Condon O'Meara McGinty & Donnelly llp

Certified Public Accountants

One Battery Park Plaza New York, NY 10004-1405 Tel: (212) 661 - 7777 Fax: (212) 661 - 4010

November 17, 2008

Mr. Jonathan Schrag
Executive Director
Regional Greenhouse Gas Initiative, Inc.
90 Church Street, 4th Floor
New York, NY 10007

Dear Mr. Schrag:

We are enclosing herewith the Regional Greenhouse Gas Initiative, Inc's tax returns, in duplicate, with filing instructions.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

Joseph J. Barreca, CPA

Joseph J. Banca

Manager

JJB:jma

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 with Sch. A - Exempt Under 501(c)(3) for the period ended December 31, 2007

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 17, 2008 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.

Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2007
Open to Public
Inspection

AF	or th	e 200 <mark>7 calendar year, or tax year beginning 07/12, 2007, and e</mark>	nding	12/31/2007
Bc	eck if op			D Employer identification number
<u> </u>	Addre			35-2316710
L	Name	change print or Number and street (or P.O. boy if mail is not delivered to street address)	Room/suite	
Х	Initial	g 777"	7100misunc	E Telephone number
	Termir	#Securic		(212) 417-7327 F Accounting
	Ameno	ted tions. Name None 200 7		method: Cash X Accrual
	Applic	ation Continue Contin	H and lace not on	Other (specify)
ł	7 65.1011	trusts must attach a completed Schedule A (Form 990 or 990-EZ).	ŀ	plicable to section 527 organizations.
G 1	Nebsit	e: ▶ WWW.RGGI.ORG		p return for affiliates? Yes X No
			1	r number of affiliates
	Check I		H(c) Are all affiliate	h a list. See instructions.)
			H(d) is this a separat	
		s are normally not more than \$25,000. A return is not required, but if the organization chooses	1	vered by a group ruling? Yes X No
i	o me a	retum, be sure to file a complete retum.	I Group Exemp	otion Number 🕨
	.		M Check 🔈	if the organization is not required
		eceipts: Add lines 6b, 8b, 9b, and 10b to line 12 27, 055.	to attach Sch	. B (Form 990, 990-EZ, or 990-PF).
Par		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in	structions.)	
	1	Contributions, gifts, grants, and similar amounts received:		
		Contributions to donor advised funds		_
		Direct public support (not included on line 1a)		
	(Indirect public support (not included on line 1a) 1c		
	0	d Government contributions (grants) (not included on line 1a) 1d	27,055.	
	6	Total (add lines 1a through 1d) (cash \$ 27, 055, noncash \$)	1e 27,055.
	2	Program service revenue including government fees and contracts (from Part VII, line 93	3)	2
	3	Membership dues and assessments		3
	4	Interest on savings and temporary cash investments	• • • • • • • • • •	4
	5	Dividends and interest from securities	5	
	6 a	Gross rents 6a		
	t			
	c			6c
鱼	7	Other investment income (describe		7
Revenue	8 a		Other	
8		than inventory		
	b	Less: cost or other basis and sales expenses 8b		
	c	<u> </u>		
	!	Net gain or (loss). Combine line 8c, columns (A) and (B)	, , , , , , , , , , , , , , , , , , , 	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here	· · · · · · · · · · · · · · · · · · ·	8 d
	l '	•		
	_			
	₁ ,	contributions reported on line 1b) 9a Less: direct expenses other than fundraising expenses 9b		
	c			
	1	the state of the s	• • • • • • • •	90
	b	Gross sales of inventory, less returns and allowances		
	l			
		Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line		
	11	Other revenue (from Part VII, line 103)		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	· · · · · · · · · · · · · · · · · · ·	
ຜ	13	Program services (from line 44, column (B))		13
Expenses	14	Management and general (from line 44, column (C))		<u>14</u> <u>27,055.</u>
che	15	Fundraising (from line 44, column (D))		15
ເມີ	16	Payments to affiliates (attach schedule)		16
	17	Total expenses. Add lines 16 and 44, column (A)		
ets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18
488	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19
Net Assets	20	Other changes in net assets or fund balances (attach explanation)		20
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<u> </u>	21
ror Pr	ıvacy	Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2007)

