

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 1820 FOLSOM STREET		E Telephone number 303-245-1003
	City or town, state or province, country, and ZIP or foreign postal code BOULDER, CO 80302		G Gross receipts \$ 20,119,393.
F Name and address of principal officer: JULES KORTENHORST 1820 FOLSOM STREET, BOULDER, CO 80302		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.RMI.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 108
	6 Total number of volunteers (estimate if necessary)	6 20
	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 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 13,905,792. Current Year 16,217,886.
	9 Program service revenue (Part VIII, line 2g)	2,374,423. 1,985,012.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	152,083. 629,269.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,082. 19,621.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,477,380. 18,851,788.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)		8,515,261. 9,570,591.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,857,611.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,035,557. 5,750,959.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,550,818. 15,321,550.	
19 Revenue less expenses. Subtract line 18 from line 12	3,926,562. 3,530,238.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 13,475,076. End of Year 18,910,188.
	21 Total liabilities (Part X, line 26)	1,713,682. 2,524,549.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,761,394. 16,385,639.

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 JULES KORTENHORST, CEO		Date 10-31-2014
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name DORI J. EGGETT	Preparer's signature <i>[Signature]</i>	Date 10/29/2014
	Firm's name EKS&H LLLP	Firm's EIN 46-1497033	Check if self-employed <input type="checkbox"/> PTIN P00645252
Firm's address 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2521		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 Accomplishments

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

1 Briefly describe the organization's mission: WE ENVISION A WORLD THRIVING, VERDANT, AND SECURE, FOR ALL, FOR EVER. TO THAT END, OUR MISSION IS TO DRIVE THE EFFICIENT AND RESTORATIVE USE OF RESOURCES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 11,063,756. including grants of \$) (Revenue \$ 1,984,500.) TRANSFORM GLOBAL ENERGY USE TO CREATE A CLEAN, PROSPEROUS, AND SECURE FUTURE. DRIVE SECTOR IMPACT: BUILDINGS - ENVISION ENERGY EFFICIENCY REVOLUTION REDUCING FOSSIL FUEL USE WHILE REVITALIZING REAL-ESTATE SECTOR, CREATING JOBS, AND REVIVING U.S. ECONOMY; ELECTRICITY - ACCELERATE CHANGE OF AGING, FOSSIL FUEL RELIANT, ELECTRICAL SYSTEM TO CLEAN, RELIABLE, AFFORDABLE, CUSTOMER-CENTRIC SYSTEM, USING DISTRIBUTED RENEWABLE RESOURCES; TRANSPORTATION - INCREASE LIGHTWEIGHT, ADVANCED-COMPOSITE MATERIALS AND MANUFACTURING TO ANSWER DESIGN AND AUTO MAKING CHALLENGES FOR SAFE, ULTRALIGHT, EFFICIENT VEHICLES; INDUSTRY - RESOLVE CHALLENGES FOR INDUSTRIAL PROCESSES AND EQUIPMENT TO INCREASE ENERGY EFFICIENCY WHILE INVIGORATING AND DE-RISKING THE SECTOR, CREATING JOBS AND DRIVING GLOBAL COMPETITIVENESS.

4b (Code:) (Expenses \$ 1,383,260. including grants of \$) (Revenue \$ 512.) COMMUNICATION: THIS GROUP COVERS THE FULL COMPLEMENT OF COMMUNICATION BY WORKING WITH RMI'S RESEARCH & COLLABORATION STAFF TO CREATE THE NECESSARY PLANS TO SUPPORT THE VARIOUS PROGRAM INITIATIVES AND PROJECTS. A LEAD COMMUNICATIONS PERSON IS PLACED WITH EACH R&C TEAM TO COORDINATE ALL COMMUNICATIONS ACTIVITIES INCLUDING: CONSULTING REPORTS, WHITE PAPERS, CONFERENCE PAPERS, ANNUAL REPORTS AND BOOKS. ADDITIONALLY, THROUGH WEB, FILM, MULTIMEDIA AND BROADCASTING, THE COMMUNICATIONS GROUP CREATES BOTH IN-HOUSE AND SUBCONTRACTED PRODUCTIONS THAT PROVIDE CONSIDERABLE MEDIA COVERAGE OF RMI'S WORK AND PEOPLE.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,447,016.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 individuals in the United States 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) and 501(c)(4) 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? If so, complete Schedule L, Part II		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>		
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?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL
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. [X] Own website [] Another's website [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: ED MCCULLOUGH - 303-245-1003 1820 FOLSOM STREET, BOULDER, CO 80302

