

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ROCKY MOUNTAIN INSTITUTE		D Employer identification number 74-2244146	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2490 JUNCTION PLACE SUITE 200		E Telephone number 303-245-1003	
	City or town, state or province, country, and ZIP or foreign postal code BOULDER, CO 80301		G Gross receipts \$ 42,376,113.	
	F Name and address of principal officer: JULES KORTENHORST SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

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

J Website: WWW.RMI.ORG

K Form of organization: ☒ Corporation Trust Association Other ▶

L Year of formation: 1982

M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO DRIVE THE EFFICIENT AND RESTORATIVE USE OF RESOURCES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 17	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 185	
	6 Total number of volunteers (estimate if necessary)	6 16	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 16,899.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	30,681,267.	33,898,510.
	9 Program service revenue (Part VIII, line 2g)	5,597,532.	8,330,801.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,089.	45,146.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,106.	41,527.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,389,994.	42,315,984.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	75,340.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,883,414.	22,973,306.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	122,022.	135,302.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,372,894.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,397,385.	16,663,106.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,402,821.	39,847,054.
19 Revenue less expenses. Subtract line 18 from line 12	2,987,173.	2,468,930.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	34,190,347.	38,235,339.
	21 Total liabilities (Part X, line 26)	9,833,700.	11,462,260.
	22 Net assets or fund balances. Subtract line 21 from line 20	24,356,647.	26,773,079.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	JULES KORTENHORST, CEO Type or print name and title	3/15/2019			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	DORI J. EGGETT	DORI J. EGGETT	03/14/19	<input type="checkbox"/>	P00645252
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951			
	Firm's address ▶ 8181 E TUFTS AVE, SUITE 600 DENVER, CO 80237	Phone no. 303-740-9400			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **X** Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ **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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 9,325,492. including grants of \$) (Revenue \$ 175,346.)

GLOBAL ENERGY TRANSITIONS- HELPING THE PEOPLE OF EMERGING ECONOMIES TO
LEAPFROG STRAIGHT TO THE CLEAN ENERGY REVOLUTION.

CHINA PROGRAM- SUPPORTING CHINA IN REDUCING ITS EMISSIONS AND FOLLOWING
A CLEAN ENERGY PATHWAY. WE AIM TO HELP CHINA PEAK CARBON EMISSIONS BY
2030 AND, WITH GOVERNMENT AND OTHER PARTNERS, SUPPORT CHINA AS IT
REDUCES ITS CARBON INTENSITY 60% BY 2030.

CONTINUED ON SCHEDULE O.

4b (Code:) (Expenses \$ 8,665,863. including grants of \$) (Revenue \$ 4,503,245.)

ELECTRICITY- CREATING A CLEAN, RESILIENT, AND AFFORDABLE ELECTRICITY
SYSTEM THAT PRODUCES LESS POLLUTION AND CLIMATE-ALTERING CO2.

REGULATORY AND BUSINESS MODEL REFORM- WORKING WITH UTILITIES AND STATE
REGULATORY COMMISSIONS TO EVOLVE BUSINESS AND REGULATORY MODELS AND
ADVANCE MORE SOPHISTICATED ELECTRICITY RATE STRUCTURES. WE AIM TO
SUPPORT THREE TO FIVE STATES THAT ARE COMMITTED TO COMPREHENSIVE
REGULATORY AND BUSINESS MODEL REFORM TO DRIVE A RENEWABLY POWERED
ELECTRICITY SYSTEM BY 2020.

CONTINUED ON SCHEDULE O.

4c (Code:) (Expenses \$ 4,251,622. including grants of \$ 5,000.) (Revenue \$ 832,733.)

TRANSPORTATION- CHANGING THE WAY WE MOVE PEOPLE AND GOODS TO SAVE MONEY
AND THE ENVIRONMENT.

MOBILITY TRANSFORMATION- IMPLEMENTING COST-EFFECTIVE OIL- AND
EMISSIONS-FREE MOBILITY TO SAVE MONEY AND OIL, AND DRASTICALLY REDUCE
CARBON EMISSIONS. WE ARE ACCELERATING THE ADOPTION OF ELECTRIFIED,
AUTONOMOUS MOBILITY SERVICES.

CONTINUED ON SCHEDULE O.

TRUCKING EFFICIENCY- DRIVING THE DEVELOPMENT AND ADOPTION OF EFFICIENCY
ENHANCING, ENVIRONMENTALLY BENEFICIAL, AND COST-EFFECTIVE TECHNOLOGIES,

4d Other program services (Describe in Schedule O.)

(Expenses \$ 9,298,710. including grants of \$ 70,340.) (Revenue \$ 2,819,477.)