	Functional Expenses organ Do not include amounts reported on line	rizatio	ations must complete colu ns and section 4947(a)(1)	nonexempt charitable (B) Program		rs. (See the instructions.
	6b, 8b, 9b, 10b, or 16 of Part I.	192	(A) Total	services	(C) Management and general	(D) Fundraising
228	Grants paid from donor advised funds (attach schedule)		ļ			
	(cash \$noncash \$.)				
221	check here	222	3			#1.64mm
221	Other grants and allocations (attach schedule)					
	(cash \$noncash \$ If this amount includes foreign grants,	.)				
23	check here	221]			deva a falla vena e :
~0	(attach schedule)	23				
24	Benefits paid to or for members	-				
-	(attach schedule)	24				
25a	Compensation of current officers,					
	directors, key employees, etc. listed in	Ì				
	Part V-A	25a	NONE		(
b	Compensation of former officers.		1			
	directors, key employees, etc. listed in				***************************************	
	Part V-B	25t				
С	Compensation and other distributions, not includ-			<u></u>		
	ed above, to disqualified persons (as defined				****	
	under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	250				
26	Salaries and wages of employees not					
	included on lines 25a, b, and c	26				
27	Pension plan contributions not					
	included on lines 25a, b, and c	27				
28	Employee benefits not included on	l				
	lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
	Legal fees	32	25,206.		25,206.	
33	Supplies	33		······································		
34	Telephone	34				
	Postage and shipping	35				
36 37	Occupancy contol and maintenance	36				
	Equipment rental and maintenance	37				
	Travel.	38		···		
40	Conferences, conventions, and meetings	40				
	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42			<u> </u>	
	Other expenses not covered above (itemize):	74				
	FILING FEES	43a	1,789.		1,789.	
	BANK FEES	43b			60.	
c		43c				
đ		43d				
е		43e				
		43f				
g		43g				
1	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines					
le!-	13-15),	44	27,055.		27,055.	····
	t Costs. Check if you are follow	_				
418 E 41W-	any joint costs from a combined educational	camp	aign and fundraising solic	itation reported in (B) P	rogram services?	P ∐Yes X No
1 16	es," enter (i) the aggregate amount of these jo ne amount allocated to Management and gen	int co	SIS \$			\$;
iji) tr	avan biivoated to wanduenen en atifi Cen	ଅପାର		, and (iv) the amount	allocated to Fundraising \$	

Page 3 35-2316710 **Paralli** Statement of Program Service Accomplishments (See the instructions. Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments. What is the organization's primary exempt purpose? ▶SEE STATEMENT 1 Program Service Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) (4) orgs., and 4947(a)(1) trusts; but optional for organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) others.) (Grants and allocations \$ If this amount includes foreign grants, check here > (Grants and allocations \$) If this amount includes foreign grants, check here \blacktriangleright (Grants and allocations \$) If this amount includes foreign grants, check here >

) If this amount includes foreign grants, check here >

) If this amount includes foreign grants, check here ▶

Form 990 (2007)

(Grants and allocations \$

(Grants and allocations \$

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Fo	orm 990	(2007)	35-2316710		Page 4
G	EIGH)	Balance Sheets (See the instructions.)	<u> </u>	······································	, age (
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		45	257,940
	46	Savings and temporary cash investments		46	20.,,,,,,
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts		47c	
	48a	Pledges receivable			
		Less: allowance for doubtful accounts		48c	
	49			49	·
	50a	Receivables from current and former officers, directors, trustees, and		1 1	
		key employees (attach schedule).		50a	
	b	Receivables from other disqualified persons (as defined under section			· · · · · · · · · · · · · · · · · · ·
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
G	51a	Other notes and loans receivable (attach			
ssets		schedule)			
As		Less: allowance for doubtful accounts		51c	
		Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges STMT. 2		53	<u> 26,794</u> .
	34a	Investments - publicly-traded securities Cost Investments - other securities (attach schedule)		54a	
	552	Investments - other securities (attach schedule) ▶ Cost FMV Investments - land, buildings, and		54b	
	""	equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis			
	3	Less: accumulated depreciation (attach			
		schedule)		57c	
	58	Other assets, including program-related investments			
	l	(describe ▶)	· · · · · · · · · · · · · · · · · · ·	58	
		Total assets (must equal line 74). Add lines 45 through 58		59	284,734.
		Accounts payable and accrued expenses		60	
	61 62	Grants payable		61	
	63	Deferred revenue		62	
Liabilities	00	Loans from officers, directors, trustees, and key employees (attach			
Ρij	64a	schedule)		63 64a	
Ë	ь	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶		65	284,734.
					201,751.
	66	Total liabilities. Add lines 60 through 65		66	284,734.
		nizations that follow SFAS 117, check here ▶ 🐰 and complete lines			
Ø		67 through 69 and lines 73 and 74.			
ıce		Unrestricted		67	
alaı	69	Temporarily restricted		68	
9		[]		69	
Fund Balances		nizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.			
		Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Net Assets	72	Retained earnings, endowment, accumulated income, or other funds		72	
ĮΨ		Total net assets or fund balances. Add lines 67 through 69 or lines			
2		70 through 72. (Column (A) must equal line 19 and column (B) must			
		equal line 21)		73	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		74	284.734.

	instructions.)	-inancial Stateme	nts With Reven	ue per Return (S	See the
а	Total revenue, gains, and other support per audited finan	cial statements	* * * * * * * * * * * * * * * * * * * *		27,055.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments		<u>b1</u>		WARREN AND A STATE OF THE STATE
2	Donated services and use of facilities				
3	Recoveries of prior year grants		b3		
4	Other (specify):				
			b4		
	Add lines b1 through b4				
C	Subtract line b from line a			<u>c</u>	27,055.
d	Amounts included on Part I, line 12, but not on line a:		1 1		
1	Investment expenses not included on Part I, line 6b				
2	Other (specify):				
	Add too of and do		[d2		
е	Add lines d1 and d2		• • • • • • • • • •	<u>d</u>	
	Total revenue (Part I, line 12). Add lines c and d INCLUDE: Reconciliation of Expenses per Audited I	· · · · · · · · · · · · · · · · · · ·	nts With Eypon	·····⊳ e	27,055.
			·		07.055
a	Total expenses and losses per audited financial statement	s	• • • • • • • • • •	<u>a</u>	27,055.
b	Amounts included on line a but not on Part I, line 17:		_{6.4}		
1	Donated services and use of facilities				
2	Prior year adjustments reported on Part I, line 20		• • • • • • • • • • • • • • • • • • • •		
3 4	Losses reported on Part I, line 20				
**	Otter (Specify).		1		
	Add lines b1 through b4			ь	
C	Subtract line b from line a				27,055.
d	Amounts included on Part I, line 17, but not on line a:	· · · · · · · · · · · · · · · ·	• • • • • • • • • •	• • • • • • •	
1	Investment expenses not included on Part I, line 6b		d1		
2	Other (specify):				
			d2		
	Add lines d1 and d2	· * • • • • • • • • • • • • • • • • • •		d	
e G	Total expenses (Part I, line 17). Add lines c and d		· · · · · · · · · · · ·		27,055.
I.E	, , , , , , , , , , , , , , , , , , , ,	Key Employees (List each person	who was an offici	er, director, trustee,
	or key employee at any time during the year ever	(B)	(C) Compensation	(D) Contributions to employe	- I (E) E
	(A) Name and address	Title and average hours per	(If not paid, enter	benefit plans & deferred	(E) Expense account and other allowances
		week devoted to position	-0)	compensation plans	
SEI	S STATEMENT 4	-	MOM	3703	NO.
, <u>~~</u>			NONI	NON	E NONE

