41.)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,352,059.	
	F	orm 990 (2024)

			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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ 3 7
	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		7.7	
	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,			
	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	X	
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		X
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		X
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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the construction of the Helical Oletes O	14a		х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			 -
D	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	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		 ^
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			 ₩
40	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			_ v
	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,"			177
	complete Schedule G, Part III	19		X
20a	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		
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

ROCKY MOUNTAIN FIELD INSTITUTE, INC. 74-2225140 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A 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 c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 5 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

0

Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2024) ROCKY MOUNTAIN FIELD INSTITUTE, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)			
20	Enter the number of employees reported on Form W.2. Transmitted of Wage and Tay Statements		Yes	No
Za	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 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 5.5		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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 Accounts (FBAR).			
5a	and the contract of the contra	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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 was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		. v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/	_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	N/	_
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	IN/	
0	NT / 7	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	Ů		
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
_				
с 14а		14a		х
b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├ <u></u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	- 15		
	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 income?	16		х
	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	'								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		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		Х						
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		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	a The governing body?									
b										
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		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	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	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	THE ORGANIZATION - (719) 471-7736									
	1485 GARDEN OF THE GODS RD, 140, COLORADO SPRINGS, CO 80907									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	ıniza			nper	sate		irector, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both or/trus	n an	compensation	compensation	amount of
	week	-	T		I	1711 03	(00)	from	from related	other
	(list any hours for	directo				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	10001120)	and related
	below	idual	ution	 	Key employee	est co	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) JOLIE NESMITH	40.00									
EXECUTIVE DIRECTOR (THRU 12/5/24)				Х				113,253.	0.	14,159.
(2) KRISTEN CAHILL	40.00									
FINANCE AND OPERATIONS DIRECTOR				Х		_		84,215.	0.	10,249.
(3) ALEX LIPPERT	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) WINN JEWETT	2.00	l								
VICE PRESIDENT		X	_	Х		_		0.	0.	0.
(5) BRITTANY KAIRE	2.00	l								
TREASURER		X	_	X		_		0.	0.	0.
(6) KAREN SHUMAN	2.00	l		l						
SECRETARY		Х		Х				0.	0.	0.
(7) KATIE GERBER	2.00	l								
DIRECTOR		Х				<u> </u>		0.	0.	0.
(8) RYAN HERSCHBERGER	2.00									
DIRECTOR	1 0 00	Х	<u> </u>			┝		0.	0.	0.
(9) PRISCILLA MARBAKER	2.00	٠,								
DIRECTOR (10) MEGAN WINNIGKER	2 00	Х	┝			┝		0.	0.	0.
(10) MEGAN WINNICKER	2.00	X						0.	0.	_
DIRECTOR (TERM END 12/2024) (11) ELISSA UNGER	2.00	^	┢			┢		0.	0.	0.
DIRECTOR (TERM END 12/2024)	2.00	X						0.	0.	0.
DIRECTOR (TERM END 12/2024)		Λ				\vdash		0.	0.	0.
		1								
		1								
			\vdash			\vdash				
		1								
		1								
	•									000

Part VII Section A. Officers, Directors, (A)	(B)	J.0y	,	((91163	0	(D)	(E)		(F)	
• •	Average			Posi	•	1		` '				
Name and title	hours per		not c	heck i	more	than o		Reportable compensation	Reportable compensation	,	Estima amoun	
	week		cer an					from	from related	'	othe	
	(list any	tor						the	organizations	,	compens	
	hours for	. direc				- - - -		organization	(W-2/1099-MIS		from t	
	related	tee or	ıstee			ensat		(W-2/1099-MISC/	1099-NEC)		organiza	ation
	organizations	trus	nal trı		oyee	om o		1099-NEC)			and rela	ated
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	ıtions
	line)	lu	Inst	Offi	Key	E High	Por					
		-										
		ł										
	+											
		-										
		$\frac{1}{1}$										
		1										
1b Subtotal								197,468.		0.	24,4	408.
c Total from continuation sheets to Pa	rt VII, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								197,468.		0.	24,4	<u>408.</u>
2 Total number of individuals (including b	out not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization											Yes	s No
3 Did the organization list any former of	ficer. director. trust	ee. k	cev e	lame	ove	e. or	hia	hest compensated empl	lovee on	ſ		
line 1a? If "Yes," complete Schedule J	*	,	,	•	,	,	·		•		3	Х
4 For any individual listed on line 1a, is the												
and related organizations greater than											4	х
5 Did any person listed on line 1a receive												
rendered to the organization? If "Yes."	complete Schedul	e J f	or su	ıch <u>r</u>	oers	on .					5	X
Section B. Independent Contractors 1 Complete this table for your five highes	at componented inc	lono	ndor	at oc	ntre	noto	ro th	nat raceived more than \$	100 000 of comp	oncot	ion from	
the organization. Report compensation	-	-							· · · · · · · · · · · · · · · · · · ·	ciisai	ion irom	
(A)								(B)			(C)	
Name and busin	ness address	N	ONE	<u> </u>				Description of s	ervices	C	ompensati	on
							\dashv					
2 Total number of independent contractor		ot lir	nited	d to t	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the or	ganization				()					Form 990	
												(000 4

