CONDON O'MEARA MCGINTY & DONNELLY LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405

Instructions for filing Regional Greenhouse Gas Initiative, Inc. Form 990 - Exempt Organization for the period ended December 31, 2008

Signature...

The original return should be signed (using full name and title) and dated by an authorized officer of the organization.

Filing...

The signed return should be filed on or before November 16, 2009 with...

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Payment of tax... No payment of tax is required.

The return should be sent certified mail, return receipt requested.

	90	Return of Organization Exempt From Inco			<u>200</u>	
	f the Treasury	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code benefit trust or private foundation)			Open to Pu	
emai Reven		The organization may have to use a copy of this return to satisfy state relative to year, or tax year beginning	poning requ	irements.	Inspectio	Л
				ver identific	, 20 cation number	
Check if app Address	is use IRS	Name of organization REGIONAL GREENHOUSE GAS INITIATIVE, INC.	4			
change		Number and street (or P.O. box if mail is not delivered to street address)		231671 None number		
Name o	type					
Termin:	Specific	O CHURCH STREET, 4TH FLOOR		<u>2)417-</u>	<u>1321</u>	
Amend	Instruc-		G Gross	receipts \$	1 500	
return Applica	uton FNar	NEW YORK, NY 10007	_	s a group retu	<u>1,538</u> ,	
pending			H(b) Are a	tes? Ill affiliates incl	┝━┥╵┝	X
Tax-exe	mpt status;		- ``		t (see Instructions)	
	e: 🕨 www.			exemption n	•	
	organization:				of legal domicile:	
artl	Summary		<u> </u>	<u>/[</u>		
		e the organization's mission or most significant activities:				
		TECHNICAL & SCIENTIFIC ADVISORY SERVICES TO THE S	TGNATO	 RY		
		THE U.S. IN THE DEVELOPMENT & IMPLEMENTATION OF				
-		STATE CAP & TRADE PROGRAM TO REDUCE AIR POLLUTANTS				
		▶ if the organization discontinued its operations or disposed of more than 25%		ets.		
3 3 1		ng members of the governing body (Part VI, line 1a)			2	20
4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)	••••	4		20
5 7		of employees (Part V, line 2a)				2
6 -		of volunteers (estimate if necessary)		• • •	— —_	-
	Total gross ur	related business revenue from Part VIII, line 12, column (C)		7a		
		pusiness taxable income from Form 990-T, line 34			<u>_</u>	
			Prior Y		Current Yea	аг
8	Contribution a	nd grants (Part VIII, line 1h)	2	7,055.	608,	. 1
9 F	Program servi	e revenue (Part VIII, line 2g)			910,	
9 F	- Investment ind	ome (Part VIII, column (A), lines 3, 4, and 7d)			20,	
¹ 11 (Other revenue	(Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	7,055.	1,538,	. 8
13 (Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)		· ·	 _	
14 E	Benefits paid i	o or for members (Part IX, column (A), line 4)		_		
4 6 4	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)			130,	. 31
16a i		Indraising fees (Part IX, column (A), line 11e)				
		ng expenses, Part IX, column (D), Ilne 25) ►				
¹ 17 (Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24f)	2	7,055.	1,388,	, 3
18 1	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	7,055.	1,518,	
19 f	Revenue less	expenses. Subtract line 18 from line 12			20,	
20 1 21 2 22 1			Beginning	of Year	End of Yea	
20 1	Total assets (F	art X, líne 16)	28	4,734.	154,567,	, 0:
21 1		(Part X, line 26)	28	4,734.	154,546,	
22 1	Net assets or	und balances. Subtract line 21 from line 20			20,	
art II	Signature	Block	_			-
	Under penaltie		nd statement	ts, and to t	the best of my kno	owi
	and belief, it i	true correct, and complete. Declaration of preparer (other than officer) is based on all in	formation of	which pre	parer has any kno	wie
Sign	· · · · · ·			10/2	19/09	
Here	Signatur		Dat	te	•	
	► <u>_</u> A	krander B. Erappis chair				
	Type or p	rint name and title		·		_
	Preparer's			Preparer's (see instru	s identifying number uctions)	ſ
ia.			d 🕨 🔰		00183769	
	signature					
eparer's	signature	YOURS CONDON O'MEADA MCGINEY C DONNELLY I	EIN	▶ <u>1</u>	3-3628255	
iid eparer's se Only	Firm's name (or if self-employed address, and Z	VOUIS CONDON O'MEARA MCGANTY & DONNELLY L ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405	Phone no.	▶ 2	12-661-777	17
eparer's e Only	Firm's name (or if self-employed address, and Z	YOURS CONDON O'MEARA MEGINTY & DONNELLY L	Phone no.	▶ 2	12-661-777	77

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Form 990 (2008)				-2316710	, Page 2
Part III St	atement of Prog	gram Service Accomplishi			
1 Briefly des	cribe the organiz	zation's mission:			
<u>see st</u>	ATEMENT 1				
	<u> </u>				
2 Did the or		rtake any significant prog	ram services during the year w	hich were not listed on	
					Yes X No
lf "Yes" des	scribe these new	v services on Schedule O.			
	-		nificant changes in how it condu		
services?				· · · · · · · · · · · · · · · · · L	Yes X No
		anges on Schedule O.	of the organization's three larges	t program convices by experie	-
			ction 4947(a)(1) trusts are requir		
			if any, for each program service		
		, .		·	
4a (Code:) (Expe	enses \$ _539,678. inc	luding grants of \$) (Revenue \$ 3	90,000.)
AUCTIO	NS: PROVIDE		RT TO STATES IN THE DE		
AND EXI	ECUTION OF	AUCTION PLATFORMS	FOR ALLOWANCES TO EMI	T CARBON	
DIOXID			ION OF AUCTION NOTICE	SAND	
MATERIA	ALS AND THE	S COMPLETION OF TWO	AUCTIONS		
<u> </u>					
	·		_ _		
	_				
· · ·			· · · · · · · · · · · · · · · · · · ·		
		·			
4 b (Code:			cluding grants of \$		<u>32,593.</u>)
			<u>1: DEVELOPED A DATABAS</u> LITY TO TRACK EMISSION		
				THIS	
		BLE AT WWW.RGGI.ORG			
					·
	<u> </u>		_ <u></u>		
				_ , _	
4c (Code:) (Expe	enses \$ 255,533, inclu	uding grants of \$) (Revenue \$.84,662,)
			LOUES TO MONITOR CARBO		
			SULTED IN TWO REPORTS		
ACTIVI	<u>TY.</u>				
			·		
<u> </u>					
_					
4d Other prog		Describe in Schedule O.)	SEE STATEMENT 2		
(Expenses	\$ 143,084	including grants of \$) (Revenue \$	103,400.)	
	ram service ex	penses ► \$ 1,260,	154 (Must equal Part IX, Line 2	25, column (B).)	
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Form §	99(2008)		F	Page 3
Pari	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			_
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			:
	Schedule C, Part II Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		<u> </u>
5		_		
6	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to	5		
Q	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete		-	1
	Schedule D, Part I	6		3.7
. 7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		<u> x </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	<u> </u>		
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		<u>14a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
4 5		<u>14b</u>		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	4.5		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		<u>x</u> _
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		v
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		x x
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		 X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23		<u>x</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	Ì		
		24a		<u>x</u>
D		24b		┣──
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	- 4 -		l
-		240		┝────
d 25a		24d		├
Lva		25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	234		<u>x</u>
v		25b		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			<u> </u>
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
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Form 9	90 (2008) 35-2316710			Page 4
Part	V Checklist of Required Schedules (continued)	_		
		.	Yes	No
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L</i> ,			
	Part IV	28a		x
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		x
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		 	
	И	37		x