		7			
·· ·- ·					
		_			
		-			
			······································		
		-			
		-[
		<u> </u>	······································	<u> </u>	<u></u>

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Bare VII Other Information (continued)		Yes	
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	T^{-}		
or at substantially less than fair rental value?	82a		Х
b If "Yes," you may indicate the value of these items here. Do not include this amount			
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			İ
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	Х	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or			
gifts were not tax deductible?	84b	х	ı
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/	A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization		,	
received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members 85c N/A			
d Section 162(e) lobbying and political expenditures	7	İ	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices]		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	Ą
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 N/A			***************************************
b Gross receipts, included on line 12, for public use of club facilities	1	l	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	1		
b Gross income from other sources. (Do not net amounts due or paid to other			
sources against amounts due or received from them.)		1	
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or]	ľ	
partnership, or an entity disregarded as separate from the organization under Regulations sections			
301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	N/F	j
bact any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	N/F	1
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
a statement explaining each transaction	89b		X
c enter: Amount of tax imposed on the organization managers or disqualitied persons during the year under			
sections 4912, 4955, and 4958 N/A			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
transaction?	89e		<u>X</u>
† All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		<u>X</u>
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
at any time during the year?	89g		<u>X</u>
90 a List the states with which a copy of this return is filed > NEW YORK			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90Ь	NONE	
91 a The books are in care of ▶ C/O THE ORGANIZATION Telephone no. ▶ 212-43	7-73	27	
Located at ≥ 90 CHURCH STREET, 4TH FLOOR, NEW YORK, NY ZIP+4 ≥ 10007			
	-	 	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	الــــــــــــــــــــــــــــــــــــ	Yes	No
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		<u>X</u>
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			
and Financial Accounts.			

Form 990 (2007)

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CERCIVI Other Information (continued)				Yes No
c At any time during the calendar year, did the or	ganization mair	itain an office outside	of the United States?	91c X
If "Yes," enter the name of the foreign country	▶			
92 Section 4947(a)(1) nonexempt charitable trusts	filing Form 990	in lieu of Form 1041	- Check here	▶ □
and enter the amount of tax-exempt interest rec			▶ 92	N/A
Rate VII Analysis of Income-Producing Activ		·····		
Note: Enter gross amounts unless otherwise Unrindicated.	elated business ir	ncome Excluded b	y section 512, 513, or 514	(E)
(A)	(B) Amour	(C) Exclusion code	(D) Amount	Related or exempt function
93 Program service revenue:	<u> </u>			income
a	-			
b	+			
c				
d				
e				
f Medicare/Medicaid payments				
g Fees and contracts from government agencies				
94 Membership dues and assessments	 			
95 Interest on savings and temporary cash investments •				
96 Dividends and interest from securities	<u> </u>			<u> </u>
97 Net rental income or (loss) from real estate:				<u></u>
a debt-financed property				
b not debt-financed property			······································	
98 Net rental income or (loss) from personal property				
99 Other investment income				
O0 Gain or (loss) from sales of assets other than inventory	ļ			
01 Net income or (loss) from special events .				
02 Gross profit or (loss) from sales of inventory				
03 Other revenue: a	ļ			
b				
С				
d			·····.	
е				
04 Subtotal (add columns (B), (D), and (E))	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>
05 Total (add line 104, columns (B), (D), and (E))			>	*
Note: Line 105 plus line 1e, Part I, should equal the amount o				
Relationship of Activities to the Acc				
Line No. Explain how each activity for which income	is reported in co	olumn (E) of Part VII co	ontributed importantly to	the accomplishment of the
organization's exempt purposes (other than by	provioing tunas t	or such purposes).	,	··
	· · · · · ·			···
		······································		
Percel Information Regarding Taxable Subs			s (See the instruction	ns.)
(A) Name, address, and EIN of corporation,	(B) Percentage of	(C) Nature of activities	(D) Total income	(E) End-of-year
partnership, or disregarded entity	ownership interest	770(010 01 00)777100	1 Offic microsite	assets
	%			
	%			
	%			
Ph.	%	Pa		
PatricX Information Regarding Transfers Ass				
(a) Did the organization, during the year, receive any funds,				*
(b) Did the organization, during the year, pay prem			personal benefit contra	act? Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions,).		

