A For the 2009 calendar year, or tax year beginning

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.

, 2009, and ending

OMB No. 1545-0047

D Cher	ck if applicable:	Please C Name of organization REGIONAL GREENHOUSE GAS INITIATIVE, INC.		, 20
1 1	Address change	use IRS Doing Business As		entification number
	Name change	print or Number and street (or P.O. how if well is not all its	35-231	- · - •
	Initial return	type. See 90 CHURCH STREET, 4TH FLOOR		
-	Terminated	Specific City or town state or points; and 710	(212) 41	7-7327
	Amended	tions. NEW YORK, NY 10007		
	return Application	F Name and address of principal officer: JONATHAN SCHRAG	G Gross receip	-, -, -, -,
	pending	SAME AS ABOVE ADDRESS	H(a) is this a gro- affiliates?	up return for Yes X
l To	ex-exempt sta	V 2	H(b) Are all affilia	tes included? Yes
		atus: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attac	h a list. (see instructions)
		Y C	H(c) Group exem	otion number
Part		Ization: △ Corporation Trust Association Other ► L Year of the Number of the Nu	formation: 2007 M	State of legal domicile:
		- The state of the		· · · · · · · · · · · · · · · · · · ·
1	PROV	describe the organization's mission or most significant activities:		
9	STAT	TIDES TECHNICAL & SCIENTIFIC ADVISORY SERVICES TO THE	E SIGNATORY	
Ta l	STAT	ES OF THE U.S. IN THE DEVELOPMENT & IMPLEMENTATION	OF A MULTI-	
Ver		L CAL & TRADE PROGRAM TO REDUCE AIR POLLUTANTS		
8 2	2 Check	this box if the organization discontinued its operations or disposed of more than	25% of its net assets	
Activities & Governance 9 9 9 6 7	, Hallibe	of voting members of the governing body (Part V) line 1a)	1	
≝ 4		The standard of the governing body (Part VI, line 1h)	• • • • • • • • •	4 20
≩ 5				5 6
₹ 6	Total n	umber of volunteers (estimate if necessary) ross unrelated business revenue from Part VIII, column (C), line 12	* * * * * * * * * * * *	6
7				
	b Net uni	related business taxable income from Form 990-T, line 34	• • • • • • • • • • • • •	a
			Prior Year	
<u>م</u> 8	Contrib	utions and grants (Part VIII, line 1h)	608,10	Current Year
Sevenue 9	Prograr	ii service revenue (Fait VIII, IMe 20)	910,65	
10 ﴿			20,14	
11		(A), (mes 5, 6d, 8c, 9c, 10c, and 11e)	20,140	29,797
12		Total add into 0 tilloudil Littlist Edital Part VIII column (A) line 40	1,538,895	7 044 05
13	Giants	and Similar amounts paid (Part IX, column (A) lines 1-3)	1,330,693	1,844,254
14		Para to or for members (Fatt IX, Column (A) line 4)		
ဖ္က 15			120 266	
15 16	a Professi	ional fundraising fees (Part IX, column (A), line 11e)	130,363	650,951
ă X	b Total fur	ndraising expenses, Part IX, column (D), line 25)	Talent (1991) and the contract of the contract	
⁴ 17	Other ex	consist of the second of the s		
18	Total ex	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,388,392	
19	Revenue	e less expenses. Subtract line 18 from line 12	1,518,755	
80		superiode. Cabalact line to from line 12	20,140	-153,550
20	Total ass	sets (Part X, line 16)	Beginning of Year	End of Year
มเวล		pilities (Part X, line 26)	154,567,082	
22		tts or fund balances. Subtract line 21 from line 20.	154,546,942	932,625
art II	Signa	ature Block	20,140	. 34,881
	and belie	enalties of perjury, I declare that I have examined this return, including accompanying schedules of, it is true, correct, and complete Declaration of preparer (other than officer) is based on all i	and statements, and to	the best of my knowledge
Sign		of, it is true, correct, and complete Declaration of preparer (other than officer) is based on all i	nformation of which p	peparer has any knowledge
lere	Sig	ngtupe of officer	+6/i	11/10
			Date	/
	+ V	e or print name and title	ECUTIVE	DIRECTO
i parer's	Preparer signature	AUG n 3 20fff		r's identifying number tructions) P00183769
Only	if self-emp	condon o'MEARA MIGINTY & DONNELLY L	EIN	13-3628255
		nd ZIP + 4 ONE BATTERY PARK PLAZA, NW YORK, NY 10004-1405	Phone no.	212-661-7777
/ the i/	KS discus:	a thin and an arrangement of the state of th	,	4 x 4 = 0 0 x = 1 1 1 1
1110 1		s this return with the preparer shown above (see instructions)		X Yes No