4e Total program service expenses **31,541,687.**Form **990** (2017)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

		116	117	118	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	116				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				X	
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	185				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O				X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				X	
b	If "Yes," enter the name of the foreign country: COLOMBIA, CHINA					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
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?					X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?					
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?					X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?					
Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?					X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				

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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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	20			
b Enter the number of voting members included in line 1a, above, who are independent		17		
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?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				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?				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?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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 in Schedule O				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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **HEATHER MCCREERY - 303-245-1003**
2490 JUNCTION PLACE SUITE 200, BOULDER, CO 80301

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TED WHITE CHAIR OF THE BOARD	1.00	X		X				50,000.	0.	0.
(2) TOM DINWOODIE LEAD INDEPENDENT TRUSTEE	1.00	X		X				0.	0.	0.
(3) DAVID ALLEN TRUSTEE	1.00	X						0.	0.	0.
(4) ROY BEDLOW TRUSTEE	1.00	X						0.	0.	0.
(5) PETER BOYER TRUSTEE	1.00	X						0.	0.	0.
(6) MARK FERRON TRUSTEE	1.00	X						0.	0.	0.
(7) MICHAEL HAAS TRUSTEE	1.00	X						0.	0.	0.
(8) JOSE MARIA FIGUERES TRUSTEE	1.00	X						0.	0.	0.
(9) RACHEL KYTE TRUSTEE	1.00	X						0.	0.	0.
(10) DENNIS V. MCGINN TRUSTEE	1.00	X						0.	0.	0.
(11) REUBEN MUNGER TRUSTEE	1.00	X						0.	0.	0.
(12) JEAN OELWANG TRUSTEE	1.00	X						0.	0.	0.
(13) GEORGE POLK TRUSTEE	1.00	X						0.	0.	0.
(14) MARY GRACE POWELL TRUSTEE	1.00	X						0.	0.	0.
(15) ELIZABETH ANN SALL TRUSTEE	1.00	X						0.	0.	0.
(16) TODD STERN TRUSTEE	1.00	X						0.	0.	0.
(17) MARIA VAN DER HOEVEN TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULES KORTENHORST CHIEF EXECUTIVE OFFICER	40.00 1.00	X		X				522,993.	0.	37,032.
(19) AMORY LOVINS CHARIMAN EMERITUS/CHIEF SCIENTIST	40.00 1.00	X		X				407,846.	0.	27,095.
(20) MARTHA PICKETT GENERAL COUNSEL - SECRETARY	40.00 1.00	X		X				308,738.	0.	26,078.
(21) HEATHER MCCREERY MANAGING DIRECTOR	40.00 1.00	X		X				162,071.	0.	29,068.
(22) PAUL BODNAR MANAGING DIRECTOR	40.00 1.00				X			230,462.	0.	31,367.
(23) IAIN CAMPBELL MANAGING DIRECTOR	40.00 1.00				X			263,311.	0.	33,550.
(24) JON CREYTS MANAGING DIRECTOR	40.00 1.00				X			306,570.	0.	35,639.
(25) STEPHEN DOIG MANAGING DIRECTOR	40.00 1.00				X			313,288.	0.	28,907.
(26) MARK GRUNDY MANAGING DIRECTOR	40.00 1.00				X			216,161.	0.	18,015.
1b Sub-total								2,781,440.	0.	266,751.
c Total from continuation sheets to Part VII, Section A								3,391,639.	0.	332,172.
d Total (add lines 1b and 1c)								6,173,079.	0.	598,923.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **51**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CNI SERVICES, 7000 S YOSEMITE STREET, SUITE 125, CENTENNIAL, CO 80112	IT SERVICES	496,549.
DNV KEMA RNEWABLES, INC DEPT. CH 19586, PALATINE, IL 60055	CONTRACTOR	356,441.
BROSS GROUP LLC, 200 UNION BLVD., SUITE 200, LAKEWOOD, CO 80228	IT SERVICES	352,722.
IZULUMOYA CONSULTING (PTY) LTD., 845 WATERFALL COUNTRY ESTATE, 34 SEMONGKONG	CONTRACTOR	217,616.
BLUE COMMUNICATIONS, 3RD FLOOR MAYFIELD HOUSE, 256 BANBURY ROAD, OXFORD, UNITED K	CONTRACTOR	176,625.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		15