Form **990** (2007)

SCHEDULE A

(Form 990 or 990-EZ)

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

REGIONAL GREENHOUSE GAS INITIATIVE,			35-2	2316710
Compensation of the Five Highes (See page 1 of the instructions. List ea	i t Paid Employees ach one. If there are r	Other Than Of one, enter "Non	ficers, Directors, a e.")	and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				5(1000115000

Total number of other employees paid over \$50,000 ▶	NONE			
Compensation of the Five Highes (See page 2 of the instructions. List ea	ach one (whether ind	t Contractors f viduals or firms)	or Professional S If there are none, e	ervices nter "None.")
(a) Name and address of each independent contractor paid n	nore than \$50,000	(b) Type of se	······································	Compensation
NONE		***************************************		
Total number of others receiving over \$50,000 for professional services ▶	NONE			
Parcula Compensation of the Five Highes (List each contractor who performed s firms. If there are none, enter "None."	services other than pr	ofessional service	or Other Services es, whether individu	als or
(a) Name and address of each independent contractor paid mo		(b) Type of ser	vice (c) Compensation
NONE				
		7,411		· · · · · · · · · · · · · · · · · · ·
		<u></u>		
Total number of other contractors receiving over \$50,000 for other services	NONE			
	NONE			

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

Schedule A (Form 990 or 990-EZ) 2007

Pē	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.).		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		· · · · · · · · · · · · · · · · · · ·
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		x
b	Lending of money or other extension of credit?		Х
C	Furnishing of goods, services, or facilities?		<u> </u>
đ	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		Х
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		<u> x</u>
b	Did the organization have a section 403(b) annuity plan for its employees?		<u>x</u>
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<u>x</u>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		Х
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		<u>X</u>
¢	Did the organization make a distribution to a donor, donor advisor, or related person?	***************************************	<u>x</u>
d	Enter the total number or donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		·····
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		·····

ParidiV	Reason for Non-Private Fo	oundation Stat	us (See pages 4 th	rough 8 of th	ne instructions	.)			
I certify th	nat the organization is not a private founda	ation because it is: (Pl	ease check only ONE ap	plicable box.)					
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).								
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)								
7	A hospital or a cooperative hospital serv	rice organization. Sec	tion 170(b)(1)(A)(iii).						
8	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).								
9	A medical research organization opera	ated in conjunction	with a hospital. Secti	ion 170(b)(1)(/	۸)(iii). Enter the	hospital's name, city			
10	An organization operated for the bene (Also complete the Support Schedule in		university owned or ope	rated by a go	vernmental unit.	Section 170(b)(1)(A)(i			
11a X	An organization that normally receives 170(b)(1)(A)(vi). (Also complete the Supp	a substantial part port Schedule in Part	of its support from a g	overnmental u	nit or from the	general public. Sectio			
11b	A community trust. Section 170(b)(1)(A)	(vi). (Also complete th	e Support Schedule in I	Part IV-A.)					
12	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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)								
13	An organization that is not controlle requirements of section 509(a)(3). Check	d by any disqualif the box that describe	fied persons (other that as the type of supporting	n foundation organization:	managers) and	otherwise meets the			
	Type I Type II	Type III - Fui	nctionally Integrated	Type III -	- Other				
	Provide the following information	about the supported	l organizations. (See pag	je 8 of the instri	uctions.)				
(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizat the su organi	d) upported ion listed in pporting ization's documents?	(e) Amount of support			
	Yes No								
Total		* * * * * * * * * * * * * * * * * * * *							
14 🗍 A	on organization organized and operated to	test for public safety	v. Section 509/a)/4) (See	nage 8 of the i	netruotione 1				
- Land		parent district	,	30 0 Dt 1110 II		orm 990 or 990-EZ) 2007			

person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." NOT APPLICABLE (2006)	DE NO	TENA Support Schedule (Complete only	if you checked a	box on line 10,	11, or 12.) Use of	cash method of a	ccounting.
15 Gitts, grants, and contributions received. (Do not include unusual grants. See incert St. (See section 2.5). 16 Membership Sees section 2.5. 17 Gross receipts from admissions, merchandies sold or sendess performed, or furnishing of facilities in my activity that is ratiated to the organization's charitable, alter purpose. 18 Gross receipt from polyrests on charitable participation of the property of the company of th						accounting.	T
not include unusual grams. See line 28). 19 Ambraching less received 19 Cross receipts from administres, merchandise sold or services performed, or Armishing of facilities in any activity that is related to the originalization's charitetitie, etc., purpose. 10 Cross income from interest, dividentis, amounts received from payments on securities and certification activities activities on the control of the			(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
16. Membershib fees received. 17. Gross receiveds from admissions, merchandles sold or services performed, or furnishing of facilities in any activity that is related to the cryanization's charitate, etc. purpose. 18. Gross fromoth from fremest, dividends, amounts received from payments on securities loans (section 512(a)(b)), rents, royaltes, income from similar sources, and unrelated business incare from businesses acquired by the organization after the sum of such acquired in the sum of such sum of	15	•					-
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of featilities in any activity that is related to the organizations therefore, the propose, and the propose of					<u> </u>		
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the Add: Line 27a total							
d Add: Line 27a total	С	Add: Amounts from column (e) for lines: 15	16			1 1	
e Public support (line 27c total minus line 27d total)							
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f							
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	е	Public support (line 27c total minus line 27d total)		• • • • • • • • • • • • • • • • • • • •		▶ 27e	
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28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief							%
prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief	h	Investment income percentage (line 18, column (e) (numerator) divided	by line 27f (denomi	nator))	▶ 27h	%
description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15		prepare a list for your records to show, for e	each year, the nan	ne of the contribu	itor, the date and	grants during 200 amount of the	03 through 2006, grant, and a brief