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) JOHN ABELE TRUSTEE	1.00	X						0.	0.	0.
(2) DAVID ALLEN TRUSTEE	1.00	X						0.	0.	0.
(3) SHARMY ALTSHULER TRUSTEE	1.00	X						0.	0.	0.
(4) PETER BOYER TRUSTEE	1.00	X						0.	0.	0.
(5) MARY CAULKINS TRUSTEE	1.00	X						0.	0.	0.
(6) TOM DINWOODIE LEAD TRUSTEE	1.00	X		X				0.	0.	0.
(7) MICHAEL FAIN TRUSTEE	1.00	X						0.	0.	0.
(8) SUZANNE FARVER TRUSTEE/TREASURER	1.00	X		X				0.	0.	0.
(9) ARJUN GUPTA TRUSTEE	1.00	X						0.	0.	0.
(10) KRISTINA JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(11) CHRIS SAWYER TRUSTEE	1.00	X						0.	0.	0.
(12) TED WHITE TRUSTEE	1.00	X						0.	0.	0.
(13) REUBEN MUNGER TRUSTEE	1.00	X						0.	0.	0.
(14) AMORY LOVINS CHIEF SCIENTIST	40.00	X		X				354,200.	0.	23,684.
(15) MICHAEL POTTS FORMER CEO THROUGH 6/28/13	40.00	X		X				216,138.	0.	22,103.
(16) MARTHA PICKETT MANAGING DIRECTOR - LEGAL COUNSEL	40.00	X		X				311,058.	0.	21,527.
(17) JULES KORTENHORST CEO AS OF 9/9/13	40.00	X		X				187,692.	0.	12,725.

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) ROBERT HUTCHINSON MANAGING DIRECTOR	40.00				X			243,187.	0.	25,780.
(19) EDWARD HARVEY MANAGING DIRECTOR	40.00				X			246,494.	0.	10,340.
(20) JON CREYTS MANAGING DIRECTOR	40.00				X			247,270.	0.	23,401.
(21) JAMES NEWCOMB MANAGING DIRECTOR	40.00				X			216,270.	0.	24,534.
(22) BRAD MUSHOVIC MANAGING DIRECTOR	40.00				X			192,649.	0.	23,578.
(23) CAROL NASTA MANAGING DIRECTOR	40.00				X			150,464.	0.	22,034.
(24) EDGAR MCCULLOUGH CONTROLLER, FINANCE & OPERATIONS	40.00				X			157,456.	0.	23,571.
(25) LENA HANSEN PRINCIPAL	40.00					X		154,473.	0.	12,272.
(26) VICTOR OLGAY PRINCIPAL	40.00					X		144,086.	0.	22,050.
1b Sub-total								2,821,437.	0.	267,599.
c Total from continuation sheets to Part VII, Section A								392,083.	0.	43,984.
d Total (add lines 1b and 1c)								3,213,520.	0.	311,583.

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 16

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	X	
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		X

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
ZIMMER GUNSUL FRASCA ARCHITECTS LLP, 1223 SW WASHINGTON ST #200, PORTLAND, OR 97205	ARCHITECTS	529,195.
LAWRENCE BERKELEY NATIONAL LABORATORY, 1 CYCLOTRON ROAD MS971-SP, BERKELEY, CA	CONSULTING	250,000.
MULDAVIN COMPANY, INC. 44 WATERSIDE CIRCLE, SAN RAFAEL, CA 94903	CONSULTING	194,740.
HEIDRICK & STRUGGLES, INC. 1133 PAYSAPHERE CIRCLE, CHICAGO, IL 60674	RECRUITING	159,935.
TRUE NORTH MANAGEMENT PO BOX 3645, BASALT, CO 81621	NEW BUILDING OWNER'S REP.	120,965.