Form 990 (2008)

Form	990 (2008) 35-2316710		Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		
			Yes No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		
	U.S. Information Returns. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b NONE		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		
	gaming (gambling) winnings to prize winners?	1c	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 2a 2		
`b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		
	this return?	<u>3a</u>	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?	4a	X
Þ	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		
50	and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		
Ŭ	Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a	<u> </u>
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
	required to file Form 8282?	7 C	X
	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		
	benefit contract?	<u>7</u> e 7f	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<u>' </u>	
h		7 h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		
Ť	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
а	Did the organization make any taxable distributions under section 4966?	9a	
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	96	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12		
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:		
а	Gross income from members or shareholders		I
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against		
	amounts due or received from them.) ,		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	
<u>u</u>	in res, oncer the amount of tax-exempt interest received of accluded during the year		

Form 990 (2008)

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Form 9	90 (2008)	_		Page (
Part	required by the Internal Revenue Code.)	licies	not	
<u>Secti</u>	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
	Enter the number of voting members of the governing body 1a 20			
ь	Enter the number of voting members that are independent <u>1b</u> 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		<u>x</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>x</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u>x</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	x	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		x
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
	The governing body?	8a	_ X	7,000
	Each committee with authority to act on behalf of the governing body?	8b	x	—
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	'9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	x	
11	Is there any officer, director or 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	11		x
Section	on B. Policies			
			Yes	N
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>x</u>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	126	x	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		Γ
13	Does the organization have a written whistleblower policy?	13	X X	
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by		X	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	100000	-
b	Other officers or key employees of the organization?	15b	<u>X</u>	-
	Describe the process in Schedule O. (see instructions)		X	
16a				ł
IVA		16a		FR,
b	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	19a		
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	166		t de la compañía de l La compañía de la comp
Santi	ion C. Disclosure	165	L	<u> </u>
<u>3ecu</u> 17	List the states with which a copy of this Form 990 is required to be filed be DELAWARE AND NEW YORK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	he		
	organization: >DAVID TERRIO, BTO FINANCIAL, 80 BROAD STREET, NEW YORK, NY 10004			
	212-901-2445			
		Form	990	(2)

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Form 990_(200	08)35-2310	6710 Page 7
Part Vil	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Employees, and Independent Contractors	npensated
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	;

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List 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.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

Name and Title Average hove set of the set	(A)	(B)				C)	_		(D)	(E)	(F)
n n n n n organizations SEE SCHEDULE J-2 I I I I I Image:	Name and Title				chec		that app	oly)			Estimated
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n n n n n organizations SEE SCHEDULE J-2 I I I I I Image:			itee	uste		"	ensa		(and related
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Form 990 (2008)		<u> </u>	l	L		L			<u> </u>		Earm 800 (0000)

art VII Section A. Officers, Directors, Tru	\vdash	<u>y En</u>	ipic	yee			ngi	nest compensat	eu Empioyees (continuea)
(A) Name and title	(B) Average hours per week	or director	c Institutional trustee			현 Highest compensated 현 employee	5) Former	(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
									<u></u>	
	· ·									
					-			NONE		
Total	e in 1a) w	/ho r	ecei	ived	m	ore ti	han			sation from the
Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for sud	or or chind	tru ividi	iste ual	e, • •	кеу е • • • •	emp	oloyee, or highes	t compensated	Yes No 3 x
For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0?	If "Y	'es,"	n and other com ' complete Sched	pensation from ule J for such	4 X
Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr <i>complete</i> (ue co Sched	omp <u>ule</u>	ens J for	atic <i>r su</i> l	on fro ch pei	om rsor	any unrelated c	rganization for	<u>5</u> X
tion B. Independent Contractors Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	enc	lent	cont	trac	tors that received	d more than \$1	00,000 of
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation
E STATEMENT 3	·						+			
							+-			
							Í	d more than \$10		

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										0	ther	Rev	enue	e													Pro	gran	n S	ervi	ce R	ever	ue	Cor and	ntrí t I otf	outi ner	ons, simi	, gift ilar	ts, g amo	rants	s			Pal	
2 e 1	a n	 :	0	σ		10a	a	σ	ya B	, , ,	σ			82	£.	n	σ		7 a	۵.	- -	- 6а		ג רט	4	ω	_		Ð	. ი	σ	2a	:			. 🛶	ß			ם פר ס				Part VIII	
5 .	•		Net income or (loss) from sales of inventory. Miscellaneous Revenue	Less: cost of goods sold	returns and allowances	Gross sales of inventory, less	from gaming activities .	6) • • • •	Gross income from gaming activities.	Net income or (loss) from fundraising events		•	events (not including \$ of contributions reported on line 1c).	Gross income from fundraising	s)	Gain or (loss)	Less: cost or other basis	assets other than inventory	Gross amount from sales of (i) Securities	: (ق]: (Rental income or (loss)	Gross Rents	(i) Real			Investment income (including dividends, interest, and		All other program service revenue				STATE REVENUES		Noncash contributions included in lines 1a-1f. \$ _ Total. Add lines 1a-1f .			Government grants (contributions) 1e	ns	Fundraising events	rederated campaigns rederated campaigns Membership dues rederated campaigns				Statement of Revenue	
, 7d, 8c, ►			Business Code	а -				5 			P 								(ii) Other				(ii) Personal				• • • • • • • •					541900	Business Code				608,100.								
																									207120.	20 1 20	910,655.					910, 655.		608 - 100 -) I		(A) Total revenue		
																																910,655.										exempt function revenue	(B) Related or	35-2316710	
																																											(C) Unrelated	-	
																									20,140.																	excluded from tax under sections 512, 513, or 514	(D) Revenue		

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Form 990 (2008)

35-2316710

Page **10**

expenses

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) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service ____expenses (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part Vill. -. .

1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21		- <u></u>		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the	· ·			
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	۲.			
	trustees, and key employees				
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	105,243.	<u> </u>	31,573.	
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	10,083.	7,058.	3,025.	<u> </u>
9	Other employee benefits	6,358.	4,451.	<u> </u>	
10	Payroli taxes	8,679.	6,075.	2,604.	
11	Fees for services (non-employees):				_
a	Management				
ь	Legal	189,022.	<u>151,21</u> 8.	37,804.	
С	Accounting	<u>61,055.</u>		61,055.	
d	Lobbying				<u> </u>
e	Professional fundraising services. See Part IV_i line 17				
f	Investment management fees			·	
9	Other	<u> </u>	60,638.		
12	Advertising and promotion				
13	Office expenses	27,944.	4,157.	23,787.	
14	Information technology	56,945.	39,862.	17,083.	
15	Royalties				
16	Occupancy	44,382.		44,382	<u> </u>
17	Travel	3,385.	_ <u>2,37</u> 0.	1,015.	<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	15 001		15 001	
19	Conferences, conventions, and meetings	15,931.		15,931.	
20					<u> </u>
21	Payments to affiliates				
22		15 700		15,786.	
23	Insurance	15,786.		<u>. 00, 1, C T</u>	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	AUCTIONS		390,000.		·
	EMISSIONS_ALLOWANCE_TRACKING	232,593.	232,593.		
	MARKET_MONITORING	184,662.	184,662.		
	OFFSETS_MONITORING	103,400.	103,400.		
	MISCELLANEQUS_EXPENSE	2,649.		2,649.	
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	1,518,755.	1,260,154.	<u>258,601.</u>	
26	Joint Costs. Check here > If following				
	SOP 98-2. Complete this line only if the organization	· · ·			
	reported In column (B) joint costs from a combined educational campaign and fundraising				
154	solicitation				