			Check if Schedule O contains a response	or note to any line	e in this Part VIII			
			Gricok ii Goricadie G containe a response	or riote to arry line	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
<u>ν</u> ν	1 :	— а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
n, G			Fundraising events 1c					
ifts			Related organizations 1d					
s, G nila	6		Government grants (contributions) 1e	920,317.				
Sig	f		All other contributions, gifts, grants, and					
buti			similar amounts not included above 1f	269,645.				
ıtri Q	ç	g	Noncash contributions included in lines 1a-1f	6,874.				
Col	ŀ	h	Total. Add lines 1a-1f		1,189,962.			
				Business Code				
ė	2 8	а	INSTRUCTOR TRAINING	110000	3,645.	3,645.		
rvic	k	b						
Se	C	С						
am eve	C	d						
Program Service Revenue	•	е						
Ā			All other program service revenue					
	9	g	Total. Add lines 2a-2f		3,645.			
	3		Investment income (including dividends, interest	est, and				
	_		other similar amounts)	i i	72,422.			72,422.
	4		Income from investment of tax-exempt bond p					
	5		Royalties(i) Real	(ii) Personal				
	•			(II) Personal				
			Gross rents 6a					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Net westel income as (local)					
			Gross amount from sales of (i) Securities	(ii) Other				
		_	assets other than inventory 7a 1,340,189.	+ ``				
	k	b	Less: cost or other basis					
Pe			and sales expenses 7b 1,283,566.	.				
Revenue		С	Gain or (loss) 7c 56,623.					
Rev			Net gain or (loss)		56,623.			56,623.
ier	8 8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b	9,486.				
			Net income or (loss) from fundraising events		-3,131.			-3,131.
	9 a	а	Gross income from gaming activities. See					
	_		Part IV, line 19	1				
			Less: direct expenses 9b)				
			Net income or (loss) from gaming activities					
	10 a	a	Gross sales of inventory, less returns	a 1,291.				
		h	and allowances 10: Less: cost of goods sold 10:					
			Net income or (loss) from sales of inventory	'	-4,070.			-4,070.
		_	The meetine of (1033) from sales of inventory	Business Code	7,110			
Snc	11 a	а						
nnec	k	b						
ella		c						
Miscellaneous Revenue	(d	All other revenue	900099	16,720.			16,720.
	•		Total. Add lines 11a-11d		16,720.			
	12		Total revenue. See instructions		1,332,171.	3,645.	0.	138,564.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 221,876. 183,087. 33,759. 5,030. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 809,356. 667,864. 123,144. 18,348. Other salaries and wages 7 Pension plan accruals and contributions (include 1,012. 6,648. 5,485. 151. section 401(k) and 403(b) employer contributions) 10,152. 66,723. 55,058. 1,513. Other employee benefits 9 93,102. 76,825. 14,166. 2.111. 10 Payroll taxes 11 Fees for services (nonemployees): Management 2,755. 2,755. Legal 22,800. 22,800. Accounting Lobbying 1,250. 1,250. Professional fundraising services. See Part IV, line 17 7,990. 7,990. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 20,122. 108,202. 87,987. 93. column (A), amount, list line 11g expenses on Sch O.) 3,709. 3,709. Advertising and promotion 12 82,940. 66,743. 15,224. 973. 13 Office expenses 43,550. 35,937. 6,625. 988. Information technology 14 Royalties 15 14,183. 93,218. 76,922. 2,113. 16 Occupancy 64,360. 60,311. 3,524. 525. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 20,146. 13,619. 5,511. 1,016. Conferences, conventions, and meetings 19 404. 334. 61. 9. 20 Payments to affiliates 21 26,015. 21,467. 3,958. 590. Depreciation, depletion, and amortization 22 5,840. 4,819. 889. 132. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 3,171. 3,171. CREDIT LOSS EXPENSE All other expenses 1,684,055. 1,352,059. 284,551. 47,445. Total functional expenses. Add lines 1 through 24e 25 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)