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 9

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 16,217,886.					
	g Noncash contributions included in lines 1a-1f: \$	814,751.					
	h Total. Add lines 1a-1f		16,217,886.				
	Program Service Revenue	2 a CONSULTING FEES	Business Code 541610	1,896,253.	1,896,253.		
b PROJECT REVENUE		541900	72,504.	72,504.			
c RENTAL INCOME		531120	15,743.	15,743.			
d PUBLICATION REVENUE		511190	512.	512.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,985,012.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		647,530.			647,530.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		14,492.			14,492.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,249,344.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	1,267,605.				
		c Gain or (loss)	-18,261.				
	d Net gain or (loss)		-18,261.			-18,261.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	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						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	5,129.			5,129.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		5,129.					
12 Total revenue. See instructions.		18,851,788.	1,985,012.	0.	648,890.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,756,155.	2,217,568.	70,543.	468,044.
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	5,556,798.	4,533,948.	185,898.	836,952.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,843.	103,769.	4,432.	18,642.
9 Other employee benefits	624,862.	528,141.	82,653.	14,068.
10 Payroll taxes	505,933.	411,020.	15,684.	79,229.
11 Fees for services (non-employees):				
a Management				
b Legal	39,863.	37,870.	1,993.	
c Accounting	75,417.		75,417.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,708.		21,708.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	130,477.	129,563.		914.
13 Office expenses	464,688.	280,886.	85,440.	98,362.
14 Information technology	148,290.	82,031.	35,877.	30,382.
15 Royalties				
16 Occupancy	669,133.	422,766.	176,361.	70,006.
17 Travel	1,363,747.	1,247,944.	39,973.	75,830.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,733.	57,667.	17,164.	9,902.
20 Interest	24,345.	18,332.	3,722.	2,291.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	279,908.	210,771.	42,798.	26,339.
23 Insurance	42,336.	42,336.		
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 CONSULTANTS AND SUBCONT	1,598,113.	1,468,402.	41,333.	88,378.
b RECRUITING	518,975.	493,039.	25,936.	
c MISCELLANEOUS	177,793.	54,360.	85,831.	37,602.
d DUES AND SUBSCRIPTIONS	86,124.	81,294.	4,160.	670.
e All other expenses	25,309.	25,309.		
25 Total functional expenses. Add lines 1 through 24e	15,321,550.	12,447,016.	1,016,923.	1,857,611.
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 Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	474,398.	1	543,032.	
	2 Savings and temporary cash investments	2,270,386.	2	2,506,181.	
	3 Pledges and grants receivable, net	300,000.	3	3,008,215.	
	4 Accounts receivable, net	452,885.	4	165,757.	
	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	94,299.	7	46,071.	
	8 Inventories for sale or use	2,420.	8	2,613.	
	9 Prepaid expenses and deferred charges	123,689.	9	92,201.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,337,008.			
	b Less: accumulated depreciation	10b 2,253,405.	1,663,017.	10c 3,083,603.	
	11 Investments - publicly traded securities	1,482,569.	11	2,147,750.	
	12 Investments - other securities. See Part IV, line 11	5,970,555.	12	6,622,428.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	640,858.	15	692,337.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,475,076.	16	18,910,188.		
Liabilities	17 Accounts payable and accrued expenses	1,567,510.	17	2,320,766.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	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		23		
	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	146,172.	25	203,783.	
	26 Total liabilities. Add lines 17 through 25	1,713,682.	26	2,524,549.	
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	10,374,196.	27	11,120,837.	
	28 Temporarily restricted net assets	560,508.	28	4,414,797.	
	29 Permanently restricted net assets	826,690.	29	850,005.	
	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	11,761,394.	33	16,385,639.	
34 Total liabilities and net assets/fund balances	13,475,076.	34	18,910,188.		