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PE	Private School Questionnaire (See page 9 of the instructions.) NOT APPLICATION (To be completed ONLY by schools that checked the box on line 6 in Part IV)	CABL	E	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Van	1 11-
	other deverging instrument, or in a resolution of its governing hodg?	1	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	29	 	
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and aghainmhine?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	100	 	ļ
	the period of solicitation for students, or during the registration period if it has no solicitation program in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			·

	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	***************************************			
~ ~				
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		<u> </u>
	basis?	1 1		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		
	with student admissions, programs, and scholarships?	32c	İ	ĺ
c	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
		020		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:		l	
а	Students' rights or privileges?	33a		
		33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c	-	
_	Cohalarabian and the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of the County of			
a	Scholarships or other financial assistance?	33d		
_	Educational policies?			
•		33e		
f	Use of facilities?	33f		
		33.		
g	Athletic programs?	33q	İ	
h	Other extracurricular activities?	33h		
			ĺ	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
			***************************************	
			ĺ	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Door the organization portify that it has complied with the smallest transfer or the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th		ĺ	
J J	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.R. 587, covering racial panding instance of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process o			

<b>B</b>	arc VII-A Lobbying E (To be con	expenditures by Electrical Electrical Expenditures by Electrical Electrical Expension (Electrical Electrical E	cting Public Chariti eligible organizatio	es (See page for that filed Forr	11 of t n 576	he instru 8) NOT	ictions	s.) LICA	ABLE
<u>Ch</u>	eck ▶ a   if the organ	ization belongs to an affi	liated group. Check	▶ b if you	checke	ed "a" and	i "limit	ed co	ontrol" provisions apply.
	l	Limits on Lobbying	g Expenditures				(a) ted gro	up	(b) To be completed
	(The term	ı "expenditures" mean	s amounts paid or inc	urred.)		į.	otals		for all electing organizations
36		itures to influence pub	lic opinion (grassroot	s lobbying)	36			w	
37	Total lobbying expend	itures to influence a le	gislative body (direct	lobbying)	37	· · · · · · · · · · · · · · · · · · ·			
38	Total lobbying expend	itures (add lines 36 ar	id 37)		38.	··········			
39	Other exempt purpose	expenditures			39				
40	Total exempt purpose	expenditures (add line	es 38 and 39)		40		***********		
41	Lobbying nontaxable a	amount. Enter the amo	ount from the following	g table -		***************************************			
	If the amount on line	40 is - The lo	bbying nontaxable a	mount is -					
	Not over \$500,000	20% of	the amount on line 40						
	Over \$500,000 but not over								
	Over \$1,000,000 but not ov				41				
	Over \$1,500,000 but not ov	er \$17,000,000 \$225,00	00 plus 5% of the excess o	ver \$1,500,000			***************************************		
	Over \$17,000,000	\$1,000	000						
42	Grassroots nontaxable	e amount (enter 25% o	f line 41)		42				
43	Subtract line 42 from I	ine 36. Enter -0- if line	42 is more than line	36	43	-			
44	Subtract line 41 from I	ine 38. Enter -0- if line	41 is more than line	38	44				
	Caution: If there is an								
		4-Year	<b>Averaging Period</b>	<b>Under Section</b>	501(h	1)			
	(Some organizati	ions that made a secti						lumns	below.
		See the instruction	ns for lines 45 throug	h 50 on page 13	of the	instructi	ons.)		
			Lobbying Expend	itures During 4-	Year .	Averagi	ng Pe	riod	
	Calendar year (or fiscal	(a)	(b)	(c)			(d)		(e)
	year beginning in) 🕨	2007	2006	2005		2	004		Total
	Lobbying nontaxable			1					
45	amount								
	Lobbying ceiling amount			ļ					
46	(150% of line 45(e))								
47	Tatal 1-61.	1							
+ /	Total lobbying expenditures					*****			
40	Grassroots nontaxable								
18	amount								
10	Grassroots ceiling amount								
<del>)</del> J	(150% of line 48(e))					·····			
<b>.</b> .	Grassroots lobbying expenditures								
Commonway.		ctivity by Nonelecti	a Public Charities						
نديون	(For reporti	ng only by organizat	ions that did not cor	nolete Part VI-A	A) (Se	NOT NOT	APPL	ICAI	SLE structions \
Duri	ng the year, did the organi					c page	13 01 (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	structions.)
	npt to influence public opir				ig any		Yes	No	Amount
	Voluntoorn		_						
	Paid staff or managem	ent (Include compens	tion in evnenses rend	orted on lines a thi	rough l	 h \			
C	Media advertisements	on (maide compensi	ation in expenses repe	oreca of these seems	ouga	н.)			
ď	Media advertisements . Mailings to members, le	edislators or the public	• • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • •		<del>  </del>		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
e	Publications, or publish	ed or broadcast states	í	• • • • • • • •	• • •				
f	Grants to other organiz	ations for Johnwing num	noses		• • •				
g	Direct contact with legis	slators their etaffs as	varnment officials as	a logiclative basts			<del>  </del>		
b	Railies demonstrations	riciora, men alana, 90 : caminare conventa	vernment umcials, or	a registrative body			<del>  -</del>		
i	Rallies, demonstrations Total lobbying expendit	, achimidis, conventio urae (Add linas - +===:					<del> </del>		
	If "Yes" to any of the at			lad description of	4		L		
		ove, also attacti a sta	tement giving a detail	ied description of	ule lot	ophing sc		do A f	Form 990 or 990-EZ) 2007
									Eroca 990 DE 990-671 7007