35-2316710	Page 2
990 (2009) Statement of Program Service Accomplishments	
till Statement of Program Service Accomplishment	
Briefly describe the organization's mission: SEE SCHEDULE O	
SEE SCHEDOBL O	
Did the organization undertake any significant program services during the year which were not listed on	
the prior Form 990 or 990-EZ?	Yes X No
u u u mariana an Schadula ()	
Did the organization cease conducting, or make significant changes in now it conducts, any program	Yes X No
services?	Yes XNC
	.00
	ente and
	and and
Section 501(c)(3) and 501(c)(4) diganizations and section to the (e)(v) allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	608,741.)
\(\(\tau_{	008,741.
DROWING THE TREE TRECHNICAL SUPPORT TO THE SIGNATURE STREET	
AUCTIONS: PROVIDED TECHNICAL SOFTANCES THE DEVELOPMENT AND EXECUTION OF AUCTION PLATFORMS FOR ALLOWANCES THE DEVELOPMENT AND EXECUTION OF AUCTION	
THE DEVELOPMENT AND EXECUTED TO PUBLICATION OF AUCTION TO EMIT CARBON DIOXIDE. THIS RESULTED IN PUBLICATION OF AUCTION	
NOTICES AND MATERIALS.	
(Code:) (Expenses \$ 447,459. including grants of \$) (Revenue \$	489,248.
(Code:) (Expenses \$ 447,435; MAINTAINED A DATABASE, USER	
CHIPS AND BURLIC REPORTING CAPABILITY TO TRACK EMISSIONS AND	
ALLOWANCE TRANSFERS. THIS SYSTEM IS AVAILABLE AT WWW.RGGI.ORG.	
ALLOWANCE TRANSPERO: 17120 5101	
	222 \
: (Code:) (Expenses \$ 281,489 including grants of \$) (Revenue \$	307,777.
DEVELOPED TECHNICAL STANDARDS FOR RGGI OFFISH	
CATEGORIES. DEVELOPED ACCREDITATION AND GUIDANCE MATERIALS ALONG	
WITH TRAINING MODULES.	
	-
d Other program services. (Describe in Schedule O.) (Expenses \$ 210,941. including grants of \$) (Revenue \$ 230,641.)	

•	35-2316710		Pa	ge 3
	10 (2009)		÷	
art		Y	'es	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
		1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
2	Is the organization required to complete outside by outside any activities on behalf of or in opposition to Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		l	
	- F0 If "Voo" complete Schedule C. PATT.	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
		4		X
	TO A CONTROL OF SOLICE AND SOLICE OF SOLICE SOLICE CONTROL OF SOLICE S			
5	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
	tion and depart advised funds or any similar funds of accounts where denote have			
6	Did the organization maintain any donor advised funds of any summer than the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
		6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	Did the organization receive or field a conservation cascination for the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	the environment, historic land areas, of historic structures, in 1959, but the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8		8		X
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		1	
9	Did the organization report an amount in rank, line 21, desired a repair, or debt negotiation services? If "Yes," X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
		9		X
	are a reconstruction directly or through a related organization, hold assets in term, permanent, or			
10	Old Voc " complete Schedule I) Part V	10		X
	quasi-endowments? If Yes, complete schedule B, Yart VI. Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		.	
11		11	X	Service States
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
•	Did the organization report an amount for land, something to			
	Schedule D, Part VI. Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
•	six latel assets congress in Part X line 162 If "Yes" complete Schedule D, Part VII.			
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	In Dot V. line 162 If "Ves." complete Schedule D. Fall VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	27		W.
				7. 44
•	Did the organization report arrandom to other habitates with the tax year include a footnote that addresses Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	to the light for uncortain tay positions under FIN 48? If "Yes," Complete Schedule D, Fart X.			
	and the control of the congress of the congres			8. 375
12	complete Schedule D, Parts XI, XII, and XIII	12	X	PANES VA
	When the example of the included in consolidated, independent audited financial statement for the tax years			
12 <i>P</i>	The state of the property of t			100
40	with the property of the section 170(h)(1)(A)(ll)? If "Yes," Complete Schedule L	13		X
13	and office and office and over a state of the control of the contr	14a		X
14a	the state of the s			- V
	description activities outside the United States! If 165, complete defication, and	14b		X
4 =	A service report on Bort IV column (A) line 3 more than \$5,000 of grants of assistance to any			7
19.	in the parameter located outside the United States? If Yes, Complete Schedule 1, 1 at 11.	15		X
40	Division report on Part IX column (A) line 3 more than \$5,000 or aggregate grants or assistance			
16	The second outside the United States? If "Yes " Complete Scriedule F, Fait III	16		X
47	Did the experization report a total of more than \$15,000 of expenses for professional fundraising services			37
17	Data V. January (A) lines 6 and 11e2 If "Yes" complete Schedule G. Pal U.	17		X
4.0	Did the experiention report more than \$15,000 total of fundraising event gross income and contributions on		l	,,
18	1 4 0-0 If "Voo" complete Schedule G. Part II	18	<u> </u>	X
	Did the ergonization report more than \$15,000 of gross income from gaming activities on rait vin, and say			.,
19	is my the exemplate Cahadula C. Dort III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X
20	Did tile organization operate the state of t	Fort	n 990	(200