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	18,851,788.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,321,550.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,530,238.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,761,394.
5	Net unrealized gains (losses) on investments	5	314,731.
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	779,276.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,385,639.

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		X
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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		

Form **990** (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,868,505.	10,490,919.	7,622,879.	13,905,792.	16,217,886.	58,105,981.
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	9,868,505.	10,490,919.	7,622,879.	13,905,792.	16,217,886.	58,105,981.
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)						16,995,846.
6 Public support. Subtract line 5 from line 4.						41,110,135.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	9,868,505.	10,490,919.	7,622,879.	13,905,792.	16,217,886.	58,105,981.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180,538.	155,537.	115,594.	208,499.	662,022.	1,322,190.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		850.		963.		1,813.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	12,251.	-42,230.	11,701.	5,933.	5,129.	-7,216.
11 Total support. Add lines 7 through 10						59,422,768.
12 Gross receipts from related activities, etc. (see instructions)					12	12,573,487.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	69.18	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	70.81	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 IV 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 - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

OTHER INCOME

2009 AMOUNT: \$ 12,251.

2010 AMOUNT: \$ -42,230.

2011 AMOUNT: \$ 11,701.

2012 AMOUNT: \$ 5,933.

2013 AMOUNT: \$ 5,129.

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.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and**
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2013)

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	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,228,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 7,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 622,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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	_____ _____ _____	\$ 1,350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	<u>SECURITIES</u> <hr/> <hr/> <hr/> <hr/>	\$ 602,156.	12/31/13
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization ROCKY MOUNTAIN INSTITUTE	Employer identification number 74-2244146
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
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	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

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" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement and charitable purposes.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic land, historic structure) and a table for details on conservation easements held at the end of the tax year (2a-2d).

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenues and assets.

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	875,987.	710,719.	746,828.	703,870.	706,173.
b Contributions	23,315.	125,365.	3,421.	710.	1,754.
c Net investment earnings, gains, and losses	89,825.	52,732.	-35,339.	46,472.	-251.
d Grants or scholarships					
e Other expenditures for facilities and programs		12,829.			
f Administrative expenses	8,197.		4,191.	4,224.	3,806.
g End of year balance	980,930.	875,987.	710,719.	746,828.	703,870.

- 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 86.60 %
- c Temporarily restricted endowment 13.40 %

The percentages in 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" to 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" to 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		86,964.		86,964.
b Buildings		2,724,906.	258,643.	2,466,263.
c Leasehold improvements		400,914.	391,673.	9,241.
d Equipment		1,653,835.	1,290,183.	363,652.
e Other		470,389.	312,906.	157,483.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,083,603.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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) ASSETS HELD BY THE DENVER FOUNDATION	6,622,428.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,622,428.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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" to 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" to 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	203,783.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	203,783.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	20,033,778.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	314,731.
b	Donated services and use of facilities	2b	135,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	753,967.
e	Add lines 2a through 2d	2e	1,203,698.
3	Subtract line 2e from line 1	3	18,830,080.
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	21,708.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	21,708.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,851,788.

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

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

1	Total expenses and losses per audited financial statements	1	15,409,533.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	135,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	135,000.
3	Subtract line 2e from line 1	3	15,274,533.
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	21,708.
b	Other (Describe in Part XIII.)	4b	25,309.
c	Add lines 4a and 4b	4c	47,017.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,321,550.

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 SUMMER RESEARCH

INTERNSHIPS OPPORTUNITIES.

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, 2014.

IF INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE

Part XIII Supplemental Information (continued)

RECORDED IN THE PERIOD ASSESSED AS GENERAL AND ADMINISTRATIVE EXPENSE. NO

INTEREST OR PENALTIES HAVE BEEN ASSESSED AS OF JUNE 30, 2014 AND 2013. TAX

YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2010 THROUGH CURRENT FOR

THE FEDERAL RETURN AND 2010 THROUGH CURRENT FOR THE COLORADO RETURN.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RESEARCH PRESENTATION MEETING EXPENSES NET AGAINST REVENUE

IN FS -25,309.