CO C-1		7111 330 UI 330-EZ J 2007		33-2316/10		Page			
	art VII	Information Regarding Exempt Organizations (	Transfers To and Transactions ar See page 14 of the instructions.)	nd Relationships With Noncharitable					
51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
_					[ <del>]</del>				
d			ation to a noncharitable exempt organi			s No			
	(ii) Oth	''		51a		<u> </u>			
b	Other tra	nsactions.	• • • • • • • • • • • • • • • • • • • •		1)	X			
_			with a noncharitable exempt organizatio	n b(	,	X			
	(ii) Pur	chases of assets from a no	ncharitable exempt organization	b(i		X			
	(iii) Ren	ital of facilities, equipment,	or other assets	b(i		X			
	(iv) Reir	nbursement arrangements		b(i		X			
	(v) Loa	ns or loan guarantees		b(		X			
	(vi) Pen	formance of services or me	mbership or fundraising solicitations	b(v	/i)	Х			
C	Sharing o	f facilities, equipment, mail	ing lists, other assets, or paid employee	es c		X			
d	If the ans goods, oth	wer to any of the above is " ner assets, or services giver	Yes," complete the following schedule. (	Column (b) should always show the fair mark organization received less than fair marke	et value i value	of the			
	(a)	(b)	(c)	(d)					
	Line no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing	anangem	ents			
	37 /75				<del></del>				
	N/A				· · · · · · · · · · · · · · · · · · ·				
					<del></del>	·			
	<del></del>								
						·			
					<del></del>				
					<del></del>				
	···								
	describe		tly affiliated with, or related to, one or ode (other than section 501(c)(3)) or indule:		es 🖸	X No			
		(a)	(b)	(c)					
	Nar	ne of organization	Type of organization	Description of relationship					
1	N/A								
					······				

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of organization

# **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

20**07** 

Name of organization		Employer identification numl				
REGIONAL GREENHOUS	E GAS INITIATIVE, INC.					
Organization type (check of	ne):	<u> </u>				
Filers of:						
riters or:	Section:					
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated a	as a private foundation				
	501(c)(3) taxable private foundation					
organization can check boxe	s covered by the <b>General Rul</b> e or a <b>Special Rule. (Note:</b> Onl s for both the General Rule and a Special Rule - see instruction	y a section 501(c)(/), (8), or (10) ons.)				
General Rule -						
For organizations property) from any	filing Form 990, 990-EZ, or 990-PF that received, during th one contributor. (Complete Parts I and II.)	e year, \$5,000 or more (in money or				
Special Rules -						
under sections 509	c)(3) organization filing Form 990, or Form 990-EZ, that me l(a)(1)/170(b)(1)(A)(vi), and received from any one contributer 2% of the amount on line 1 of these forms. (Complete Pa	utor, during the year, a contribution of the				
during the year, ag	c)(7), (8), or (10) organization filing Form 990, or Form 990 gregate contributions or bequests of more than \$1,000 for educational purposes, or the prevention of cruelty to child	use exclusively for religious, charitable,				
during the year, so not aggregate to m the year for an <i>exci</i> applies to this orga	c)(7), (8), or (10) organization filing Form 990, or Form 990 me contributions for use exclusively for religious, charitable, ore than \$1,000. (If this box is checked, enter here the total usively religious, charitable, etc., purpose. Do not complete nization because it received nonexclusively religious, charitable.	etc., purposes, but these contributions did al contributions that were received during any of the Parts unless the <b>General Rule</b> table, etc., contributions of \$5,000 or more				
190-EZ, or 990-PF), but they	are not covered by the General Rule and/or the Special Rule. must check the box in the heading of their Form 990, Form do not meet the filing requirements of Schedule B (Form 990,	1 990-EZ, or on line 2 of their Form				
or Paperwork Reduction Act Noti or Form 990, Form 990-EZ, and Fo		Schedule B (Form 990, 990-EZ, or 990-PF				