JSA 8E1052 1.000 Form 990 (2008)

Form	i 990 (2		<u> 35-2316710</u>		Page 1 1
Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	<u> </u>	1	422,569.
	2	Savings and temporary cash investments		2	153,603,780.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	-	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II			
		of Schedule L		6	
s	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sales or use		8	<u> </u>
Asi	9	Prepaid expenses and deferred charges	26,794.	9	16,680.
	-	Land, buildings, and equipment: cost basis 10a			10,000.
		Less: accumulated depreciation. Complete			
1	D	Part VI of Schedule D		10c	
	11	Investments - publicly traded securities.		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
		Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	E24 052
	15	Total assets. Add lines 1 through 15 (must equal line 34)			<u>524,053.</u> <u>154,567,082.</u>
	16	Accounts payable and accrued expenses.	204,734.	17	·
	17	Grants payable		18	<u> </u>
	18	Deferred revenue		19	
	19 ⁻	Tax-exempt bond liabilities		20	449,268.
	20	Escrow account liability. Complete Part IV of Schedule D		21	
Llabilities	21 22	Payables to current and former officers, directors, trustees, key employees,			
Ē	~~	highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
-		Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable.		24	<u> </u>
	24	Other liabilities. Complete Part X of Schedule D	284,734.		152 740 100
	25				153,740,120. 154,546,942.
	26	Total liabilities. Add lines 17 through 25	204,134.		<u></u>
Fund Balances		lines 27 through 29, and lines 33 and 34.			
ılan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	<u> </u>
pu	29	Permanently restricted net assets		29	<u> </u>
Ь		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
Net Assets	30	Capital stock or trust principal, or current funds		30	<u> </u>
ŝ	31	Paid in or capital surplus, or land, building, or equipment fund		31	
يد بە	32	Retained earnings, endowment, accumulated income, or other funds		32	<u> </u>
ž	33	Total net assets or fund balances		33	<u> </u>
	34	Total liabilities and net assets/fund balances	284,734	34	<u>154,567,082.</u>
Pa	nt XI	Financial Statements and Reporting			
					Yes No
1		ounting method used to prepare the Form 990: Cash X Accrual Oth			
2a		e the organization's financial statements compiled or reviewed by an independent accou			· 2a X
Ь		e the organization's financial statements audited by an independent accountant?		· · ·	· · · 2b X
C		es" to lines 2a or 2b, does the organization have a committee that assumes responsibilit			
		t, review, or compilation of its financial statements and selection of an independent acco		· · ·	· · · 2c X
3a		result of a federal award, was the organization required to undergo an audit or audits as			
		Single Audit Act and OMB Circular A-133?			
_ <u>Þ</u>	<u> </u>	es," did the organization undergo the required audit or audits?	<u></u>		
					Form 990 (2008)

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SCHE	DU	LE	A
(Form	990	ог	990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

	enue Service		Attach to Form 990	or Form 990	0-EZ. 🕨 Se	ee separat	e instruct	ions.		Inspection
Name of t	he organizatio							Employe	r identifica	tion number
REGION			NITIATIVE, INC.					 		<u>16710</u>
Part I	Reason fo	or Public Chari	ty Status (All organi	izations m	ust compl	ete this p	oart.) (se	e instruc	tions)	
The orga	nization is no	ot a private found	dation because it is: (Pl	lease check	only one o	rganizatio	on.)			
1	A church, c	onvention of chu	rches, or association o	of churches	described	in s ectio	n 170(b)((1)(A)(i).		
2			on 170(b)(1)(A)(ii). (Atl				•			
3			hospital service organ							
4	A medical	research organiz	ation operated in co	njunction v	vith a hosj	pital deso	cribed in	section	170(b)(1)	(A)(iii). Enter the
1	hospital's na	ame, city, and sta	ate:		- 					
5	An organiza	ation operated fo	or the benefit of a col	lege or uni	versity ow	ned or o	perated l	oy a gove	rnmental	unit described in
	section 170	(b)(1)(A)(iv). (C	omplete Part II.)							
6			/ernment or governme							
7 <u>X</u>	An organiza	ation that norma	lly receives a substant	tial part of	its support	f ro m a g	governme	ental unit	or from t	he general public
	described in	section 170(b)	(1)(A)(vi). (Complete P	°art II.)						
8		-	d in sectlon 170(b)(1)(,				
9			lly receives: (1) more f							
			ted to its exempt fun							
			ment income and uni						511 tax)	from businesses
		-	after June 30, 1975.			• • •				
	-	-	nd operated exclusive	-		-			-	•
11	-	-	and operated exclusi							•
			ublicly supported orga							· · ·
		F	at describes the type o							
<u>م</u>	a Typ				e III - Func		-			pe III - Other
e 🗌			ertify that the organiz ion managers and oth							
		section 509(a)(publicity :	upporter	u urganizi		SCIDED III SECUOII
f		,	z,. 1 a written determina	tion from t	the IRS tha	at it is a	Type 1	Type II o	r Tvne III	supporting
•	+	, check this box					i ype i,	турс п о	туре ш	
g	-	•	the organization acce	oted any d	 ift or contri	 bution fro	many of	the		•••••
3	following pe			prou any g			ini any e			
			or indirectly controls	, either ald	one or toa	ether wit	h persor	is describ	ed in (ii)	Yes No
			erning body of the sup						(,	11g(l)
	• •	· •	erson described in (i) a						•••••	11g(ii)
			of a person described		above?				• • • • • •	11g(iii)
h			ation about the organi		•	on suppo	rts.			
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vî) 1		(vii) Amount of
orga	Inization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your	organizat (i) organi	zed in the	support
			(see instructions))				ort?		S.?	
	·			Yes	No	Yes	No	Yes	No	
		<u> </u>								
	<u> </u>	<u> </u>	 			·	<u>├</u>	<u> </u>	┝───┤	
				Į						
		l		┞		<u> </u>		╂────		
			——— —————————————————————————————————			<u>├</u> ──.				
		ļ								
	- <u></u> .									
Total								1		

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No. 1545-0047

Open to Public

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Sche	dule A (Farm 990 or 990-EZ) 2008			35	-23 <u>1</u> 6710		Page 2
Par	t II Support Schedule for Or (Complete only if you che	ganizations D cked the box o	escribed in S n line 5, 7, or	Sections 170(b 8 of Part I.))(1)(A)(iv) and '	170(b)(1)(A)(vi)	
Sec	tion A. Public Support	· ·					
Cale	endar year (or fiscal year beginning in) 🕨 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	 	 		27,055.	608,100.	635,155.
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 1-3				27,055.	<u> 608,100.</u>	635,155.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.			1			635,155.
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar			· ·	_27,055.	<u>608,1</u> 00.	635,155.
•	sources.		<u> </u>	<u> </u>		20,140.	20,140.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			<u> </u>	 		<u> </u>
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		1				655,295.
12	Gross receipts from related activities, etc. (See instructions.)				12	<u>910,655.</u>
13	First five years, If the Form 990 is for the	organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a 501(c)(3)		— ––
	organization, check this box and stop here	<u> </u>	<u> </u>	<u></u>	<u> <u>.</u></u>	<u></u>	▶x
	tion C. Computation of Public Sup						
14	Public support percentage for 2008 (I	ine 6, column (f) divided by line	e 11, column (f))		· 14	<u>%</u> %
15	Public support percentage from 2007 33 1/3% support test - 2008. If the c						
10a	and stop here. The organization quali						
ь	33 1/3% support test - 2007. If the c						
~	box and stop here. The organization						
17a	10%-facts-and-circumstances test -			-			
	is 10% or more, and if the organization	-				•	
•	in Part IV how the organization meets					• •	
	organization			-			
b	10%-facts-and-circumstances test -						ine
	15 is 10% or more, and if the organiz	ation meets the	"facts and circ	umstances [*] test,	, check this box ar	nd stop here.	
	Explain in Part IV how the organzation	n meets the "fac	cts-and-circums	stances"" test. T	he organization q	ualifies as a publi	cly
	supported organization						▶∟
18	Private foundation. If the organization					•	. —
	instructions	<u></u>	<u></u>	<u></u>			
					Sc	hedule A (Form 990	or 990-EZ) 2008