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LENA HANSEN MANAGING DIRECTOR	40.00				X			298,503.	0.	17,907.
(28) EDWARD HARVEY MANAGING DIRECTOR	40.00				X			313,895.	0.	17,361.
(29) KEELY HENDERSON MANAGING DIRECTOR TERM END 05/17	40.00				X			218,257.	0.	6,231.
(30) BRAD MUSHOVIC MANAGING DIRECTOR	40.00				X			213,169.	0.	29,839.
(31) CAROL NASTA MANAGING DIRECTOR TERM END 05/18	40.00				X			215,075.	0.	23,693.
(32) JAMES NEWCOMB MANAGING DIRECTOR	40.00				X			310,592.	0.	28,882.
(33) CURTIS PROBST MANAGING DIRECTOR TERM END 01/18	40.00				X			302,911.	0.	34,988.
(34) HERVE TOUATI MANAGING DIRECTOR	40.00				X			219,235.	0.	19,205.
(35) JERULD WEILAND MANAGING DIRECTOR	40.00				X			317,581.	0.	22,542.
(36) JAMES MANDEL MANAGING DIRECTOR BEG 06/18	40.00 1.00				X			163,157.	0.	27,302.
(37) JENNIFER STOKES MANAGING DIRECTOR BEG 03/18	40.00					X		149,603.	0.	27,961.
(38) JUSTIN LOCKE DIRECTOR	40.00					X		175,983.	0.	15,789.
(39) VICTOR OLGAY PRINCIPAL	40.00					X		165,622.	0.	26,146.
(40) JEFF WALLER PRINCIPAL	40.00					X		165,461.	0.	13,759.
(41) LILY DONGE PRINCIPAL	40.00					X		162,595.	0.	20,567.
Total to Part VII, Section A, line 1c								3,391,639.		332,172.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	359,624.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	507,209.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	33,031,677.					
	g Noncash contributions included in lines 1a-1f: \$		1,175,840.					
	h Total. Add lines 1a-1f				33,898,510.			
Program Service Revenue	2 a CONSULTING FEES	Business Code	541610	5,092,881.	5,092,881.			
	b PROGRAM MEMBERSHIP FEE		541900	2,042,224.	2,042,224.			
	c PROJECT REVENUE		541900	639,044.	639,044.			
	d PROGRAM EVENT REVENUE		541900	505,893.	505,893.			
	e CARBON OFFSETS		900099	40,616.	40,616.			
	f All other program service revenue		900099	10,143.	10,143.			
	g Total. Add lines 2a-2f				8,330,801.			
	3 Investment income (including dividends, interest, and other similar amounts)				25,734.		25,734.	
4 Income from investment of tax-exempt bond proceeds								
5 Royalties				3,508.		3,508.		
Other Revenue	6 a Gross rents	(i) Real	55,819.					
	b Less: rental expenses	(ii) Personal	0.					
	c Rental income or (loss)		55,819.					
	d Net rental income or (loss)							55,819.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	19,412.					
	b Less: cost or other basis and sales expenses	(ii) Other	0.					
	c Gain or (loss)		19,412.					
	d Net gain or (loss)							19,412.
	8 a Gross income from fundraising events (not including \$ 359,624. of contributions reported on line 1c). See Part IV, line 18	a	33,820.					
	b Less: direct expenses	b	60,129.					
	c Net income or (loss) from fundraising events							-26,309.
	9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
	10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
	Miscellaneous Revenue			Business Code				
	11 a RELATED RENTAL		531120	8,509.	8,509.			
	b							
c								
d All other revenue								
e Total. Add lines 11a-11d				8,509.				
12 Total revenue. See instructions.				42,315,984.	8,339,310.	0.	78,164.	

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	55,000.	55,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,340.	20,340.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,519,374.	3,837,323.	956,730.	725,321.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,870,269.	11,801,413.	1,356,965.	711,891.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	558,238.	446,463.	89,212.	22,563.
9 Other employee benefits	1,871,131.	1,586,407.	195,758.	88,966.
10 Payroll taxes	1,154,294.	936,297.	148,543.	69,454.
11 Fees for services (non-employees):				
a Management				
b Legal	154,456.	108,456.	46,000.	
c Accounting	22,166.	3,645.	18,521.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	135,302.			135,302.
f Investment management fees	5,139.		5,139.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	6,169,602.	5,330,898.	749,814.	88,890.
12 Advertising and promotion	29,074.	28,744.	330.	
13 Office expenses	942,684.	629,540.	188,822.	124,322.
14 Information technology	1,426,637.	1,007,498.	317,287.	101,852.
15 Royalties				
16 Occupancy	1,868,953.	1,447,163.	314,757.	107,033.
17 Travel	2,797,015.	2,546,124.	162,639.	88,252.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	830,785.	795,463.	12,661.	22,661.
20 Interest	443,620.		443,620.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	805,884.	637,748.	118,986.	49,150.
23 Insurance	108,000.	85,695.	15,785.	6,520.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEALS AND MEETINGS	449,538.	223,543.	200,440.	25,555.
b PROPERTY TAXES	204,480.		204,480.	
c RECRUITING EXPENSE	145,618.		145,618.	
d				
e All other expenses	259,455.	13,927.	240,366.	5,162.
25 Total functional expenses. Add lines 1 through 24e	39,847,054.	31,541,687.	5,932,473.	2,372,894.
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)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,238,927.	1	7,702,222.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	9,275,331.	3	7,414,920.
	4 Accounts receivable, net	1,788,180.	4	3,644,758.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	175,946.	9	315,834.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,567,007.		
	b Less: accumulated depreciation	10b 3,119,461.	10c	16,447,546.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	513,986.	12	544,238.
	13 Investments - program-related. See Part IV, line 11	270,220.	13	720,220.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,200,621.	15	1,445,601.
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,190,347.	16	38,235,339.	
Liabilities	17 Accounts payable and accrued expenses	3,555,049.	17	4,438,311.
	18 Grants payable		18	
	19 Deferred revenue	1,211,071.	19	643,645.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,760,648.	23	6,112,254.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	306,932.	25	268,050.
	26 Total liabilities. Add lines 17 through 25	9,833,700.	26	11,462,260.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,049,414.	27	12,172,869.
	28 Temporarily restricted net assets	11,427,013.	28	13,705,415.
	29 Permanently restricted net assets	880,220.	29	894,795.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	24,356,647.	33	26,773,079.
	34 Total liabilities and net assets/fund balances	34,190,347.	34	38,235,339.

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Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,315,984.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,847,054.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,468,930.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,356,647.
5	Net unrealized gains (losses) on investments	5	18,097.
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 in Schedule O)	9	-70,595.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,773,079.

Part XII Financial Statements and Reporting

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

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,217,886.	23,324,546.	25,775,229.	30,681,267.	34,404,403.	130,403,331.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16,217,886.	23,324,546.	25,775,229.	30,681,267.	34,404,403.	130,403,331.
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)						51,481,992.
6 Public support. Subtract line 5 from line 4.						78,921,339.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	16,217,886.	23,324,546.	25,775,229.	30,681,267.	34,404,403.	130,403,331.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	662,022.	60,609.	43,879.	87,981.	85,061.	939,552.
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.)	5,129.		246.	8,374.	10,143.	23,892.
11 Total support. Add lines 7 through 10						131,366,775.
12 Gross receipts from related activities, etc. (see instructions)					12	21,047,480.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	60.08	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	58.17	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) 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 (a) and (b) 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? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2013 AMOUNT: \$ 5,129.