	t V Checklist of Required Schedules (continued)			
Pari	Checklist of Required Concursos (Continues)		Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
04 =	the few at a second hand issue with an outstanding principal amount of more than		Ì	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
.		24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	to defease any tax-exempt bonds?	24c		
d	and the very series and an an "on happit of" issuer for hands outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
20 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		- X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
b	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	oon_F7? If "Yes " complete Schedule L. Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			.,,
	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,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			17
	If "Yes " complete Schedule L. Part III	27	e (1.04.64)	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			Х
	Schedule I Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	,		ĺ
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	28c		Х
	Part N	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Х
	conservation contributions? If "Yes," complete Schedule M	30	 	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		X
	Part I	<u> </u>		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
	Schedule N, Part II			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
34	III, IV, and V, line 1	34		X
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
35	Schedule R, Part V, line 2	35	1	X
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R		1	
	Part VI	37		X
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
38	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Cor	aa∩	(2009

i 1

	35-2316710	Page 5
	eeo (2009) V Statements Regarding Other IRS Filings and Tax Compliance	
Par	Statements Regarding other into things and the	Yes No
	Annual Summary and Transmittal of I	
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	
	IIS Information Returns, Enter 10-11 not applicable	
þ	Enter the number of Forms W-26 included in line ta. Line -0- in not applicable.	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c X
	gaming (gambling) winnings to prize winners?	200 124 48 7200 500
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 6	2h X
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b ^
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	
	inetructions)	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a X
	this return?	<u> </u>
b	If "Yes " has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	
٠	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	
	account)?	4a X
h	If "Voc " onter 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.	
E a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a X
Ja h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b X
b	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	
	Prohibited Tay Shelter Transaction?	5c
6-2	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	
υa	organization solicit any contributions that were not tax deductible?	6a X
h	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).	
,	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	
	and services provided to the payor?	7a X
h	If "Yes " did the organization notify the donor of the value of the goods or services provided?	7b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	
	required to file Form 8282?	7c X
d	If "Yes " indicate the number of Forms 8282 filed during the year	
9	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	
	hopefit contract?	7e X
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-''-
	. For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	
•	required?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	
	organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a
ŀ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter:	
a	Initiation fees and capital contributions included on Part VIII, line 12	
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	
11	Section 501(c)(12) organizations. Enter:	
a	Gross income from members or shareholders	
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against	
	amounts due or received from them)	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
k	of "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	5 000 (2009)
		Form 990 (2009)