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art III Support Schedule for Organ	jizations Des	cribed in Sec		-2316710		Page 3
(Complete only if you checke						
ection A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and			Į į			
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						
Gross receipts from activities that are not an						
unrelated trade or business under section 513						
Tax revenues levied for the organization's						
benefit and either paid to or expended on			l ì			
its behalf						
The value of services or facilities						· · ·
furnished by a governmental unit to the						
organization without charge			· ·			
Total. Add lines 1-5						
a Amounts included on lines 1, 2, and 3						
received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disgualified						
persons that exceed the greater of 1% of						
the total of lines 9, 10c, 11, and 12 for the year or \$5,000						. <u> </u>
c Add lines 7a and 7b		<u> </u>				
Public support (Subtract line 7c from						
line 6.)						
ection B. Total Support		.				
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Amounts from line 6						
a Gross income from interest, dividends,		1				
payments received on securities loans, rents, royalties and income from similar						
sources						
b Unrelated business taxable income (less						
section 511 taxes) from businesses			Ì			
acquired after June 30, 1975						<u> </u>
c Add lines 10a and 10b			ļ			
Net income from unrelated business				-		
activities not included in line 10b, whether or not the business is regularly						
carried on · · · · · · · · · · · · · · ·						<u> </u>
Other income. Do not include gain or						
•						
loss from the sale of capital assets		 			<u> </u>	
(Explain in Part IV.)			1			
(Explain in Part IV.) Total support. (Add lines 9, 10c, 11,					E	
(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)						
(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)	the organizatio	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>			-		
(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here.	port Percent	age	<u></u>	<u></u>	<u></u>	▶□
(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. ection C. Computation of Public Sup Public support percentage for 2008 (line 8,	port Percenta column (f) divide	age ed by line 13, colu	mn (f))	·····	15	
(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. Ection C. Computation of Public Supp Public support percentage for 2008 (line 8, Public support percentage from 2007 Sched	port Percent column (f) divid dule A, Part IV-A	age ed by line 13, colu , line 27g	mn (f))	·····	15	▶□
(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. Ection C. Computation of Public Supp Public support percentage for 2008 (line 8, Public support percentage from 2007 Schere Ection D. Computation of Investmen	port Percenta column (f) divide dule A, Part IV-A t Income Per	age ed by line 13, colu , line 27g rcentage		· · · · · · · · · · · · · · · · · · ·	15	%
(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. ection C. Computation of Public Supp Public support percentage for 2008 (line 8, Public support percentage from 2007 Schere ection D. Computation of Investment Investment income percentage for 2008 (line	port Percenta column (f) divide dule A, Part IV-A t Income Per ne 10c, column (age ed by line 13, colu , line 27g ccentage (f) divided by line	mn (f))	· · · · · · · · · · · · · · · · · · ·	15 16 17	×××××××××××××××××××××××××××××××××××××
 (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. ection C. Computation of Public Support percentage for 2008 (line 8, Public support percentage from 2007 Scheder Computation of Investment income percentage for 2008 (line 1) nvestment income percentage from 2007 Scheder Computation of Investment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2007 Scheder Computation (line 1) Notestment income percentage from 2) Notestment (line 1) Notestmen	port Percenta column (f) divide dule A, Part IV-A t Income Per he 10c, column (Schedule A, Part	age ed by line 13, colu , line 27g rcentage (f) divided by line IV-A, line 27h	mn (f))	· · · · · · · · · · · · · · · · · · ·	15 16 17 18	×××××××××××××××××××××××××××××××××××××
 (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. ection C. Computation of Public Support percentage for 2008 (line 8, Public support percentage from 2007 Scheden D. Computation of Investment income percentage for 2008 (line 1) investment income percentage from 2007 Scheden 33 1/3% support tests - 2008. If the organization of the support tests - 2008. If the organization of the support tests - 2008. If the organization of the support tests - 2008. 	port Percenta column (f) divide dule A, Part IV-A t Income Per te 10c, column (Schedule A, Part anization did no	age ed by line 13, colu , line 27g rcentage (f) divided by line IV-A, line 27h ot check the box	mn (f))		15 16 17 18 18 1/3 %, an	% % % %
 (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. ection C. Computation of Public Support percentage for 2008 (line 8, Public support percentage from 2007 Schere ection D. Computation of Investment Investment income percentage from 2007 S a 33 1/3% support tests - 2008. If the organization is not more than 33 1/3%, check this box 	port Percenta column (f) divide dule A, Part IV-A t Income Per the 10c, column (Schedule A, Part anization did no c and stop here.	age ed by line 13, colu , line 27g centage (f) divided by line IV-A, line 27h ot check the box The organization	mn (f)) 13, column (f)) on line 14, and li qualifies as a publi	ne 15 is more the cly supported org	15 16 17 18 18 1/3 %, an ganization	▶ □ % % % d line
 (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. ection C. Computation of Public Support percentage for 2008 (line 8, Public support percentage from 2007 Schere ection D. Computation of Investment Investment income percentage from 2007 S a 33 1/3% support tests - 2008. If the organization is not more than 33 1/3%, check this box 	port Percenta column (f) divide dule A, Part IV-A t Income Per ne 10c, column (Schedule A, Part anization did not c and stop here. nization did not	age ed by line 13, colu , line 27g centage (f) divided by line IV-A, line 27h ot check the box The organization check a box on li	mn (f)) 13, column (f)) on line 14, and li qualifies as a publi ne 14 or line 19a,	ne 15 is more the cly supported org and line 16 is m	15 16 17 18 nan 33 1/3 %, an ganization ore than 33 1/3 %	
 (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. ection C. Computation of Public Supp Public support percentage for 2008 (line 8, Public support percentage for 2007 Scheden ection D. Computation of Investment Investment income percentage for 2008 (line investment income percentage for 2008 (line 17 is not more than 33 1/3%, check this box b 33 1/3% support tests - 2007. If the organ line 18 is not more than 33 1/3%, check this 	port Percenta column (f) divide dule A, Part IV-A t Income Per the 10c, column (Schedule A, Part anization did not c and stop here. hization did not box and stop h	age ed by line 13, colu , line 27g rcentage (f) divided by line IV-A, line 27h ot check the box The organization check a box on li ere. The organiza	mn (f)) 13, column (f)) on line 14, and li qualifies as a publi ne 14 or line 19a, tion qualifies as a p	ne 15 is more the cly supported org and line 16 is moublicly supported org	15 16 17 18 nan 33 1/3 %, and ganization ore than 33 1/3 % organization	▶
 (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. ection C. Computation of Public Support percentage for 2008 (line 8, Public support percentage from 2007 Schere ection D. Computation of Investment Investment income percentage from 2007 S a 33 1/3% support tests - 2008. If the organization is not more than 33 1/3%, check this box 	port Percenta column (f) divide dule A, Part IV-A t Income Per the 10c, column (Schedule A, Part anization did not c and stop here. hization did not box and stop h	age ed by line 13, colu , line 27g rcentage (f) divided by line IV-A, line 27h ot check the box The organization check a box on li ere. The organiza	mn (f)) 13, column (f)) on line 14, and li qualifies as a publi ne 14 or line 19a, tion qualifies as a p	ne 15 is more the cly supported org and line 16 is moublicly supported ox and see instruction	15 16 17 18 nan 33 1/3 %, and anization ore than 33 1/3 % d organization ptions	▶

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Scheduie A (Form 990 or 990-EZ) 2008		JSA
any other auditional information. (see instructions)	17301170,01 Partin, inte 12. Provide	
Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;	htal Information. Complete this part	Schedule A (Form 990 or 990 Part IV Suppleme
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Schedule	В
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number

35-2316710

Name of the organization

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

Organization	type	(check	one	۱·
Viganization	LA he i	CUICCN	OLIC.	J۰.