2015 AMOUNT: \$ 246.

2016 AMOUNT: \$ 8,374.

2017 AMOUNT: \$ 10,143.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2017**Name of the organization**

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,059,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 9,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,714,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,079,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 960,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 3,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 1,428,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

74-2244146

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	STOCK <hr/> <hr/> <hr/>	\$ 503,967.	04/30/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017**Open to Public
Inspection****Name of the organization**

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2017

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	922,691.	884,692.	986,528.	980,930.	875,987.
b Contributions	14,575.	6,650.	8,000.	35,890.	23,315.
c Net investment earnings, gains, and losses	65,521.	78,141.	-9,811.	-30,291.	89,825.
d Grants or scholarships					
e Other expenditures for facilities and programs	19,388.	35,926.	100,025.	609,285.	
f Administrative expenses	12,240.	10,866.			8,197.
g End of year balance	971,159.	922,691.	884,692.	377,244.	980,930.

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

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ 92.14 %

c Temporarily restricted endowment ☐ 7.86 %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		16,099,603.	990,259.	15,109,344.
c Leasehold improvements		379,574.	215,689.	163,885.
d Equipment		1,880,425.	1,487,874.	392,551.
e Other		1,207,405.	425,639.	781,766.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,447,546.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CAPITAL LEASE OBLIGATIONS	91,441.	
(3) DEFERRED RENT	173,980.	
(4) DUE TO RELATED PARTY	2,629.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	268,050.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2017

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	42,558,809.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	18,097.
b	Donated services and use of facilities	2b	132,073.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	97,794.
e	Add lines 2a through 2d	2e	247,964.
3	Subtract line 2e from line 1	3	42,310,845.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,139.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,139.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	42,315,984.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	40,142,377.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	132,073.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	168,389.
e	Add lines 2a through 2d	2e	300,462.
3	Subtract line 2e from line 1	3	39,841,915.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,139.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,139.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	39,847,054.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO PROVIDE RMI INTERNSHIPS.

PART X, LINE 2:

RMI APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO REFLECT THE

FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO

BE TAKEN IN A TAX RETURN. AFTER EVALUATING THE TAX POSITIONS TAKEN, NONE

ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO AMOUNTS HAVE BEEN RECOGNIZED

AS OF JUNE 30, 2018 AND 2017. IF INCURRED, INTEREST AND PENALTIES

ASSOCIATED WITH TAX POSITIONS ARE RECORDED IN THE PERIOD ASSESSED AS

GENERAL AND ADMINISTRATIVE EXPENSE. NO INTEREST OR PENALTIES HAVE BEEN

ASSESSED AS OF JUNE 30, 2018 AND 2017.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN NET ASSETS HELD AT THE DENVER FOUNDATION	37,665.
--	---------

SPECIAL EVENT EXPENSE	60,129.
-----------------------	---------

TOTAL TO SCHEDULE D, PART XI, LINE 2D	97,794.
---------------------------------------	---------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE-OFF OF PLEDGES RECEIVABLE	108,260.
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SPECIAL EVENT EXPENSE	60,129.
-----------------------	---------

TOTAL TO SCHEDULE D, PART XII, LINE 2D	168,389.
--	----------

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	1	15	PROGRAM SERVICES	CHINA	1,292,801.
EUROPE	0	10	PROGRAM SERVICES	BUILDINGS, METHANE, SEED, SHIPPING EFFICIENCY, ISLANDS ENERGY PROGRAM, EWF	998,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	7	PROGRAM SERVICES	ISLANDS ENERGY PROGRAM	289,000.
SOUTH AMERICA	0	2	PROGRAM SERVICES	ISLANDS ENERGY PROGRAM	87,000.
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	SEED AND SUNSHINE FOR MINES	543,000.
NORTH AMERICA	0	4	PROGRAM SERVICES	ISLANDS ENERGY AND BUILDINGS PROGRAMS	393,000.
SOUTH ASIA	0	1	PROGRAM SERVICES	INDIA	70,000.
3 a Sub-total	1	41			3,672,801.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	41			3,672,801.

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

Schedule F (Form 990) 2017

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2017

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2017

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

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number	
--------------------------------	--

74-2244146

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
REDSTONE STRATEGY GROUP, LLC - 3223 ARAPAHOE AVE, BOULDER,	GENERAL FUNDRAISING		X	0.	135,302.	0.
Total					135,302.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL AK AR CA CO CT FL GA HI IL KS KY ME MI MS MD MN NV NH NJ NM NY NC ND OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MA

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

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

		(a) Event #1 RMI 35TH ANNIVERSARY (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	393,444.			393,444.
	2 Less: Contributions	359,624.			359,624.
	3 Gross income (line 1 minus line 2)	33,820.			33,820.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	12,603.			12,603.
	7 Food and beverages	16,912.			16,912.
	8 Entertainment				
	9 Other direct expenses	30,614.			30,614.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				60,129.
11 Net income summary. Subtract line 10 from line 3, column (d)				-26,309.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: REDSTONE STRATEGY GROUP, LLC