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

Sect	ion A. Governing Body and Management			
Sect			Yes	No
	Enter the number of voting members of the governing body			
a 1b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		7 74	
4	any other officer, director, trustee or key employee?	2		<u>X</u>
2	Did the organization delegate control over management duties customarily performed by or under the direct			17
3	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		X
4	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
5 6	Does the organization have members or stockholders?	6		X
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?	7b	1 - 1 - 1 - 1 - 1	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
O	the year by the following:	7 MA		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	le there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at			w
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	9a		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)		Yes	No
	Г	40	165	X
10a	Does the organization have local chapters, branches, or animales?	10a		
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?	10b		-
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		Х	
,	form?	11		Marsing.
11A	Desribe in Schedule O the process, if any, used by the organization to review this Form 990.	4.0	X	Botto Vir
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ.	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406	Х	
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	Х	
	describe in Schedule O how this is done	12c 13	X	
13	Does the organization have a written whistleblower policy?		X	+
14	Does the organization have a written document retention and destruction policy?	14	7423 X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporariods outstandard of the			
а	The organization's CEO, executive director, or top management official	15a	17.	+
b	Other officers or key employees of the organization	15b	Tayou (2012
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	460	SASERET	X
	with a taxable entity during the year?	16a	Trible	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	405	A diametr	al salitanization
	the organization's exempt status with respect to such arrangements?	16b	1	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed DELAWARE AND NEW YORK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 930, and 930-1 (601(6)(5)	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	est		
	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	іе 4		
	State the name, physical address, and telephone number of the person who possesses the books and telephone organization: DAVID TERRIO, BTQ FINANCIAL, 80 BROAD STREET, NEW YORK, NY 10004			
	212-901-2445	For	- 000	(2009)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	Name and Title Average Position (check all that apply) Reportable Reportable								Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DAVID LITTELL DIRECTOR & CHAIR	3.00	Х		Х				0.	0	0
CLIFTON BELOW	3.00									
DIRECTOR & VICE CHAIR	3.00	Х		Х				0.	0	0
PETE GRANNIS										
DIRECTOR & VICE CHAIR	3.00	Х		Х				0	0	0
MICHAEL SULLIVAN										
DIRECTOR & SECRETARY	3.00	Х		X				0	. 0.	0
SUSANNE BROGAN										0
DIRECTOR & TREASURER	3.00	X		Х	L			0	0	0
MARK N. MAURIELLO										0
DIRECTOR	3.00	X	<u> </u>		_		ļ	0	. 0	
LAURIE BURT								. 0		0
DIRECTOR	3.00	X	ļ	<u> </u>	-	ļ	-			
AMEY MARRELLA							`	0		0
DIRECTOR	3.00	X	 	-	┼-	ļ <u>.</u>	-	1	·	
JOHN W. BETKOSKI III] 0	. 0
DIRECTOR	3.00	X	-	┼	╀		┼	<u> </u>	1	
COLLIN O'MARA	3.00	X						0]. 0	o
DIRECTOR	3.00	Δ	┼	╁	+	-	-	<u> </u>		
ARNETTA MCRAE	3.00	X						0) 0	C
DIRECTOR SHARON M. REISHUS	3.00	1	+	╁	┼─	+	╁			
DIRECTOR	3.00	X						0	0	
SHARI T. WILSON		 	+	+-	+		+			
DIRECTOR	3.00	X						0	. 0	
PHIL GIUDICE			\top	+	\dagger	 	†			
DIRECTOR	3.00	X						0	0	(
THOMAS S. BURACK		 	T	1	T		1			
DIRECTOR	3.00	X	L					0	. 0	(
JEANNE M. FOX										,
DIRECTOR	3.00	X		L				0	0	Form 990 (2009

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Form 990 (2009)		-						35-2316710			Page 8
Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and h	ligi	hest Compensat	ed Employee:	s (cor	
										(F)	
Name and title	Average					that app		Reportable	Reportable		Estimated amount of
	hours per week	Individual trustee or director	Institutional trus	Officer	Key employee	Highest compensa employee	Former	compensation from	compensation from related	'	other
•	1	/du	tutic	单	emp	est	ьц	the	organizations	,	compensation
		or tr	naf		loye	e com		organization	(W-2/1099-MIS	C)	from the
		uste	trus		è	pen		(W-2/1099-MISC)	·	- [organization and related
		(7)	ee			sated			-		organizations
					<u> </u>	Ď,					
GARRY A. BROWN											0
DIRECTOR	3.00	X						0.		0 -	<u>0.</u>
W. MICHAEL SULLIVAN										0.	0.
DIRECTOR	3.00	35	_					0.			
ELIA GERMANI											0.
DIRECTOR	3.00	X			_			0.		0.	
JONATHAN L. WOOD											. 0
DIRECTOR	3.00	X						0.		<u> </u>	0.
JAMES VOLZ											0
DIRECTOR	3.00	X						0.		0.	0.
JONATHAN SCHRAG								146 667			01 604
EXECUTIVE DIRECTOR	50.00			Х				146,667.		0	21,624.
	ļ										
										1	
]										
					_					_	
]	ŀ								1	
				<u> </u>							
]										
	<u> </u>					L					
1b Total		<u></u>			• •		>	146,667.		01	21,624.
2 Total number of individuals (including but not	limited to th	nose	iste	d al	bove	e) who	o re	ceived more than	\$100,000 in		
reportable compensation from the organization	n 🕨										
										r	Yes No
3 Did the organization list any former office	er, directo	or or	tru	iste	e, k	сеу е	mp	loyee, or highes	t compensated	1	
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	ividi	ual						.]	3 X
4 For any individual listed on line 1a, is the	e sum of	repor	tabl	e c	omi	ensa	tior	and other com	pensation from	,	
the organization and related organizations	greater th	an \$	150	,00	0?	If "Y	es,"	complete Sched	ule J for such	,	
individual											4 X
5 Did any person listed on line 1a receive	e or accr	ue c	omp	ens	atio	n fro	m	any unrelated o	rganization for	r	
services rendered to the organization? If "Yes,"	complete S	Sched	ule .	J foi	r suc	ch per	son	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		5 X
Section B. Independent Contractors						·					
1 Complete this table for your five highest	compensat	ed in	dep	enc	ient	cont	rac	tors that received	d more than	\$100	,000 of
compensation from the organization.								·			
(A)								(B)			(C)
Name and business add	ress							Description of ser	vices	Cor	npensation
ATTACHMENT 2							L	<u></u>			
							↓_				
							↓_				
							_				
									Control of the Contro		
2 Total number of independent contractors (in	ncluding bu	it not	lim	ite	d to	thos	e li	sted above) who	received		
more than \$100,000 in compensation from th	e organizat	ion 🕨				4				翻譯	