Filers of:	Section:
Form 990 or 990-EZ	x 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 organizations 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

<u>x</u> For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These Instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 980-PF) (2008)

Schedule	в	(Form 990.	990-EZ.	or 990-PF) (2009)
Generatio	-	() oniti 000,	зор -ш,	0.0001)(1000)

Name of organization REGIONAL GREENHOUSE GAS INITIATIVE, INC.

<u>35-2316710</u>

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 1	NYS ENERGY RESEARCH AND DEVELOPMENT AUTH 17 COLUMBIA CIRCLE ALBANY, NY 12203	\$608,100.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d). Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

•	,					•
SCH	EDULE D					OMB No. 1545-0047
(For	m 990)	Suppleme	ental Financial	Statements	i	2008
Depa	rtment of the Treasury		990. To be completed		Open to Public	
Intern	al Revenue Service	answered res,"	to Form 990, Part IV, I	une 6, 7, 8, 9, 10, 11	<u> </u>	Inspection
	of the organization				Employer identific	
		DUSE GAS INITIATIVE.			35-2316	
Par	ti Organiza	itions Maintaining Donor Ad hization answered "Yes" to Fo	vised Funds or Othe	er Similar Funds o	or Accounts. Cor	nplete if
		lizadon answered res to re	(a) Donor adv	_	(b) Eurode an	d other accounts
1		nd of year				
2		utions to (during year)				
3		from (during year)	├ ────			
4		at end of year				
5		on inform all donors and donor				
~		anization's property, subject to				Yes No
6	Did the organization	on inform all grantees, donors, itable purposes and not for the	benefit of the donor or	writing that grant fur donor advisor of of	las may be	
Par		ate benefit?	if the organization ar	swered "Yes" to l	Form 990 Part IV	/ line 7
1 1		servation easements held by th			<u>onn 000, 1 unn</u>	
'-		of land for public use (e.g., rec	-		of an historically it	mportantiy land area
		f natural habitat	readon of pleasarcy		of certified historic	
		of open space				
2		a-2d if the organization held a q	ualified conservation c	ontribution in the fo	rm of a conservatio	n easement
-	on the last day of					
	···· ····				Held at t	he End of the Year
а	Total number of c	onservation easements			2a	
b		tricted by conservation easemer				
c		vation easements on a certifie				
d		rvation easements included in i				
3		rvation easements modified, tra				zation during
	the taxable year			•		-
4		where property subject to cons	ervation easement is lo	ocated ▶		
5		ation have a written policy rega			violations, and	
		e conservation easements it ho				Ves 🛄 No
6	Staff or volunteer	hours devoted to monitoring, in	specting, and enforcin	g easements during	the year 🕨	
7		ses incurred in monitoring, insp				
8	Does each conse	rvation easement reported on I	ine 2(d) above satisfy t	he requirements of s	ection	
	170(h)(4)(B)(i) and	d 170(h)(4)(B)(ii)?	<i></i>		•••••	. 🖾 Yes 🖾 No
9	In Part XIV, descr	ibe how the organization repor	s conservation easem	ents in its revenue a	nd expense statem	ent, and
		id include, if applicable, the tex		organization's finar	icial statements that	t describes
-	the organization's	accounting for conservation ea ations Maintaining Collectio	sements.		- Rimilar Accot	_
Pa	rt III Organiza Complet	e if the organization answere	d "Yes" to Form 990	, Part IV, line 8.	ier Similar Asser	
1a	If the organization art, historical trea provide, in Part X	n elected, as permitted under S sures, or other similar assets h IV, the text of the footnote to its	FAS 116, not to report eld for public exhibitior financial statements t	in its revenue state n, education, or reso hat describes these	ement and balance earch in furtherance items.	sheet works of e of public service,
Þ	historical treasure provide the follow	n elected, as permitted under S es, or other similar assets held ing amounts relating to these if	for public exhibition, ec ems:	lucation, or researc	h in furtherance of	public service,
		luded in Form 990, Part VIII, line				
		ed in Form 990, Part X				
2		n received or held works of art,				
	following amounts	s required to be reported under	SFAS 116 relating to t	these items:		
a	Revenues include	ed in Form 990, Part VIII, line 1			🕨	\$
b	Assets included in	n Form 990, Part X			>	\$

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

Schedule D (Form 990) 2008

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Scheo	Jule D (Form 990) 2008		(** 	3	5-2316710			Page 2
	t III Organizations Maintaini	ng Collections	of Art. Histori			lar Assets (continue	
		<u></u>			<u>, , , , , , , , , , , , , , , , , , , </u>			
3	Using the organization's accession	and other record	s, check any of	the following th	at are a significa	ant use of its	collection	
	items (check all that apply):			_				
а	Public exhibition		d 🗌	Loan or exc	hange programs			
Ь	Scholarly research		e	Other				
- C	Preservation for future ge	nerations						
· 4	Provide a description of the organiz		s and explain h	ow they further	the organization	's exempt pu	roose in	
-	Part XIV.		e and explain h	on any raterio,	and of gamzadon	o exempt pu	pose in	
5	During the year, did the organization	on solicit or receiv	ve donations of	art historical tr	eacures of other	eimilar		
v	assets to be sold to raise funds rat			-			Yes	
Bar	t IV Trust, Escrow and Custo							No
Гаг	Part IV, line 9, or reporte				ottanswered	les lo Folli	1990,	
1 -	Is the organization an agent, truste	e custodian or of	ber intermedia	v for contributio	ne or other see	te not		
Ia	included on Form 990, Part X?							
L	If "Yes," explain the arrangement in				• • • • • • • • • •		Yes	No
D	if res, explain the analigement in		inhiere (ile iolio	wing table.	— — ———	Amount		
-	De sincie a belenne	•		ŀ		Amount		
	Beginning balance							
	Additions during the year							
	Distributions during the year				_			
	Ending balance							1-1
	Did the organization include an am		U, Part X, line 2	1?		• • • • • •	Yes	No
	If "Yes," explain the arrangement in							
Par	tV Endowment Funds. Com						<u> </u>	
		(a) Current Year	(b) Prior year	(c) Two yea	ins back (d) Th	rée years back	(e) Four y	ears back
-	Beginning of year balance		_					
Ь	Contributions							
	Investment earnings or losses						<u>.</u>	
	Grants or scholarships							
e	Other expenditures for facilities .							
_	and programs						4	
	Administrative expenses		_					
-	End of year balance					<u></u>		
2	Provide the estimated percentage							
a	Board designated or quasi-endown		%					
b	Permanent endowment	%						-
		%						
3a	Are there endowment funds not in	the possession of	of the organizat	on that are held	l and administere	ed for the	_	
	organization by:							'es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations							
þ	If "Yes" to 3a(ii), are the related org				· · · · · · · · · ·		3 b	
_4	Describe in Part XIV the intended u						<u> </u>	
Par	t VI Investments - Land, Buil			<u>-o</u> rm 990, Par	<u>t X, line 10.</u>			
	Description of investment	(a) Cos (ir	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Depreciat	іоп	(d) Book valu	ė
1a	Land							
b	Buildings							
C	Leasehold improvements							
d	Equipment						·	
e	Other							
_	I. Add lines 1a-1e. (Column (d) shou		0 Part X colur	on (B) line 10(c))	►	<u> </u>	