(I) ADDRESS OF FUNDRAISER: 3223 ARAPAHOE AVE, BOULDER, CO 80303

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ **Yes**

☒ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WATTIME CORPORATION 1111 BROADWAY OAKLAND, CA 94607	47-1444637	501(C)(3)	50,000.	0.			GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2017)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input checked="" type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULES KORTENHORST CHIEF EXECUTIVE OFFICER	(i)	297,993.	200,000.	25,000.	11,250.	25,782.	560,025.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMORY LOVINS CHARIMAN EMERITUS/CHIEF SCIENTIST	(i)	282,846.	125,000.	0.	10,763.	16,332.	434,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARTHA PICKETT GENERAL COUNSEL - SECRETARY	(i)	246,238.	62,500.	0.	9,375.	16,703.	334,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HEATHER MCCREERY MANAGING DIRECTOR	(i)	162,071.	0.	0.	8,500.	20,568.	191,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAUL BODNAR MANAGING DIRECTOR	(i)	230,462.	0.	0.	10,937.	20,430.	261,829.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) IAIN CAMPBELL MANAGING DIRECTOR	(i)	200,811.	62,500.	0.	10,208.	23,342.	296,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JON CREYTS MANAGING DIRECTOR	(i)	244,070.	62,500.	0.	12,500.	23,139.	342,209.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEPHEN DOIG MANAGING DIRECTOR	(i)	250,788.	62,500.	0.	9,375.	19,532.	342,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARK GRUNDY MANAGING DIRECTOR	(i)	172,411.	43,750.	0.	8,750.	9,265.	234,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LENA HANSEN MANAGING DIRECTOR	(i)	231,003.	67,500.	0.	9,167.	8,740.	316,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) EDWARD HARVEY MANAGING DIRECTOR	(i)	251,395.	62,500.	0.	12,500.	4,861.	331,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KEELY HENDERSON MANAGING DIRECTOR TERM END 05/17	(i)	114,090.	62,500.	41,667.	0.	6,231.	224,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BRAD MUSHOVIC MANAGING DIRECTOR	(i)	169,419.	43,750.	0.	8,750.	21,089.	243,008.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CAROL NASTA MANAGING DIRECTOR TERM END 05/18	(i)	170,075.	45,000.	0.	9,003.	14,690.	238,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JAMES NEWCOMB MANAGING DIRECTOR	(i)	248,092.	62,500.	0.	9,369.	19,513.	339,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) CURTIS PROBST MANAGING DIRECTOR TERM END 01/18	(i)	240,411.	62,500.	0.	11,468.	23,520.	337,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) HERVE TOUATI	(i)	156,735.	62,500.	0.	7,812.	11,393.	238,440.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JERULD WEILAND	(i)	255,081.	62,500.	0.	9,375.	13,167.	340,123.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JAMES MANDEL	(i)	135,597.	27,560.	0.	7,091.	20,211.	190,459.	0.
MANAGING DIRECTOR BEG 06/18	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) JENNIFER STOKES	(i)	149,603.	0.	0.	7,993.	19,968.	177,564.	0.
MANAGING DIRECTOR BEG 03/18	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) JUSTIN LOCKE	(i)	150,983.	25,000.	0.	7,575.	8,214.	191,772.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) VICTOR OLGAY	(i)	143,343.	22,279.	0.	5,570.	20,576.	191,768.	0.
PRINCIPAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) JEFF WALLER	(i)	142,361.	23,100.	0.	5,589.	8,170.	179,220.	0.
PRINCIPAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) LILY DONGE	(i)	134,291.	28,304.	0.	7,151.	13,416.	183,162.	0.
PRINCIPAL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

BUSINESS USE OF PERSONAL RESIDENCE - AMORY LOVINS RENTS APPROXIMATELY 1200

SQ FT OF HIS HOUSE, PLUS SHARED SPACE TO RMI AS OFFICE SPACE UNDER A 1-YEAR

WRITTEN LEASE ENDING DECEMBER 31, 2018. THE RENT IS \$1,000 PER MONTH.

PART I, LINE 7:

NON-FIXED PAYMENTS - SOME EMPLOYEES WERE PAID PERFORMANCE BONUSES AT THE

DISCRETION OF MANAGEMENT.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	1,175,840.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2017

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

WATTTIME CORPORATION IS NEW, SEE SCHEDULE O NARRATIVE FOR THE DETAILS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INDIA PROGRAM- SUPPORTING INDIA'S AMBITIOUS RENEWABLE ENERGY AND CLEAN

MOBILITY GOALS BY PARTNERING WITH LEADERS IN THE GOVERNMENT AND PRIVATE

SECTOR ON PROJECTS AT THE NATIONAL, STATE, AND CITY LEVELS. WE AIM TO

CREATE A SHARED, CLEAN, AND CONNECTED MOBILITY FUTURE THAT PROMISES TO

PROVIDE INDIANS WITH AFFORDABLE, EFFICIENT, AND RELIABLE TRANSPORTATION

OPTIONS TO SUPPORT AND ENHANCE THEIR DAILY LIVES. WE'RE ALSO HOSTING A

COMPETITION TO SPUR THE DEVELOPMENT OF A RESIDENTIAL COOLING TECHNOLOGY

THAT CONSUMES FIVE TIMES LESS GRID ELECTRICITY THAN TODAY'S STANDARD

PRODUCTS.