Pai	IL A	Daidlice Stieet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			59.	1	402.
	2	Savings and temporary cash investments			665,784.	2	686,167.
	3	Pledges and grants receivable, net			214,275.	3	301,878.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			0.	8	11,713.
As	9	Prepaid expenses and deferred charges			14,419.	9	7,242.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	197,534.			
	b	Less: accumulated depreciation	10b	72,674.	96,578.	10c	124,860.
	11	Investments - publicly traded securities			1,269,266.	11	843,826.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		630.	14	0.	
	15	Other assets. See Part IV, line 11			889,695.	15	892,469.
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	3)	3,150,706.	16	2,868,557.
	17	Accounts payable and accrued expenses			55,395.	17	83,221.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for					
Ě		trustee, key employee, creator or founder, subs					
ä		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X	206 206		260 152
		of Schedule D			306,296.		268,152.
	26	Total liabilities. Add lines 17 through 25			361,691.	26	351,373.
Ø		Organizations that follow FASB ASC 958, ch	eck here	e X			
nce	07	and complete lines 27, 28, 32, and 33.			1,582,470.	07	1,588,638.
<u>a</u>	27	Net assets without donor restrictions			1,206,545.	27	928,546.
Net Assets or Fund Balances	28	Net assets with donor restrictions			1,200,343.	28	920,340.
Ë		Organizations that do not follow FASB ASC	958, CNE	eck nere			
ē	20	and complete lines 29 through 33.	_			20	
)ts	29	Capital stock or trust principal, or current funds				29 30	
SS	30 31	Paid-in or capital surplus, or land, building, or e		Г		31	
et 🗸		Retained earnings, endowment, accumulated i			2,789,015.	32	2,517,184.
Ž	32	Total liabilities and net assets/fund balances			3,150,706.	33	2,868,557.
	აა	Total liabilities and net assets/fund balances			3,130,700.	აა	2,000,0010

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

2024

Name of the organization

ROCKY MOUNTAIN FIELD INSTITUTE, INC.