Schedule D (Form 990) 2008

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Schedule D (Form 990) 2008		35-2316710	Page 3
Part VII Investments - Other Securities. See	<u>, </u>		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	tion: Ket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	·		
Part VIII Investments - Program Related. See	Form 990, Part X, li	ne 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua	
		Cost or end-of-year mark	(et value
	-		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Description		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)	<u></u>	<u></u>	
Part X Other Liabilities. See Form 990, Part	X, lin <u>e 2</u> 5.		
(a) Description of liability	(b) Amount		
Federal income taxes	·		
GRANT ADVANCE - NYSERDA	142,666		
AUCTION PROCEEDS PAYABLE TO STATES	62,336,329	_	
AUCTION DEPOSITS RETURNABLE TO BIDDERS	91,261,125	<u>.</u>	
	1		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)
153,740,120

In Part XIV, 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.

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edule	D (Form 990) 2008 35-2316710		_	Page 4
t)				
	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,538,895.
	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,518,755.
	Excess or (deficit) for the year. Subtract line 2 from line 1	3		20,140.
	Net unrealized gains (losses) on investments	4		
	Donated services and use of facilities	5	[
	Investment expenses	6		
	Prior period adjustments	7		
	Other (Describe in Part XIV)	8		
	Total adjustments (net). Add lines 4-8	9_		
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		20,140.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		<u> </u>	
	Total revenue, gains, and other support per audited financial statements		1	1,538,895.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			_
	Net unrealized gains on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIV)			
	Add lines 2a through 2d		<u>2</u> e	<u> </u>
	Subtract line 2e from line 1	L	3	<u>1,538,89</u> 5.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b		<u>4c</u>	
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	<u> 1,538,895.</u>
)	III Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	<u>rn</u>	
	Total expenses and losses per audited financial statements		1	1,518,755.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities			
	Prior year adjustments			
	Losses reported on Form 990, Part IX, line 25			
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	!	<u>2e</u>	
	Subtract line 2 e from line 1	•••	3	<u>1,518,755.</u>
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		<u>4c</u>	
		<u> </u>	5	<u>1,518,755</u> .
	IV Supplemental Information			
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			
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-			Sche	dule D (Form 990) 2008

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Schedule D (Form 990) 2008		
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	Part XIV Supplemental Information (continued)	Part XIV Supplen
35-2316710 Page 5		Schedule D (Form 990) 2008

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# SCHEDULE J-2 (Form 990)

# **Continuation Sheet for Form 990**

2008

OMB No. 1545-0047

### Open to Public Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. Department of the Treasury Inspection Internal Revenue Service Employer Identification number Name of the Organization REGIONAL GREENHOUSE GAS INITIATIVE, INC. 35-2316710 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part Employees (A) (B) (C) (D) (E) (F) Average hours Position (check all that apply) Reportable Reportable Name and Title Estimated per week compensation compensation amount of Officer Individual trustee or director Former emplayee Highest compensated Institutional trustee Key employee from related from other the organizations compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related organizations GINA MCCARTHY NONE DIRECTOR З. Х NONE NONE JOHN W. BETKOSKI III NONE 3. Х NONE NONE DIRECTOR DAVID_SMALL____ 3 Х NONE NONE NONE DIRECTOR ARNETTA_MCRAE___ NONE NONE з. Х NONE DIRECTOR DAVID_LITTELL_ з. Х X NONE NONE DIRECTOR & SECOND VICE CHAIR NONE SHARON M. REISHUS NONE NONE з. Х DIRECTOR NONE LAURIE_BURT_ NONE з. Х NONE NONE DIRECTOR PHILIP_GIUDICE__ NONE Х NONE з. Х NONE DIRECTOR & TREASURER SHARI T. WILSON NONE з. Х NONE NONE DIRECTOR SUSANNE_BROGAN Х NONE NONE NONE 3. DIRECTOR THOMAS_S._BURACK_ з. NONE Х NONE NONE DIRECTOR CLIFTON_BELOW__ NONE DIRECTOR & SECRETARY з. х х NONE NONE MARK N. MAURIELLO__ з. х NONE NONE NONE DIRECTOR JEANNE_M._FOX____ X NONE NONE з. NONE DIRECTOR ALEXANDER_B._GRANNIS_ NONE NONE з. Х Х NONE DIRECTOR & CHAIR GARRY A. BROWN Х NONE NONE з. NONE DIRECTOR W. MICHAEL SULLIVAN_ NONE NONE з. Х NONE DIRECTOR ELIA_GERMANI_ NONE 3. NONE NONE Х DIRECTOR JONATHAN L. WOOD

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 8E1294 1.000 42626U M261

Schedule J-2 (Form 990) 2008

NONE

NONE

NONE

NONE

NONE

NONE

DIRECTOR

DIRECTOR

JAMES VOLZ

LISA P. JACKSON

DIRECTOR & FIRST VICE CHAIR

з.

з.

3.

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NONE

NONE

NONE

SCHEC	DULE J-2
(Form	990)

Department of the Treasury

Internal Revenue Service

# **Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047 2008

**Open to Public** Inspection

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Name of the Organization

Employer Identification number

# REGIONAL GREENHOUSE GAS INITIATIVE, INC.

### 35-2316710 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I Employees

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours	Posit	ion (			that app	ply)	Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
PATRICIA_ACAMPORA										
DIRECTOR	3.	Х					↓	NONE	NONE	<u> </u>
GEORGE_CROMBIE							ļ			
DIRECTOR	3.	<u>x</u>						NONE	<u> </u>	<u> </u>
ANNE_GEORGE						}				
DIRECTOR	3.	х						NONE	<u>NONE</u>	<u> </u>
ANDREW_DZYKEWICZ										1
DIRECTOR	3.	х					<u> </u>	NONE	<u>NONE</u>	<u> </u>
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						<u> </u>				
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA

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Schedule O (Form 990) 2008	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	JSA For Privacy Act ar
		L 3 1 1 1 1 1 1 1 1
		CATEGORIES.
	OFFSETS MONITORING: DEVELOP TECHNICAL STANDARDS FOR RGGI OFFSET	_OFFSETS_MON]
	FROGRAM SERVICE FROGRAM SERVICE ACCOMPLISHMENTS, LINE 4D	_ PART_ LIISI
Employer identification number 35-2316710	Name of the organization REGIONAL GREENHOUSE GAS INITIATIVE, INC.	Name of the organization REGIONAL GREE
Inspection	Form 990 or to provide any additional information.	Department of the Treasury Internal Revenue Service
	<b>.</b>	(Form 990)
OMB No. 1545-0047	Sunnlemental Information to Form 990	SCHEDULE O