ISLANDS ENERGY PROGRAM- ACCELERATING THE TRANSITION OF ISLAND ECONOMICS

FROM A HEAVY DEPENDENCE ON FOSSIL FUELS TO EFFICIENCY AND RENEWABLES.

WE AIM TO ACCELERATE THE TRANSITION TO RENEWABLES IN 13 ISLAND

CARIBBEAN COUNTRIES, INSTALL 95 MEGAWATTS OF RENEWABLE ENERGY, AND

LEVERAGE \$300 MILLION IN FINANCING FOR ISLAND ENERGY PROJECTS BY 2020.

SUSTAINABLE ENERGY FOR ECONOMIC DEVELOPMENT (SEED)- HELPING GOVERNMENTS

IN SUB-SAHARAN AFRICA EXPAND ACCESS TO CLEAN, RELIABLE ELECTRICITY. WE

AIM TO HELP SIX AFRICAN COUNTRIES EXPAND ELECTRICITY ACCESS WITH CLEAN

TECHNOLOGIES BY 2020.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization ROCKY MOUNTAIN INSTITUTE	Employer identification number 74-2244146
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DISRUPTIVE TECHNOLOGIES- RAISING AWARENESS OF AND SUPPORT FOR EMERGING

DISRUPTIVE TECHNOLOGIES THAT PROMISE TO DELIVER MORE TRANSPARENCY AND

EFFICIENCY, AND LOWER OPERATING COSTS TO CUSTOMERS AND THE ELECTRICITY

GRID AS A WHOLE. WE AIM TO UNLOCK THE POTENTIAL OF DISRUPTIVE

TECHNOLOGIES THAT ARE EMERGING TO MAKE THE ENERGY GRID MORE

TRANSPARENT, EFFICIENT, AND COST-EFFECTIVE.

ELECTRICITY INNOVATION LAB (E-LAB)- CONVENING CRITICAL INDUSTRY PLAYERS

TO IDENTIFY PROMISING REFORM APPROACHES AND STRATEGIZE ON HOW TO SCALE

THEM EFFECTIVELY TO TRANSFORM THE ELECTRICITY SYSTEM FROM THE INSIDE

OUT. WE PROVIDE A GROUNDBREAKING CHANGE LAB TO SUPPORT INNOVATION,

COLLABORATION, AND THE ACCELERATION OF THE IDEAS THAT WILL TRANSFORM

THE ELECTRICITY SYSTEM FROM THE INSIDE OUT.

SUNSHINE FOR MINES- RAPIDLY ACCELERATING ON-SITE RENEWABLE ENERGY AT

MINING OPERATIONS AROUND THE GLOBE.

BUSINESS RENEWABLES CENTER (BRC)- STREAMLINING AND ACCELERATING

CORPORATE PURCHASING OF LARGE-SCALE WIND AND SOLAR ENERGY. WE AIM TO

HELP CORPORATIONS PROCURE 60 GIGAWATTS OF RENEWABLE ENERGY BY 2030.

SHINE: COMMUNITY-SCALE SOLAR- MAKING SOLAR ENERGY AFFORDABLE AND

ACCESSIBLE TO ALL BY UNLOCKING THE COMMUNITY-SCALE SOLAR MARKET. WE AIM

TO HELP COMMUNITY-SCALE SOLAR REACH ITS 30-GIGAWATT MARKET POTENTIAL.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES, AND METHODOLOGIES IN THE NORTH AMERICAN FREIGHT INDUSTRY.

SHIPPING EFFICIENCY- INCREASING THE DEMAND FOR FUEL-EFFICIENT VESSELS.

Name of the organization ROCKY MOUNTAIN INSTITUTE	Employer identification number 74-2244146
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WE AIM TO DRIVE A 25% IMPROVEMENT IN THE FUEL EFFICIENCY AND CARBON
FOOTPRINT OF GLOBAL COMMERCIAL SHIPPING FLEETS BY 2025.

SUSTAINABLE AVIATION- REDUCING THE AVIATION INDUSTRY'S CARBON FOOTPRINT
THROUGH THE USE OF SUSTAINABLE AVIATION FUELS. WE AIM TO HELP 10% OF
THE NORTH AMERICAN AND EUROPEAN COMMERCIAL AVIATION AND JET FUEL MARKET
SWITCH TO SUSTAINABLE AVIATION FUEL BY 2025.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BUILDINGS- DRIVING MASSIVE MARKET GROWTH FOR HEALTHY AND EFFICIENT
HOMES, OFFICES, AND GATHERING PLACES.

PORTFOLIO ENERGY OPTIMIZATION- DEVELOPING AND SCALING A NEW,
INNOVATIVE, AND COST-EFFECTIVE RETROFIT APPROACH TO REDUCE ENERGY USE
IN COMMERCIAL BUILDINGS.

PATHWAYS TO ZERO- DRIVING THE ADOPTION OF SUPEREFFICIENT AND NET-ZERO
ENERGY BUILDINGS IN NEW AND EXISTING BUILDING PORTFOLIOS AND AT THE
DISTRICT LEVEL. WE AIM TO CATALYZE THE MARKET FOR SUPEREFFICIENT AND
NET-ZERO ENERGY BUILDINGS AND DISTRICTS TO SAVE 50 MILLION TONS OF
CARBON OVER FIVE YEARS.