CHANGE IN NET ASSETS HELD AT THE DENVER FOUNDATION 779,276.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 753,967.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RESEARCH PRESENTATION MEETING EXPENSES NET AGAINST REVENUE

IN FS 25,309.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

ROCKY MOUNTAIN INSTITUTE

Employer identification number

74-2244146

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input checked="" type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input 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 (e.g., maid, chauffeur, chef)		
<input 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 (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	X									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
		X								
		X								
		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
		X								
		X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
		X								
		X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	X									
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

Schedule J (Form 990) 2013

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AMORY LOVINS CHIEF SCIENTIST	(i)	254,200.	100,000.	0.	13,062.	10,622.	377,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL POTTS FORMER CEO THROUGH 6/28/13	(i)	136,138.	80,000.	0.	6,833.	15,270.	238,241.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARTHA PICKETT MANAGING DIRECTOR - LEGAL COUNSEL	(i)	211,058.	100,000.	0.	10,905.	10,622.	332,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JULES KORTENHORST CEO AS OF 9/9/13	(i)	112,692.	0.	75,000.	0.	12,725.	200,417.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT HUTCHINSON MANAGING DIRECTOR	(i)	201,187.	42,000.	0.	10,510.	15,270.	268,967.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) EDWARD HARVEY MANAGING DIRECTOR	(i)	205,494.	41,000.	0.	10,340.	0.	256,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JON CREYTS MANAGING DIRECTOR	(i)	197,270.	50,000.	0.	8,131.	15,270.	270,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES NEWCOMB MANAGING DIRECTOR	(i)	176,270.	40,000.	0.	9,264.	15,270.	240,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BRAD MUSHOVIC MANAGING DIRECTOR	(i)	159,649.	33,000.	0.	8,308.	15,270.	216,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CAROL NASTA MANAGING DIRECTOR	(i)	121,464.	29,000.	0.	6,764.	15,270.	172,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) EDGAR MCCULLOUGH CONTROLLER, FINANCE & OPERATIONS	(i)	127,456.	30,000.	0.	8,301.	15,270.	181,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LENA HANSEN PRINCIPAL	(i)	124,473.	30,000.	0.	6,380.	5,892.	166,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) VICTOR OLGAY PRINCIPAL	(i)	129,086.	15,000.	0.	6,780.	15,270.	166,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 JUNE 30, 2015. THE RENT IS \$1,790

PER MONTH.

PART I, LINE 7:

NON-FIXED PAYMENTS - SOME EMPLOYEES WERE PAID PERFORMANCE

BONUSES AT THE DISCRETION OF MANAGEMENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

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	11	814,751.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization
ROCKY MOUNTAIN INSTITUTE

Employer identification number
74-2244146

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

RMI'S REVIEW PROCESS FOR THE 990 FORM BEGINS WITH A FORMAL

REVIEW BY THE SENIOR MANAGEMENT TEAM (CEO, MANAGING DIRECTOR - LEGAL

COUNSEL, MANAGING DIRECTOR - DEVELOPMENT, AND CONTROLLER). ONCE REVIEWED,

A SECOND EVALUATION IS PERFORMED BY THE BOARD OF TRUSTEES AUDIT COMMITTEE

WITH THE CEO AND DIRECTOR OF FINANCE IN ATTENDANCE. ONCE APPROVED, THE

AUDIT COMMITTEE WILL FORMALLY ACCEPT THE REPORT AND AUTHORIZE THE AUDITORS

TO FILE THE ANNUAL 990 FORM. THE MINUTES AND RECOMMENDATIONS OF THE AUDIT

COMMITTEE WILL BE REPORTED TO THE BOARD OF TRUSTEES AT THE NEXT TRI-ANNUAL

MEETING (JANUARY, APRIL, AND OCTOBER).