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Schedule O (Form 990) 2008	Page <b>2</b>
	Employer Identification number
REGIONAL GREENHOUSE GAS INITIATIVE, INC.	35-2316710
GOVERNANCE, MANAGEMENT, AND DISCLOSURE	
PART VI, SECTION A - GOVERNING BODY AND MANAGEMENT, QUESTION 7A	
THE BOARD SHALL CONSIST OF TWO DIRECTORS FROM EACH SIGNATORY STAT	'E, <u>AS</u>
FOLLOWS: (1) THE CHAIR, OR THE COMMISSIONER DESIGNATED BY THE CHA	IR, OF
THE SIGNATORY STATE'S ENERGY REGULATORY AGENCY; (2) THE CHIEF EXE	CUTIVE
OF THE SIGNATORY STATE'S ENVIRONMENTAL REGULATORY AGENCY OR DEPAR	TMENT;
OR (3) IN THE EVENT THAT THE GOVERNOR OF A SIGNATORY STATE DETERM	INES
THAT A STATE OFFICIAL OTHER THAN THE AFOREMENTIONED IS THE APPROP	RIATE
REPRESENTATIVE TO ACT AS A DIRECTOR, THE GOVERNOR OF THAT SIGNATO	RY_STATE
SHALL SO NOTIFY THE CHAIR OF THE CORPORATION IN WRITING AND SUCH	OTHER
OFFICIAL SHALL BE A DIRECTOR FROM THAT SIGNATORY STATE. EACH OF	<u>THE</u>
AFOREMENTIONED OFFICERS SHALL SERVE AS AN EX OFFICIO DIRECTOR OF	<u>THE</u>
CORPORATION. EACH SUCH EX OFFICIO DIRECTOR SHALL PROVIDE WRITTEN	NOTICE
TO THE CHAIR OF HIS OR HER ACCEPTANCE OF THE POSITION OF DIRECTOR	<u>OF_THE</u>
CORPORATION.	

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Schedule O (Form 990) 2008	JSA 8E1301 1.000
	DIRECTORS VIA EMAIL.
	3-COPY OF THE FORM 990 WAS DISTRIBUTED TO THE ENTIRE BOARD OF
	<u>VIA EMAIL: AND</u>
TTEE	2-COPY OF THE FORM 990 WAS DISTRIBUTED TO THE EXECUTIVE COMMITTEE
	ᆸᇨᆋᆺᅑᅏᆇᆋᆂᅑᆇᅸᅸᅽᇔᅆᅹᆋᇔᇔᅜᇔᄣᇨᅑᇨᅑᇨᅑᇨᇔᇨᇔᇨᇔᇨᇔᇨᆓᇨᆂᆓᄣᇎᆂᆓᄣᇎᆂᅕᄣᇔᆂᆂᅑᅇᇨᄣᇎᆂᆂᆺᅑᅇᇨᄣᇏᇤᆂᅕᄣᅭᇤᇤᄣᅭᄣᅭᇨᇨᄮ
	1-CODY OF THE FORM 990 WAS DEESENTED TO THE AUDIT COMMITTEE:
	<u>IS AS FOLLOWS:</u>
	_THE_PROCESS_THAT_THE_ORGANIZATION_USES_TO_REVIEW_THE_FORM_990
10	_ PART_VI, SECTION_A - GOVERNING RODY AND MANAGEMENT, QUESTION 10
	_ GOVERNANCE_ MANAGEMENT_ AND DISCLOSURE
Employer identification number 35-2316710	Name of the organization REGIONAL GREENHOUSE GAS INITIATIVE, INC.
Page 2	Schedule O (Form 990) 2008

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Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization           REGIONAL GREENHOUSE GAS INITIATIVE, INC.	Employer identification number 35-2316710
REGIONAL GREENHOUSE GAS INTITATIVE, INC.	
GOVERNANCE, MANAGEMENT, AND DISCLOSURE	
PART VI, SECTION B - POLICIES, QUESTION 12C	
· · · · · · · · · · · · · · · · · · ·	
THE CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE IS UPDATED	ANNUALLY BY
	<b></b>
DIRECTORS, OFFICERS AND EMPLOYEES. IN ADDITION, ALL NEWLY A	PPOINTED
DIRECTORS MUST COMPLETE A CONFLICT OF INTEREST DISCLOSURE QUI	ESTIONNAIRE
PRIOR TO PARTICIPATING IN ANY ACTION OR DELIBERATION OF THE I	BOARD.
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. 32	V08-8.1	42626U M261
Schedule 0 (Form 990) 2008		JSA 8E1301 1.000
		COMPARABLE ORGANIZATONS.
KNOWLEDGE_OF_OTHER	COORDINATING COMMITTEE OF NEW YORK AND BOARD MEMBERS KNOWLEDGE OF OTHER	_ COORDINATING_ COMMITTEE
ON PROFIT	THE PROCESS INCLUDES REVIEW OF DATA PROVIDED BY THE NON PROFIT	THE PROCESS INCLUDES R
	DLICIES, QUESTION 15A	_PART_VI_SECTION_BPOLICIES_ QUESTION_15A
	AND DISCLOSURE	_ GOVERNANCE, MANAGEMENT, AND DISCLOSURE
Employer Identification number	INITIATIVE, INC.	Name of the organization REGIONAL GREENHOUSE GAS INITIATIVE,
Page 2		Schedule O (Form 990) 2008