Form 990 (2009)							Page 3	
Par	t VIII	Statement of Rever	nue			r	(a)	(5)
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
y y	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1 1					
s, g amo	С	Fundraising events	1 . 1				198	
gift	d	Related organizations	1d					
ons, simi	е	Government grants (contribu	tions) 1e	178,050.				
utic	f	All other contributions, gifts, gran	1 1					
oth		and similar amounts not included						
Cor	g	Noncash contributions included in Total, Add lines 1a-1f	n lines 1a-1f: \$		178,050.	100-200		
e	h	Total, Add lines (d-1)	<u>, , , , , , , , , , , , , , , , , , , </u>	Business Code		**************************************		
ven	2 a	STATE REVENUES		541900	1,636,407.	1,636,407.		
Re	b							
vice	С							
Set	d							-
ram	e							
Program Service Revenue	f	All other program service rev Total. Add lines 2a-2f	enue	<u> </u>	1,636,407.			
	<u>g</u> 3	Investment income (includin						
	3	other similar amounts)			29,797.			29,797.
	4	Income from investment of t						
	5	Royalties	(i) Real	(ii) Personal				
			(I) Real	(II) Personal			3.0	
	6a	Gross Rents						
	b	Less: rental expenses Rental income or (loss)						
	d	Net rental income or (loss).	<u> </u>					
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	/ a	assets other than inventory			-20			
	b	Less: cost or other basis						
		and sales expenses	·					
	c d	Gain or (loss)		<u> </u>			Same and the second	
ø	8 a	- ·	undraising					
nu	0.0	events (not including \$						
eve		of contributions reported on	line 1c).					
J.		See Part IV, line 18		l.			8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Other Revenue	b	Less: direct expenses Net income or (loss) from ful	b					
0	C	Gross income from gaming a		· · · · · · · · · · · · · · · · · · ·				
	9 a	See Part IV, line 19						
	b	Less: direct expenses			24.2			
	C	Net income or (loss) from ga	aming activities.	. <u></u>				
	10a	Gross sales of invent	-					
		returns and allowances		1			70	
	b	Less: cost of goods sold Net income or (loss) from sa						A TOTAL CONTROL OF THE PROPERTY OF THE PROPERT
	<u> </u>	Miscellaneous Rever		Business Code		(* 115) 1 × 240 (* 1.72		
	11a				The state of the s			
	b					<u> </u>		<u> </u>
	c					 	 	
	ď	All other revenue						
	12	Total Add lines 11a-11d . Total Revenue. See instructi				724.4	· Programma Commence	29,797.
	12	rotar Revenue. See instructi	0113			1		= QQQ (2000)