74-2225140

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

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiz					-	the hospital's name,				
		city, and state:	•				CAAAA	,				
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
Ŭ		section 170(b)(1)(A)(iv).			. с. срс.а.							
6				anntal wait dan aribad in	aaalian 17	70/6//4//4/	6.0					
6	T	A federal, state, or local go	_									
′	X	An organization that norma	-	ntial part of its support if	om a gove	ernmentai	unit or from the general p	oublic described in				
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8	\vdash	A community trust describe			•							
9	Ш	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	or				
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from				
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support fi	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Co	mplete Part III.)									
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).					
12		An organization organized a	•	•	•			purposes of one or				
		more publicly supported or	•	•	•							
		lines 12a through 12d that	~									
а		¬	* *					aivina				
_			upporting organization operated, supervised, or controlled by its supported organization(s), typically by giving ed organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
		organization. You must o			inajonty o	in the direc	1010 01 11001000 01 1110 00	ррогинд				
h		Type II. A supporting org			ion with it	e cupporto	nd organization(s), by hav	ina				
b			•					-				
		control or management o			ame perso	ns that co	ntroi or manage the supp	оопеа				
		organization(s). You mus										
С							• •	ed with,				
		its supported organization		·								
d			/ integrated. A supp	oorting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	cation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness				
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		☐ Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g	Prov	vide the following information										
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
			i	l	I	I	l	I				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	647,749.	555,397.	724,846.	1298008.	1189962.	4415962.
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						
4	Total. Add lines 1 through 3	647,749.	555,397.	724,846.	1298008.	1189962.	4415962.
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)						313,731.
6	Public support. Subtract line 5 from line 4.						4102231.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	647,749.	555,397.	724,846.	1298008.	1189962.	4415962.
	Gross income from interest,	,		,			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	30,468.	22,822.	24,595.	25,063.	72.422.	175,370.
9	Net income from unrelated business	30,1000	22,022	21,000	23,0000	, , , , , , , ,	2737373
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
11	Total support. Add lines 7 through 10						4591332.
	Gross receipts from related activities,	oto (soo instructio	une)			12 2	,508,148.
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax v			730071101
10	organization, check this box and stor	-		•			
Sec	etion C. Computation of Publi						
	Public support percentage for 2024 (I			column (f))		14	89.35 %
	Public support percentage from 2023					15	%
	33 1/3% support test - 2024. If the o						
100	stop here. The organization qualifies						
r	33 1/3% support test - 2023. If the o		•				
	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
176	and if the organization meets the fact						
				=	•	_	
	meets the facts-and-circumstances te					70 and line 15 is 1	
C	10% -facts-and-circumstances test	•				•	1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circu						
18	Private foundation. If the organization	in did flot check a l	DOX OITHINE TO, TO	a, 100, 178, 01 170	, oneck this box at		(Form 990) 2024

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

16 Public support percentage from 2023 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 18 64.87	quality under the tests listed be Section A. Public Support	now, please comp	piete Fart II.)					
1 Giffs, grants, contributions, and membership less received. (Do not include any "unusual grants.") 2 Giros receipts from admission, personal control of the property of the programation of the property of the programation of the programation of the property of the programation of the	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
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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		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
9c		
10a		
10b		

Pai	rt IV Supporting Organizations (continued)			.g
	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
C	· · · · · ·	11c		
Sec	provide detail in Part VI. Stion B. Type I Supporting Organizations	110		
	Ton B. Type i capporting organizations		Vaa	Na
_	Did the annual in the discount of the annual in the discount of the interest of the interest of the annual in the discount of the		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2024

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

instructions).

emergency temporary reduction (see instructions).

	dule A (Form 990) 2024 ROCKY MOUNTAIN				4-2225140 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continu	ıed)	
Sect	ion 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	t purposes of supported			
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
_9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	ıs	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
c	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
i_	Carryover from 2019 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4h from line 1. For regult greater than zero				

Schedule A (Form 990) 2024

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2020 **b** Excess from 2021 c Excess from 2022 d Excess from 2023 e Excess from 2024

7 Excess distributions carryover to 2025. Add lines 3j

Schedule B (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

ROCKY MOUNTAIN FIELD INSTITUTE 74-2225140 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization Employer identification number

ROCKY MOUNTAIN FIELD INSTITUTE, INC.

74-2225140

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s307,483.	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		\$ <u>200,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 127,588.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 84,132.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 62,381.	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		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ROCKY MOUNTAIN FIELD INSTITUTE, INC.

74-2225140

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$58,166.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$38,018.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 26,143.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ROCKY MOUNTAIN FIELD INSTITUTE, INC.

74-2225140

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Employer identification number

Name of organization

ROCKY MOUNTAIN FIELD INSTITUTE, INC. 74-2225140 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN FIELD INSTITUTE, INC.

Employer identification number 74-2225140

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure of the		2c
d	Number of conservation easements included on line 2c acquire		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year	or and in the order of	
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, ha		
6	Stair and volunteer flours devoted to monitoring, inspecting, na	andling of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservat	tion easements during the year
	3, 1		g ,
8	Does each conservation easement reported on line 2d above s	atisfy the requirements of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of A		her Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958,	·	
	of art, historical treasures, or other similar assets held for publi	,	•
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas		I gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) (Rev. 12-2024)