(Complete Part II if there is

Noncash

42626U M261

F	orm 8868 (Re	v. 4-2008)							
9	If you are	filing for an A	Automatic 3-Mont	y been granted an a h Extension, com:	Extension, complet automatic 3-month ext plete only Part I (on	ension on a pr	eviously filed	his box . ▶ Form 8868.	age V
Ü	स्वाद्धा	Additional	(Not Automatic)	3-Month Extens	ion of Time. You n	rust file origi	nal and one	2004	
	ype or	THE STATE	mpt Organization			1	Employer i	dentification num	- h
•	rint	Regional Gri	eenhouse Gas Initiati	ive, Inc.			35	2316710	FLJ1
	e by the lended	Number, stre	et, and room or sulte	no. If a P.O. box, se	e instructions.		For IAS use		
du	e date for	c/o Carter Le	edyard & Milburn LLP	, 2 Wall Street				J,	
reti ins	ng the urn. See tructions.	New York, N	Y 10005		address, see instructions.		I	·	
Ch	reck type	of return to l	be filed (File a sep	arate application fo	or each return?		<del>~~~~~</del>	······	
<b>K</b> J	Form 990	}	☐ Form 990-PF		·	orm 1041-A	<u></u>	C 0000	
	Form 990		☐ Form 990-T (	sec. 401(a) or 408(	a) trust) 🗍 🗗	orm 4720		Form 6069 Form 8870	
_	Form 990		☐ Form 990-T (	trust other than ab	inva) 🗍 🖂	orm CDD7			
ST	OP! Do no	t complete Pa	art II if you were no	ot already granted	an automatic 3-moni	h extension o	n a previoue	by filed form on	
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Т	elephone l	No. ► ( 21	2 ) 732-32	00 FAX	(No b ( 212 )	732-323	32		
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- 11	FILE OF SCHOOL	a Givuu nmii	IIII. HINEL IOA OIOSI	11798100'e tour dialt	Group Evoration M.				نـ
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list	with the n	ames and EIN	Is of all members t	he extension is for				and attach a	
4	I request	t an additiona	i 3-month extensio	n of time until	November 17,		20 08		
5	For caler	idar year 07	or other tax ves	ir bealanina	20			20	
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7		detail why you in accurate tax	a need ale extensi	on The auditor and t	ax preparer are awaiti	ng for additiona	l information	in order to	
				****		************	· · · · · · · · · · · · · · · · · · ·		. <b></b>
8a	If this and	olication is to	r Eorzo: 000 DL O	00 DE 000 T 4700			<del></del>		
-	less anv	nonrefundable	credits. See Instri	90-27, 990-1, 4720 Uctions	), or 6069, enter the	tentative tax,	3 1		
h							8a \$		0
_	estimated	l tax navment	rum 330-PF, 391 an abalana Indo	U-1, 4/2U, OF 6U69	, enter any refundabl yment allowed as a c	e credits and	<b>S</b>		
	amount p	ald previously	with Form 8868.	A buot Aggi overba	yment allowed as a c	redit and any			
c	Balance D	ue, Subtract Ilr	ne 8b from line 8a Jr	oclude vour payment	with this form, or, if rec	rulend donnels	8b \$		_
	with FTD co	oupon or, if requ	aired, by using EFTPS	(Electronic Federal I	ax Payment System). Si	e instructions.	8c \$	C	)
Under it is tru	penalties of a	perlury. I declare :		Signature and	Verification panying schedules and sta		the bast of my k	nowledge and belief	
Signati	ure A	6106	Iller	Title ▶	Attorney		רי בי האם האם האם האם האם האם האם האם האם האם	124 150	
							Date ≯ /	1 <u>~7   U'S</u>	-
			' ( )				Form 8	8868 (Rev. 4-2008)	}



Form **8868** 

(Rev. Apr. 2008)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545 1709

a if you	Tro filing for a file of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st							
= 17 you	are filing for an Automatic 3-Month Extension, complete only Part I and check this beare filing for an Additional (Not Automatic) 3 Month Extension	ox .	<b>▶</b> [7]					
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Pant	Automatic 3-Month Extension of Time. Only submit original (no copies ne	- I - I	y med Form 8868.					
	the copies ne	eaea).						
A corpor	ation required to file Form 990-T and requesting an automatic 6-month extension—chec	de ética ba						
Part I on	y	w mas on	x and complete					
All other	Corporations (institute a 400 O.C.)		, » []					
timo to fil	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form e income tax returns.	7004 to 1	request an extension of					
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s							
Electroni	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at	itomolie i						
one of th	e returns noted below (6 months for a corporation required to file Form 990-T). Howe	MOL MON	extension of time to file					
electronic	ally if (1) you want the additional (not automatic) 3-month extension or (2) you file Form a composite or consolidated Form 990-T instead you must submit to fell you file Form	e don bi	enco cozo					
returns, or	a composite or consolidated Form 990-T. Instead, you must submit the fluy completed armore details on the electronic filing of this form visit ways for government.	a aburbi. Id eignad	none ? (Dest II) -4 E-					
8868. For	more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	iu signou for Charit	paye 2 (ran II) of rorm					
	Name of Exempt Organization							
Type or		Employe	r Identification number					
print	Regional Greenhouse Gas Initiative, Inc.	35	2316710					
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.		; 2310710					
filing your	c/o Carter Ledyard & Milburn LLP, 2 Wall Street							
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.	Now York, the sone, state, and Zir code. For a foreign address, see instructions.							
	New York, NY 10005							
Check typ	e of return to be filed (file a separate application for each return):							
☑ Form 9	Form 990-T (corporation)		-					
☐ Form 9		L.	J Form 4720					
<del></del>			Form 5227					
Form 9	I OHI SOOT HISE HAN ADDVAL	Г	Form 6069					
Form 9	90-PF		Form 8870					
		٠	1 FORM 8870					
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a The book	s are in the care of > Clifford P. Case, Carter Ledyard & Milburn LLP, 2 Wall Street, New York							
9 1110 DOOK	s are in the care of points. The same is called a manufact. A wall street, new York	, NY 1000	5					
	/ mag )							
	No. ▶ ( 212 ) 732-3200 FAX No. ▶ ( 212 ) 732-	3232						
<ul><li>If the orga</li></ul>	anization does not have an office or place of business in the United States, check this t		***-					
e If this is fo	or a Group Return optor the opposition of the distance of the distance of the control of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the d	oox .	▶ 📙					
for the whol	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)_		If this is					
	e group, check this box ▶ □ . If it is for part of the group, check this box e names and EiNs of all members the extension will cover.	▶	and attach					
	Transport and Environment the extension will cover.							
1 I requ	est an automatic 3-month (6 months for a corporation required to file Form	000 70						
until	1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time							
for the	until August 15, , 20 08, to file the exempt organization return for the organization named above. The extension is for the organization's return for:							
	Garrian ratio o fotalli foli							
	calendar year 20_07_ or							
▶ ∐	tax year beginning, 20, and ending		nn					
			, 20					
2 If this ta	ty year is for lose than 12 months, shoot recent.							
	ix year is for less than 12 months, check reason: 🗵 Initial return 🗌 Final return 🗍	Change	in accounting period					
<del></del>								
3a ir inis a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,							
iess any	nonrefundable credits. See instructions.	За	œ.					
b If this ar	opilication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	- Va	3					
Davmen	is made. Include any prior year overpayment allowed as a credit.							
	made, medde any prior year dverpayment allowed as a credit.	3b	\$					
c Balance	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, with ETD coupon or, if required by valve ETTD (Fig. 1).	(2) 15 m						
		SAN SAN SAN SAN SAN SAN SAN SAN SAN SAN						
System)	See instructions.	3c	\$					
Caution. If yo	u are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-		· 0070 FC					
for payment in	estructions.	CU and h	.orw 8848-FO					

# FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

REGIONAL GREENHOUSE GAS INITIATIVE, INC. IS AN ORGANIZATION ESTABLISHED AS A RESULT OF A MEMORANDUM OF UNDERSTANDING ORIGINALLY DATED DECEMBER 31, 2005 AND THEREAFTER AMENDED TWICE BY THE 10 SIGNATORY STATES (CONNECTICUT, DELAWARE, MAINE, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, VERMONT, MARYLAND, MASSACHUSETTS AND RHODE ISLAND). THE EXCLUSIVE PURPOSE OF THE ORGANIZATION IS TO PROVIDE TECHNICAL AND SCIENTIFIC ADVISORY SERVICES TO THE SIGNATORY STATES IN THE DEVELOPMENT AND IMPLEMENTATION OF A MULTI-STATE CAP AND TRADE, GREEENHOUSE GAS CONTROL PROGRAM 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 AT THE REQUEST OF THE SIGNATORY STATES.

STATEMENT 2

### FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING DESCRIPTION BOOK VALUE PREPAID LEGAL EXPENSES 26,794. TOTALS 26,794. ______

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

35-2316710

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

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UNEARNED GOVERNMENT CONTRACT REVENUE

284,734.

TOTALS

284,734.

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	NONE	NONE NONE
COMPENSATION B	NONE	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	3.00	GRAND TOTALS
NAME AND ADDRESS	SEE ATTACHED SCHEDULE	

# RGGI Inc.

Regional Greenhouse Gas Initiative, Inc. 90 Church Street, 4th Floor New York, NY 10007



# Officers

Chair Alexander "Pete" Grannis

First Vice Chair Lisa P. Jackson
Second Vice Chair David P. Littell
Treasurer Phil Giudice
Secretary Clifton Below

# **Directors**

Gina McCarthy
Anne George
Arnetta McCrae
David Small
Sharon Reishus
Shari T. Wilson
Susanne Brogan
Laurie Burt
Tom Burack
Jeanne Fox
Garry Brown
Andrew Dyzkewicz
Michael Sullivan
George Crombie
James Volz

Time Devoted 3 hours/week

Address c/o the Corporation

Expense Allowance none
Compensation none
Contributions to Employee none

Benefit Plan

Pari	<u> </u>	Information Regard controlling organiza	ing Transfers To and Frontion as defined in section 5	om Controlled Entities. Comp 512(b)(13).	olete only if the organ	nization	ı is a
106			ation make any transfers to a te the schedule below for eac	a controlled entity as defined in secontrolled entity.	ection 512(b)(13) of	Yes	No X
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	nsfer	<u> </u>
a							
b							***************************************
С			A				
		Totals				·····	
107				m a controlled entity as defined in le below for each controlled entity.	section	Yes	No X
		(A) Name, address, of each controlled entity	(B) Employer identification Number	(C) Description of transfer	(D) Amount of trai	nsfer	
а				•			
b							
С							
		Totals					
108		ts, royalties, and annuit	ies described in question 107			Yes	Х
Pleas Sign Here			t, and complete. Declaration of prep	etum, including accompanying schedules ar arer (other than officer) is based on all info       Date			
Paid Prepa Use C		Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4	CONDON O'MEARA MCG	ENTI & DOMNDHDI D	Preparer's SSN or PTIN (Se POO6520 EIN № 13-36282 Phone no. № 313-661	<u> 568</u> 255	nst. X)
<del></del>		Constitution (LET) 1 TO F	ONE BATTERY PARK PI NEW YORK, NY	10004-1405	<u> </u>	n <b>990</b> (	2007)