RESIDENTIAL ENERGY+ - WE AIM TO UNLOCK U.S. HOMEOWNER INVESTMENT IN
ENERGY EFFICIENCY AND RENEWABLE ENERGY TO CREATE BETTER HOMES FOR OUR
FAMILIES, OUR POCKETBOOKS, AND THE ENVIRONMENT, PREVENTING 23 MILLION
METRIC TONS OF CARBON EMISSIONS AND IMPROVING QUALITY OF LIFE.

REALIZE- ADAPTING AN INNOVATIVE MODEL FROM THE NETHERLANDS TO CATALYZE

Name of the organization ROCKY MOUNTAIN INSTITUTE	Employer identification number 74-2244146
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MASS-CUSTOMIZABLE, NET-ZERO RETROFITS NATIONWIDE. THE PROGRAM TARGETS A

50% COST REDUCTION FOR THE INSTALLED MEASURES THAT WILL DELIVER A 50%

REDUCTION IN ENERGY USE.

THE GLOBAL COOLING PRIZE- AN INNOVATION COMPETITION TO DEVELOP A

CLIMATE-FRIENDLY RESIDENTIAL COOLING SOLUTION THAT CAN PROVIDE ACCESS

TO COOLING FOR BILLIONS OF PEOPLE AROUND THE WORLD, WITHOUT WARMING THE

PLANET, WITH THE POTENTIAL TO SAVE 100GT OF CO2 BY 2050.

EXPENSES \$ 2,910,392. INCLUDING GRANTS OF \$ 0. REVENUE \$ 584,924.

ZERO METHANE EMISSIONS- ELIMINATING FUGITIVE METHANE EMISSIONS FROM OIL

AND GAS. WE AIM TO REDUCE CLIMATE-CHANGE CAUSING METHANE IMPACTS OF THE

OIL AND GAS INDUSTRY BY 5.6 BILLION METRIC TONS OF CO2 EQUIVALENT

EMISSIONS.

EXPENSES \$ 479,816. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GLOBAL CLIMATE FINANCE- ENSURING THAT THE APPLICATION OF FINANCE IN

RMI'S RESEARCH AND PROGRAMS IS AS RIGOROUS AND INNOVATIVE AS POSSIBLE.

WE AIM TO ALIGN GLOBAL INVESTMENT GOALS WITH OUR CLEAN ENERGY GOALS,

AND ENGAGE FINANCIAL INSTITUTIONS TO SUPPORT A LOW-CARBON FUTURE.

EXPENSES \$ 1,303,444. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OFFICE OF THE CHIEF SCIENTIST (OCS)- SUSTAINING RMI'S GLOBAL THOUGHT

LEADERSHIP ACROSS ALL FOUR ENERGY-USING SECTORS OF THE

ECONOMYBUILDINGS, TRANSPORTATION, INDUSTRY, AND ELECTRICITY. WE AIM TO

BUILD TOMORROW'S ENERGY FUTURE THROUGH UNTRAMMELED IDEATION,

INCUBATION, AND INTEGRATION THAT APPLY DEEP AND BROAD KNOWLEDGE WITH A

VISION ACROSS BOUNDARIES.

Name of the organization ROCKY MOUNTAIN INSTITUTE	Employer identification number 74-2244146
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EXPENSES \$ 1,633,081. INCLUDING GRANTS OF \$ 20,340. REVENUE \$ 90,793.

COMMUNICATIONS- THE MARKETING AND COMMUNICATIONS TEAM UTILIZES
PURPOSEFUL AND COMPELLING COMMUNICATIONS TO AMPLIFY RMI'S WORK AND
IMPACT. OUR OBJECTIVES ARE TO PROVIDE A STRATEGIC COMMUNICATIONS LENS
TO PROGRAMS IN ORDER TO SET PROGRAM DIRECTION, AND REACH SHORT- AND
LONG-TERM IMPACTS, OUTCOMES, AND OUTPUTS THAT ACHIEVE THE DESIRED
IMPACT; AND TO PROVIDE COORDINATED TACTICAL SUPPORT TO PROGRAMS WITH
HIGH QUALITY MEDIA, SOCIAL MEDIA, EDITORIAL, AND DESIGN SUPPORT.

EXPENSES \$ 1,622,488. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,200.

MARKET AFFILIATES

ENERGY WEB FOUNDATION- UNLEASHING THE POTENTIAL OF BLOCKCHAIN
TECHNOLOGY IN THE ENERGY SECTOR. WE AIM TO DEVELOP A MARKET STANDARD
THAT ENSURES INTEROPERABILITY, REDUCES COSTS AND COMPLEXITY, ALIGNS
CURRENTLY DISPERSED BLOCKCHAIN INITIATIVES, AND FACILITATES TECHNOLOGY
DEPLOYMENT THROUGH EASY-TO-IMPLEMENT APPLICATIONS.

WATTTIME- HARNESSING REAL-TIME EMISSIONS DATA TO GIVE CUSTOMERS TO
POWER TO CHOOSE CLEAN ENERGY AUTOMATICALLY IN THEIR DEVICES. WATTTIME
IS A SUBSIDIARY ORGANIZATION OF ROCKY MOUNTAIN INSTITUTE.

EXPENSES \$ 1,349,489. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 2,141,560

FORM 990, PART VI, SECTION A, LINE 2:

JULES KORTENHORST AND JON CREYTS HAVE A BUSINESS RELATIONSHIP AS THEY SERVE
TOGETHER ON A SEPARATE BOARD.