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	dule D (Form 990) (Rev. 12-2024) ROCKY 1 t III Organizations Maintaining C					milar	74-22 Assets	25140	Page 2
3	Using the organization's acquisition, accession							(OOTHER)	
_	collection items (check all that apply).	5.,, a.r.a 55. 1555. a.s	.,	onoming and man	. o.g		00 01 110		
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е		3 1 3					
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's ex	kempt	purpos	e in Part	XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma		*	•				Yes	☐ No
Par								ne 9, or	
	reported an amount on Form 990, Par		· ·						
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribution	s or other assets n	not incl	uded			
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
		·	· ·					Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on Fo				bility?			Yes	No
	If "Yes," explain the arrangement in Part XIII.				-				
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three y	ears back	(e) Four	years back
1a	Beginning of year balance	588,396.	529,138.	624,633	3.	5(01,492.		380,235.
	Contributions					8	30,000.		72,000.
	Net investment earnings, gains, and losses	60,894.	74,206.	-95,495	5.	4	13,141.		49,257.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	17,652.	14,948.						
f	Administrative expenses								
	End of year balance	631,638.	588,396.	529,138	3.	62	24,633.		501,492.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	.0000	%						
b	Permanent endowment 77.9165	%	_						
С	Term endowment 22.0835	 %							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the			_	
	organization by:								Yes No
	(i) Unrelated organizations?							3a(i)	X
								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	
	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm	ent							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or of basis (investm	` ,) Accu depred	mulate	d	(d) Book	value
1a	Land								
	Buildings								
	Leasehold improvements			9,520.			3.		727.
	Equipment		18	3,382.		9,56			,817.
	Other			4,632.		2,31	6.		,316.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	K. line 10c. column	(B))				$1\overline{24}$,860.

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) ROCKY MOUNT Part VIII Investments - Other Securities	TAIN FIELD IN	STITUTE, INC.	74-2225140 Page 3
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1) Financial derivatives	(2) 2001. 14.40	(5)	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	1 (1) 5
	Description		(b) Book value
(1) DEPOSITS			7,675.
(2) RIGHT OF USE ASSETS	IDDG IIDI D DV (10104T11T TT7	253,156.
(3) BENEFICIAL INTEREST IN ASS	ETS HELD BY	COMMUNITY	621 620
(4) FOUNDATION			631,638.
(5)			
(6)			
(8)			
(9)	(D))		902 460
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			892,469.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES	268,152.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	268,152 .

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) (Rev. 12-2024)

Sche	edule D (Form 990) (Rev. 12-2024) ROCKY MOUNTAIN FIELD INSTI				2225140	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	turn		
	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	1,430,	<u>910.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	19,159. 21,315.			
b	Donated services and use of facilities	2b	21,315.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	60,894.			
е	Add lines 2a through 2d			2e	101,	.368 .
3	Subtract line 2e from line 1			3	1,329,	<u>542.</u>
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	7,990. -5,361.			
b	Other (Describe in Part XIII.)	4b	-5,361.			
С	Add lines 4a and 4b			4c		629.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,332,	<u>.171.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Witi	n Expenses per I	Returi	า	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,702,	741.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	21,315.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	5,361.			
е	Add lines 2a through 2d			2e	26,	676.
3	Subtract line 2e from line 1			3	1,676,	065.
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		7,990.	-		
b	Other (Describe in Part XIII.)	4b			_	
С	Add lines 4a and 4b			4c		990.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,684,	055.
	rt XIII Supplemental Information					
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b	and 2b; Part V, line 4	l; Part)	K, line 2; Part X	l,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional infor	mation.			
	RT V, LINE 4:					
	ORGANIZATION'S ENDOWMENT CONSISTS OF A BE					5
	D BY A COMMUNITY FOUNDATION. THE FUND WAS	ESTAB	LISHED TO P	ROV.	IDE	
FII	NANCIAL SUPPORT FOR GENERAL OPERATIONS.					
	RT X, LINE 2:					
	E ORGANIZATION IS EXEMPT FROM FEDERAL INCOM				ON	
50.	L(C)(3) OF THE INTERNAL REVENUE CODE AND AP	PLICA	BLE STATE L	ıAW •		
	ODGINITATION DEVITERS AND AGGREGES THE HAVE	DOGE				
	E ORGANIZATION REVIEWS AND ASSESSES ITS TAX					iD
	BE TAKEN IN TAX RETURNS. BASED ON THIS ASS					
	FERMINES WHETHER IT IS MORE LIKELY THAN NOT					<u> </u>
	STAINED UPON EXAMINATION BY TAX AUTHORITIES					
	SESSMENT HAS NOT IDENTIFIED ANY SIGNIFICANT	POSI	TIONS THAT	TT I	BELIEVES	<u> </u>
WO	JLD NOT BE SUSTAINED UNDER EXAMINATION.					
	ODGANICATION CITTED TODAY 000 TH THE H G . T			17.037	3310 0111	
	E ORGANIZATION FILES FORM 990 IN THE U.S. F					i
STATE OF COLORADO. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO						
EXAMINATION BY FEDERAL AND STATE AUTHORITIES FOR THREE YEARS AFTER THE						
DA'.	TE OF FILING, INCLUDING EXTENSIONS.					
<u></u>	OM VI IIND OD OMIDD AD THOMASTOR					
	RT XI, LINE 2D - OTHER ADJUSTMENTS:				<u> </u>	0 4
CHZ	ANGE IN VALUE IN BENEFICIAL INTEREST				60,8	94.