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

TRUSTEES ARE CONTACTED THROUGH AN ANNUAL AFFIRMATION TO UPDATE

ANY CHANGES TO THEIR PERSONAL SITUATION. TRUSTEES ARE REQUIRED TO REPORT

ANY CHANGES THAT MAY CONSTITUTE A POTENTIAL CONFLICT OF INTEREST. TRUSTEES

ARE ASKED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EACH YEAR. IF A

CONFLICT OF INTEREST OR AN APPEARANCE OF A CONFLICT OF INTEREST ARISES, THE

EXECUTIVE COMMITTEE REVIEWS AND INVESTIGATES COMPLIANCE ISSUES.

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

DURING FISCAL YEAR 2010, RMI RETAINED A CERTIFIED COMPENSATION

PROFESSIONAL TO CONDUCT A DETAILED ANALYSIS OF ALL CURRENT POSITIONS. THIS

ANALYSIS UTILIZED "WORLD AT WORK" BEST PRACTICES TO DETERMINE MARKET PRICES

FOR THE ROLES THAT CURRENTLY EXIST WITHIN RMI AND ESTABLISH A GRADE TABLE.

THE RESULTS OF THIS WORK ENABLE RMI LEADERSHIP TO ENSURE APPROPRIATE

COMPENSATION LEVELS FOR CURRENT ROLES AS WELL AS NEW OR RESTRUCTURED JOBS

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization ROCKY MOUNTAIN INSTITUTE	Employer identification number 74-2244146
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IN THE ORGANIZATION.

IN ORDER TO MAINTAIN THE INTEGRITY OF THIS TABLE, MEMBERS OF THE LEADERSHIP

TEAM HAVE BEEN EDUCATED ON THE PHILOSOPHY BEHIND AND USE OF THE

COMPENSATION STUDY RESULTS. FURTHER, PROCESSES FOR APPROPRIATELY "PRICING"

NEW ROLES ARE BEING ESTABLISHED TO ENSURE FUTURE COMPLIANCE.

IN 2011, THE ORGANIZATION ENGAGED AN OUTSIDE EXECUTIVE COMPENSATION FIRM TO

REVIEW EXECUTIVE COMPENSATION AND PROVIDE AN INTERMEDIATE SANCTIONS LETTER.

THIS EXECUTIVE COMPENSATION STUDY YIELDED SOLID DATA CONFIRMING RMI

EXECUTIVES ARE PAID APPROPRIATELY FOR NONPROFIT EXECUTIVES IN AN

ORGANIZATION OF RMI'S SIZE.

CURRENTLY, RMI CONTINUES TO UTILIZE CERTIFIED COMPENSATION PROFESSIONALS TO

ENSURE NEW AND MODIFIED POSITIONS OF ALL LEVELS ARE APPROPRIATELY PRICED

WITH REGARD TO SALARY AND BONUS. ADDITIONALLY, THE BOARD OF TRUSTEES

FORMED A COMPENSATION COMMITTEE IN THE 2ND QUARTER OF 2013 TO ENSURE

APPROPRIATE COMPENSATION PRACTICES ARE IN PLACE FOR THE EXECUTIVE LEVEL.

THE CHIEF SCIENTIST, CEO AND EXECUTIVE DIRECTOR POSITIONS WERE REVIEWED BY

THE OUTSIDE COMPENSATION PROFESSIONALS NOTED ABOVE; THE COMPENSATION

COMMITTEE THEN UTILIZED THAT INFORMATION TO HELP ENSURE APPROPRIATE

SALARIES AND BONUSES ARE IN PLACE FOR THE INDIVIDUALS IN THOSE POSITIONS.

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, 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:

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization
ROCKY MOUNTAIN INSTITUTE

Employer identification number
74-2244146

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 XI, LINE 9, CHANGES IN NET ASSETS:
HELD BY DENVER FOUNDATION 779,276.