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 (C) Management and Do not include amounts reported on lines 6b, (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 381,593. 267,115. 114,478 Pension plan contributions (include section 401(k) 35,844. and section 403(b) employer contributions) . . . 25,091 10,753 35,796. Other employee benefits 25,057. 10,739 8,828. 29,427. 20,599. 10 Payroll taxes Fees for services (non-employees): a Management 39,698. 19,849 19,849. 100,621. 100,621 e Professional fundraising services. See Part IV. line 17 f Investment management fees 4,299. 3,009. 1,290. 12 Advertising and promotion 41,770. 11,671. 30,099. 13 Office expenses 10,002. 7,001. 3,001. Information technology..... 14 15 54,492 38,144. 16,348. Occupancy 16 3,809. 5,442. 1,633. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,733. 5,776. 4,043. 19 Conferences, conventions, and meetings 20 1,250 1,250. Depreciation, depletion, and amortization 22 22,466. 6,740. 15,726 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 393,000. 393,000. b EMISSIONS ALLOWANCE TRACKING 315,856. 315,856. c MARKET MONITORING 148,901. 148,901. $_{
m d}$ OFFSETS MONITORING 198,700. 198,700. 1,374. e MISCELLANEOUS EXPENSE 4,580. 3,206. f All other expenses _____ 1,829,513. 1,496,635. 332,878. Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ► If following SOP 98-2. Complete this line only if the SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

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Form **990** (2009)

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Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	422,569.		772,970.
	2	Savings and temporary cash investments	153,603,780.	2	37,982.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of	5		
		Schedule L	insered, stalkingsliget order	lukevik	
	6				
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		- 111	
S	_	Part II of Schedule L		<u>6</u> 7	
Assets	7	Notes and loans receivable, net		8	
As	8	Inventories for sale or use	16,680.		29,648.
	9	Prepaid expenses and deferred charges Land buildings, and equipment: cost or 10a 12,500.		e e e e e e e e e e e e e e e e e e e	
	10a				
		other basis. Complete Part VI of Schedule D			11,250.
		Less: accumulated depreciation		10c	11,250.
	11	Investments - publicly traded securities			
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets ,	524,053.	14	115,656.
	15	Other assets. See Part IV, line 11	154,567,082.	15	967,506.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	357,554.		184,062.
	17	Accounts payable and accrued expenses	337,334.		104,002.
	18	Grants payable	449,268.	18	726,963.
	19	Deferred revenue	449,200.	19	720,303.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	A Sant Committee and America	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
iab		employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties	153,740,120.		21,600.
	25	Other liabilities. Complete Part X of Schedule D	154,546,942.		932,625.
	26	Total liabilities. Add lines 17 through 25	Contract Succession	20	Sansalalar, tappe Complete
Fund Balances		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	20,140.	27	34,881.
Bal	28	Temporarily restricted net assets		28	
g	29	Permanently restricted net assets	Zen, an inches de la companya de la	29	
or Fu		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	20,140.	33	34,881.
-	34	Total liabilities and net assets/fund balances	154,567,082.	34	967,506.
					Form 990 (2009)

967,506. Form **990** (2009)

Forr	n 990 (2009)		Pag	ge 12
Pa	irt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	1,120		7-11/05 MY 47-11/14/05 17-11/14/05
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

Employer identification number Name of the organization 35-2316710 REGIONAL GREENHOUSE GAS INITIATIVE, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public X 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ____ Type III - Other c Type III - Functionally integrated a Type I b ____ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No 11g(i) and (iii) below, the governing body of the supported organization? 11a(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (vii) Amount of (iv) is the organization in col. (i) listed in your (vi) Is the organization in col. (v) Did you notify the organization in (iii) Type of organization (described on lines 1-9 above or IRC section (i) Name of supported (ii) EIN support col. (i) listed in your organization col. (i) of your support? governing document? (i) organized in the (see instructions)) Yes No Νo Yes

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

Schedule A (Form 990 or 990-EZ) 2009

35-2316710 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Part II Section A. Public Support