33	42626U M261 V08-8.1
Schedule O (Form 990) 2008	JSA 8E1301 1.000
EE_OE_NEW_YORK.	<u>õ</u>
SUPPORTED_BY_A	OF THEIR REVIEW OF THE BUDGET. THAT DETERMINATION WAS SUPPORTED BY A
ORS IN THE COURSE	THE SALARY AMOUNTS WERE REVIEWED BY THE BOARD OF DIRECTORS IN THE COURSE.
	PART_VISECTION_BPOLICIES,_QUESTION_15B
	GOVERNANCE, MANAGEMENT, AND DISCLOSURE
35-2316710	REGIONAL GREENHOUSE GAS INITIATIVE, INC.
Employer identification number	
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Schedule O (Form 990) 2008	JSA 8E1301 1.000
- ] 4 ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ]	
	ORGANIZATION'S WEBSITE.
THROUGH THE	_ POLICY_AND_FINANCIAL STATEMENTS_AVAILABLE_TO_THE_PUBLIC_THROUGH_THE
LICT OF INTEREST	THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
	_PART_VISECTION_CDISCLOSUREQUESTION_19
	GOVERNANCE, MANAGEMENT, AND DISCLOSURE
32-2316/10	REGIONAL GREENHOUSE GAS INITIATIVE, INC.
number	
Page 2	Schedule O (Form 990) 2008
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Form 8868 (Rev		(	.4		Page 2
		(Not Automatic) 3-Month E			
•	•	ave already been granted a		· · ·	ed Form 8868.
		3-Month Extension, comple			
Part II /		omatic) 3-Month Exten	sion of Time. You		
уре ог	Name of Exempt Organiza	tion		Employer ident	ification number
rint	REGIONAL GREEN	HOUSE GAS INITIATIV	E, INC.	35-23167	10
		or suite no. If a P.O. box, see inc		For IRS use only	
e by the tended					
e date for ng the	90 CHURCH STRE	state, and ZIP code. For a foreign	address see instruction		
um. See			raduress, ace instruction	a.	
tructions.	NEW YORK, NY 1				
<u>ieck</u> type	e of return to be filed (Fi	le a separate application for	each return):	_	
<u>K</u> Form	n 990	Form 990-PF		Form 1041-A	Form 6069
Form	1 990-BL	Form 990-T (sec. 401)	(a) or 408(a) trust)	Form 4720	Form 8870
	1 990-EZ	Form 990-T (trust othe		Form 5227	
		ou were not already grant			iought filed Form 0000
	· · · · · · · · · · · · · · · · · · ·			ionth extension on a prev	iousiy meu Form 8866.
The bool	ks are in the care of 🕨	DAVID TERRIO, BTO			
Telephor	ne No. 🕨 212 901-	2445	FAX No. 🕨 🔄		
if the org	anization does not have	an office or place of busine	ss in the United States	check this box	
_		the organization's four digit			· · · · · · · · · · · · · · · · · · ·
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t with the	names and EINs of all r	<u>nembers the extension is for</u>			
4 Irequ	est an additional 3-mont	h extension of time until	11/15/2009		
•		other tax year beginning		and ending	
		12 months, check reason:			ige in accounting period
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		e extension <u>ALL THE</u>			<u>E_THE</u>
<u>RETU</u>	<u>RN IS NOT AND WI</u>	LL NOT BE AVAILABLE	BY THE DUE DA	TE. THEREFORE WE	
RESP	ECTFULLY REQUEST	ADDITIONAL TIME TO	COMPLETE THE	RETURN.	
• •				······································	
a lf this	application is for Form	990-BL, 990-PF, 990-T, 47	20 or 6069 énter t	he tentative tax less any	
	• •		20, or $0000$ , enter t	he tentative tax, less any	
	fundable credits. See ins				8a \$
	• •	990-PF, 990-T, 4720, or 60			· · · · · ·
tax p	ayments made. Include	any prior year overpayme	nt allowed as a cred	dit and any amount paid	
previo	usly with Form 8868.				8b \$
<u> </u>		from line 8a. Include your	navment with this for	m or if required deposit	
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		uired, by using EFTPS (E	lectronic Federat (a)	( Payment System). See	
instru	ctions.				8c \$
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der penaltie	s of periury. I declare that I	have examined this form, includin			of my knowladge and belie
	ct, and complete, and that I am		5 J. 3		
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		/ ///	ACCOUNTAINTS A	UTHORIZED TO SIGN RETUR	CAN
inature 🕨		/ //	Title 🕨	Date	■ ► AUG 1 2 2009
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	ONE BATTERY PAR				
	NEW YORK, NY 10	004-1405			
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Form <b>8868</b> (Rev. April 2008)		Арр	olica	ation for Ex Exempt O	tension o rganizatio	of Time To F on Return	ile a	n	ОМВ	No. 1545-1709
Department of the Treasury Internal Revenue Service										
		Automatic 3-	Mont	th Extension, con	nplete only Par	t I and check this	box .		·	<b>⊳</b> x
<ul> <li>If you are f</li> </ul>	filing for an.	Additional (N	ot Au	utomatic) 3-Mont	h Extension, c	omplete only Part 3-month extension	II (on p	age 2 of th reviously fil	is form). ed Form	
Part I Auto	matic 3-M	Ionth Exten	sion	of Time. Only s	submit original	(no copies need	ed).			
Part I only · ·	••••		• •		• • • • • • • •	onth extension - ch	• • • •	• • • • • •	• • • • •	
All other corpo			·C file	ers), partnerships,	REMICs, and tr	usts must use Fom	1 7004 i	to request a	n extens	sion of
Electronic Fili	ing (e-file).	Generally, you	u car	n electronically fil	le Form 8868	if you want a 3-n	nonth a	iutomatic e	extensio	n of time to file
						o file Form 990-T nsion or (2) you fi				
returns, or a c	omposite c	or consolidate	d Fro	om 990-T. Instead	l, vou must sub	mit the fully comp	pleted a	and signed	page 2	(Part II) of Form
8868. For mor	re details or	n the electroni	ic filii	ng of this form, vi	sit www.irs.gov	/efile and click on	e-file fo	r Charities a	<u>&amp; N</u> onpr	ofits.
Туре ог	Name of E	Exempt Organiza	ation					Employ	er identi	fication number
print				<u>DUSE GAS INI</u>		NC.		35-	23167	10
File by the	Number, s	street, and room	n or st	uite no. If a P.O. box,	, see instructions.					
due date for fillng your	90 (	CHURCH STI	<u>REE</u> I	r, 4TH FLOOR						
retum. See instructions.		•		, and ZIP code. For a	a toreign address,	see instructions.				
		YORK, NY			for each roturn)	 •	_			
X Form 990		De med (me a		arate application Form 990-T (corpo		•		Form 4720		
Form 990				Form 990-T (sec.		rust)		Form 5227		
Form 990	-		$\left  - \right $	Form 990-T (trust				Form 6069		
Form 990				Form 1041-A	,			Form 8870		
The books are in the care of <u>C/O THE ORGANIZATION</u>										
Telephone No. ▶ 212 417-7327 FAX No. ▶										
• If the organization does not have an office or place of business in the United States, check this box										
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)     If this is										
for the whole group, check this box ▶ [] . If it is for part of the group, check this box ▶ [] and attach a list with the names and EINs of all members the extension will cover.										
1 I request						o file Form 990-T) e				
until for the or	rganization':		9	, to file the exem	pt organization	return for the orga	nizatio	n named al	bove. Th	ne extension is
► x	calendar y	year <u>2008</u> o	or							
	tax year b	eginning			,, a	nd ending			_ '	·
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period										
					, 4720, or 606	39, enter the tent	ative ta	ix, less any		
		its. See instruc						. <u> </u>	<u>3a</u>	\$
						credits and estim	ated ta:	x payments		•
				<u>nent allowed as a</u> ine 3a Include v		ith this form, or, i	f requir	ad dance	3b +	<b>\$</b>
						ederal Tax Paym			A	
instructio		en in requi		_,,	1				<u>3c</u>	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 4-2008)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE EXCLUSIVE PURPOSE FOR WHICH THE CORPORATION IS FORMED IS TO PROVIDE TECHNICAL AND SCIENTIFIC ADVISORY SERVICES TO THE STATES OF THE UNITED STATES THAT ARE SIGNATORY STATES IN THE DEVELOPMENT AND IMPLEMENTATION OF A MULTI-STATE CAP AND TRADE PROGRAM, KNOWN AS THE REGIONAL GREENHOUSE GAS INITIATIVE (OR ITS SUCCESSOR), TO REDUCE AIR POLLUTANTS THAT CONTRIBUTE TO CLIMATE CHANGE, AND TO PERFORM ANY OTHER CHARITABLE OR SCIENTIFIC FUNCTION RELATED TO THE REDUCTION OF GREENHOUSE GAS EMISSIONS OR THE INCREASE IN CARBON SEQUESTRATION ON BEHALF OF THE SIGNATORY STATES.

### STATEMENT 1

# FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION		GRANTS	EXPENSES	REVENUE
OFFSETS MONITORING			143,084.	103,400.
	TOTALS		143,084.	103,400.

42626U M261

# REGIÓNAL GREENHOUSE GAS INITIATIVE, INC.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS 

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PERRIN QUARLES ASSOCIATES 652 PETER JEFFERSON PARKWAY, SUITE 300 CHARLOTTESVILLE, VA 22911	CO2 TRACKING SERVICE	232,593.
WORLD ENERGY SOLUTIONS, INC. 446 MAIN STREET WORCESTER, MA 01608	AUCTIONS	390,000.
POTOMAC ECONOMICS, LTD. 9990 FAIRFAX BLVD., SUITE 560 FAIRFAX, VA 22030	MARKET MONITORING	184,662.
CARTER LEDYARD AND MILBURN, LLP 2 WALL STREET NEW YORK, NY 10005-2072	LEGAL SERVICES	189,022.
TOTAL COMPENSAT	996,277.	

996,277. ============

# 35-2316710

STATEMENT 3

35-2316710

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ENDING BOOK VALUE

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# DEFERRED STATE REVENUES

TOTALS

449,268.

449,268.

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42626U M261

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STATEMENT

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