Name of the organization ROCKY MOUNTAIN INSTITUTE	Employer identification number 74-2244146
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FORM 990, PART VI, SECTION B, LINE 11B:

RMI'S REVIEW PROCESS FOR THE 990 FORM BEGINS WITH A FORMAL REVIEW BY
MANAGEMENT. AFTER MANAGEMENT REVIEW, THE 990 WILL BE DISTRIBUTED TO THE
FULL BOARD PRIOR TO FILLING.

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

TRUSTEES AND KEY PERSONNEL ARE PROVIDED A CONFLICT OF INTEREST POLICY ON AN
ANNUAL BASIS TO DISCLOSE OF ANY INTERESTS. THE POLICY IS DISTRIBUTED
ANNUALLY AND SIGNED BY ALL TRUSTEES AND KEY PERSONNEL.

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

RMI HAS ENGAGED AN OUTSIDE COMPENSATION FIRM TO REVIEW COMPENSATION AT ALL
LEVELS AND HELP THE ORGANIZATION TO ENSURE COMPENSATION LEVELS ARE
APPROPRIATELY COMPETITIVE WITHIN THE MARKET. THIS REVIEW IS COMPLETED
EVERY COUPLE OF YEARS.

RMI REGULARLY ENSURES NEW AND MODIFIED POSITIONS OF ALL LEVELS ARE
APPROPRIATELY PRICED WITH REGARD TO SALARY AND BONUS, INCLUDING SENIOR
LEVEL POSITIONS. ADDITIONALLY, THE BOARD OF TRUSTEES FORMED A COMPENSATION
COMMITTEE IN 2013 TO ENSURE APPROPRIATE COMPENSATION PRACTICES ARE IN PLACE
FOR THE EXECUTIVE LEVEL. THIS COMPENSATION COMMITTEE ALSO APPROVES
COMPENSATION ACTIONS REGARDING SENIOR TEAM MEMBERS AND RMI'S CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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

Name of the organization ROCKY MOUNTAIN INSTITUTE	Employer identification number 74-2244146
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RMI'S ARTICLES OF INCORPORATION ARE OF PUBLIC RECORD WITH THE COLORADO

SECRETARY OF STATE. ANNUAL REPORTS, IRS FORM 990, AND AUDITED FINANCIAL

STATEMENTS ARE AVAILABLE ON THE RMI WEBSITE (WWW.RMI.ORG). COPIES OF ANY

POLICY, INCLUDING BYLAWS, ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	5,023,808.
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MANAGEMENT AND GENERAL EXPENSES	684,029.
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FUNDRAISING EXPENSES	88,890.
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TOTAL EXPENSES	5,796,727.
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PAYROLL FEES:

PROGRAM SERVICE EXPENSES	19,924.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	58,203.
---------------------------------	---------

FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	78,127.
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MARKETING AND OUTREACH:

PROGRAM SERVICE EXPENSES	49,567.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	94.
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FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	49,661.
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WEBSITE:

PROGRAM SERVICE EXPENSES	72,309.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
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Name of the organization ROCKY MOUNTAIN INSTITUTE	Employer identification number 74-2244146
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TOTAL EXPENSES 72,309.

PUBLIC RELATIONS:

PROGRAM SERVICE EXPENSES 165,290.

MANAGEMENT AND GENERAL EXPENSES 7,488.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 172,778.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 6,169,602.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE-OFF OF PLEDGES RECEIVABLE -108,260.

CHANGE IN NET ASSETS HELD AT THE DENVER FOUNDATION 37,665.

TOTAL TO FORM 990, PART XI, LINE 9 -70,595.

SCHEDULE 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.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
RMI INNOVATION CENTER LLC - 74-2244146 2490 JUNCTION PLACE SUITE 200 BOULDER, CO 80302	OWNERSHIP & MGMT OF ROCKY MOUNTAIN INSTITUTE INNOVATION CENTER IN	COLORADO			ROCKY MOUNTAIN INSTITUTE

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ROCKY MOUNTAIN INSTITUTE-INTERNATIONAL 2490 JUNCTION PLACE SUITE 200 BOULDER, CO 80302	QIAHAI RMI RESEARCH CENTER	COLORADO	501(C)(3)	LINE 12A, I	ROCKY MOUNTAIN INSTITUTE	X	
WATTIME CORPORATION 1111 BROADWAY OAKLAND, CA 94607	RAISE AWARENESS ABOUT SHIFTING ELECTRICITY USE TIMES	CALIFORNIA	501(C)(3)	LINE 12A, I	ROCKY MOUNTAIN INSTITUTE	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BLACK BEAR ENERGY	SOLAR PHOTOVOLTAIC PLACEMENT	DE	N/A	C CORP	0.	0.	20.00%		X
1216 PEARL ST									
BOULDER, CO 80302									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ROCKY MOUNTAIN INSTITUTE INTERNATIONAL	B	450,000.	CASH
(2) ROCKY MOUNTAIN INSTITUTE INTERNATIONAL	D	362,206.	FMV
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII Supplemental Information.

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

RMI INNOVATION CENTER LLC

PRIMARY ACTIVITY: OWNERSHIP & MGMT OF ROCKY MOUNTAIN INSTITUTE INNOVATION

CENTER IN BASALT, CO