Schedule D (Form 990) (Rev. 12-2024)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) (Rev. 12-2024) ROCKY MOUNTAIN FIELD INSTITUTE, INC.	74-2225140 Page 5
Schedule D (Form 990) (Rev. 12-2024) ROCKY MOUNTAIN FIELD INSTITUTE, INC. Part XIII Supplemental Information (continued)	<u> </u>
Continued)	
202F 0F 200F2 201F	F 261
COST OF GOODS SOLD	-5,361.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	5,361.
<u> </u>	3,301.
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SCHEDULE O (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN FIELD INSTITUTE

Employer identification number INC. 74-2225140 LINE 1A: SECTION A,

FORM 990 PART VI THE EXECUTIVE COMMITTEE IS COMPRISED OF THE ELECTED OFFICERS OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR. WHEN THE BOARD OF DIRECTORS IS NOT THE EXECUTIVE COMMITTEE HAS AND MAY BY UNANIMOUS CONSENT IN SESSION, THE AUTHORITY OF THE BOARD OF DIRECTORS EXCEPT THE EXERCISE ALL OF EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO AMEND THE ARTICLES OF INCORPORATION OR THE BYLAWS, ADOPT A PLANOF MERGER OR CONSOLIDATION ENCUMBER RMFI FOR ANY AMOUNT IN EXCESS OF TEN THOUSAND DOLLARS \$10,000.00), TO SELL, LEASE OR OTHERWISE DISPOSE OF THE PROPERTY OR ASSETS OF RMFI OTHERWISE THAN IN THE USUAL AND REGULAR COURSE OF BUSINESS, VOLUNTARILY DISSOLVE RMFI

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

FORM 990 THIRD PARTY. THE FINANCE AND OPERATIONS DIRECTOR IS PREPARED BY A HAS BEEN AUTHORIZED BY THE GOVERNING BODY TO REVIEW AND APPROVE FORM 990. FULL COPY OF THE FORM IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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 BOARD OF DIRECTORS DETERMINES EXECUTIVE DIRECTOR COMPENSATION USING BENCHMARKING AGAINST SIMILAR NON-PROFIT ORGANIZATIONS IN COLORADO. EXECUTIVE DIRECTOR USES A SIMILAR METHOD TO DETERMINE COMPENSATION OF ALL OTHER OFFICERS AND EMPLOYEES, PRESENTING THE DATA TO THE BOARD AS PART OF THE BUDGET APPROVAL PROCESS. THE BOARD APPROVES ALL COMPENSATION.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ORGANIZATION'S FORM 990 AND ANNUAL REPORT CAN BE FOUND ON ITS WEBSITE WWW.RMFI.ORG/ACCOUNTABILITY.

FORM 990 PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF BENEFICIAL INTEREST

60,894

FORM 990 PART XII LINE 2C:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE THE SELECTION OF THE INDEPENDENT ACCOUNTANT AND OVERSIGHT OF ANNUAL FINANCIAL STATEMENT AUDIT. THIS PROCESS HAS NOT CHANGED FROM YEARS.

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

Schedule O (Form 990) (Rev. 12-2024)