1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
membership fees received. (Co not include any "unusual grants.")	Jai	endar year (or nood year beginning in)			(-,,	(4) 2000	(6) 2003	(1) 10(a)
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 at the property of the property	1	membership fees received. (Do not			27.055	608 100	178 050	
benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1 through 3. 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 of the contributions by each post of the contributions of the con		morode any dilustral grants.				333,200	1,0,050.	013,203.
turnished by a governmental unit to the organization without charge. 4 Total Add lines 1 through 3. 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 of publicly supports during that a contribution included on line 1 that exceeds 2% of the amount of publicly supports during the state of capital season of the state of capital season (a) that is a contribution of the state of capital season (a) the state of capital season (b) that is capital in Part IV) how the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization. b 10 Ow facts and stop here. The organization meets the "facts-and-circumstances" test, force this box and stop here. The organization meets the "facts-and-circumstances" test, force this box and stop here. Explain in Part IV) how the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization. b 10 Ow facts-and-circumstances test - 2009. If the organization did not check a box on line 13, and line 15 is 331/3% or more, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, the ck this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, the ck this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumsta	2	benefit and either paid to or expended on						
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) incuded on line 1 that exceeds 2% of the amount shown on line 11, cotumn (f). 8 Public support. Subtract line 5 from line 4. 9 Public support. Subtract line 5 from line 4. 9 Section B. Total Support. (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 2016 (e) 2007 (d) 2008 (e) 2009 (f) Total 2016 (e) 2007 (e) 2009 (f) 2008 (e) 2009 (f) Total 2016 (e) 2007 (e) 2009 (f) 2008 (e) 2009 (f) Total 2016 (e) 2007 (e) 2008 (e) 2009 (f) Total 2016 (e) 2007 (e) 2008 (e) 2009 (f) Total 2016 (e) 2007 (e) 2008 (e) 2009 (f) Total 2016 (e) 2007 (e) 2008 (e) 2009 (f) Total 2016 (e) 2007 (e) 2008 (e) 2009 (f) Total 2016 (e) 2007 (e) 2008 (e) 2009 (f) Total 2016 (e) 2007 (e) 2009 (f) 2009	3	furnished by a governmental unit to the						
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 6 from line 4. 7 Public support Subtract line 6 from line 4. 8 Public support subtract line 6 from line 4. 8 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total year (or fiscal year beginning in) (a) 2005 (c) 2009 (d) 2008 (e) 2009 (f) Total year (or fiscal year beginning in) (a) 2005 (c) 2009 (d) 2008 (e) 2009 (f) Total year (or fiscal year beginning in) (a) 2005 (c) 2009 (d) 2008 (e) 2009 (f) Total year (or fiscal year beginning in) (a) 2009 (d) 2008 (e) 2009 (f) Total year (or fiscal year beginning in) (a) 2005 (c) 2009 (d) 2008 (d) 2008 (d) 2009 (d) 2008 (d) 2009 (4	Total. Add lines 1 through 3			27,055.	608,100.	178,050.	813,205.
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 6 from line 4. 7 Public support Subtract line 6 from line 4. 8 Public support subtract line 6 from line 4. 8 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total year (or fiscal year beginning in) (a) 2005 (c) 2009 (d) 2008 (e) 2009 (f) Total year (or fiscal year beginning in) (a) 2005 (c) 2009 (d) 2008 (e) 2009 (f) Total year (or fiscal year beginning in) (a) 2005 (c) 2009 (d) 2008 (e) 2009 (f) Total year (or fiscal year beginning in) (a) 2009 (d) 2008 (e) 2009 (f) Total year (or fiscal year beginning in) (a) 2005 (c) 2009 (d) 2008 (d) 2008 (d) 2009 (d) 2008 (d) 2009 (5	The nortion of total contributions by each						
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8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 2,547,062 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Yeulic support percentage from 2008 Schedule A, Part II, line 14 15 % 16 331/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization dualifies as a publicly supported organization. 18 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "fact	7	Amounts from line 4	·····					
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9 Net income from unrelated business activities, whether or not the business is regularly carried on					·	20 140	20 707	40 037
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Gross receipts from related activities, etc. (see instructions)								
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))							********************* *	
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	8	Private foundation. If the organization	n did not check	c a box on line	13, 16a, 16b.	17a, or 17b.	check this box	and see

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

(
	Calendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tot
1	Gifts, grants, contributions, and	1					(1) 101
	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			-	Ę		
	furnished in any activity that is related to the						İ
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's			 			
-							
	benefit and either paid to or expended on	i					
_	its behalf						
5	The value of services or facilities	·					
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 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 disqualified						
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13	İ					
	for the year	İ					
С	Add lines 7a and 7b						·····
8	Public support (Subtract line 7c from				25.450.54 (25.65)	FOR WORKER BOOK STORES	
	line 6.)						
Sec	tion B. Total Support		aliterialististististista (* 1915)				
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(a) 2007	(4) 0000	r	
9	Amounts from line 6	(-) =====	(5) 2000	(c) 2007	(d) 2008	(e) 2009	(f) Tota
	Gross income from interest, dividends,						
	payments received on securities loans,			}		ļ	
	payments received on secunities loans.			1	i		
	rents, royalties and income from similar						
	rents, royalties and income from similar sources						
b	rents, royalties and income from similar sources. Unrelated business taxable income (less						
b	rents, royalties and income from similar sources						-
	rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Name of the organization

Schedule of Contributors

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

OMB	No.	1545-0047

2009

REGIONAL GREENHOUSE GAS INITIATIVE, INC. Employer identification number 35-2316710 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (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 General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not 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 Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

9E1251 1.000 42626U M261

PAGE 17

of	of Part I

Page

	REGIONAL GREENHOUSE GAS INITIATIV	VE, INC.	Employer identification number 35-2316710
Part I	Contributors (see instructions)		
(a) <u>No.</u>	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NYS ENERGY RESEARCH AND DEVELOPMENT AUTH		
	17 COLUMBIA CIRCLE	\$178,050.	Payroll
	ALBANY, NY 12203		(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
(a)		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
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 Payroli 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 D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization REGIONAL GREENHOUSE GAS INITIATIVE, INC.

Employer identification number 35-2316710

	organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.
	(a) Donor advised funds (b) Funds and other accounts
1	rotal number at end of year
2	Aggregate contributions to (during year)
3	Aggregate grants from (during year)
4	Aggregate value at end of year
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised
6	used only for charitable purposes and not for the hardful of the things that grant funds can be
Б	
	Purpose(s) of conservation easements held by the organization answered "Yes" to Form 990, Part IV, line 7.
1	the organization (check all that apply)
2	Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of open space Preservation of an historically important land area Preservation of a certified historic structure
	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
_	Total number of conservation accounts.
a	Total Hamber of Conservation Easements
b	, otal doloago restricted by conservation easements
C .	The state of the s
ď	of control edsellients (ICI)/ICE in (C) acquired offer 0/47/00
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
1	Number of states where property subject to conservation easement is located
;	Does the organization have a written policy respect to conservation easement is located
	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing and enforcement.
i	▶ easements during the year
•	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization and the properties of the conservation and the properties of the pr
	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and
	balance sheet, and include, if applicable, the text of the features to the features to the features to the text of the features to the fea
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes
ar	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public services in Part XIV, the text of the footnote to its financial statement with the description of the footnote to its financial statement with the description of research in furtherance of public services.
,	historical treasures, or other similar assets hald to the first order of a report in its revenue statement and balance sheet works of a
	provide the following amounts relating to these items:
((i) Revenues included in Form 990, Part VIII line 1
ì	(ii) Assets included in Form 990, Part X If the organization received or held works of art historical treasures. **Section** **Secti
f	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SEAS 116 relating to the second control of the similar assets for financial gain, provide the second control of the second control
į	following amounts required to be reported under SFAS 116 relating to these items:
	10 70 Hadd included in Form 990. Part VIII line 1
	Assets included in Form 990, Part X
	ivacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

۲	art III Organizations Maintair	ning Collections	s of Art, His	storica	i Treasure	s, or (Other Simila	r Assets	(contii	nued)	
•											
3	5 · · · · · · · · · · · · · · · · · · ·	on, accession, and	d other reco	rds, ch	eck any of t	he folk	owing that are	a significa	ant use	of its	
	collection items (check all that ap	ply):									
ã	Public exhibition		d		Loan or ex	chang	e programs				
t	Scholarly research		e		Other						
(Preservation for future g	enerations	•			************		· · · · · · · · · · · · · · · · · · ·			
4	Provide a description of the organ	nization's collection	ns and expla	in how	they further	the o	rganization's e	xemnt nu	rnosa i	'n	
	Fail AIV.								i pooc i	11	
5	During the year, did the organizat	ion solicit or rece	ive donation:	s of art	t, historical t	reasur	es or other sin	nilar			
	assets to be sold to raise funds ra	ther than to be m	aintained as	part o	f the organiz	ation's	collection?	ina		г	-
Pa	Escrow and Custodial A	Arrangements	Complete i	f the c	rganization	ODCU	rorad IIVa-II to	. F	Y (38	No
	IV, line 9, or reported a	n amount on Fo	rm 990. Pa	ert X li	ne 21	alisw	refed fes to	o Form 9	90, Pa	irt	
											
1 a	Is the organization an agent, truste	e custodian or o	ther interme	dian, f	or oostributi		-46	•			
	included on Form 990, Part X?	50, 005t001at1 01 0	uner miterine	dialy i	oi contributi	ons or	otner assets r	ot ,			
h	o If "Yes," explain the arrangement in	n Part VIV and so	· · · · ·			• • • •	• • • • • • • •	• • • • [Υe	s	No
-	in 100, explain the arrangement	ii Fait Aiv and co	mpiete the f	Ollowin	g table:	<u></u>					
	Reginning halance							Amount			
C	0 0				• • • • • •	1c					
d					• • • • • • [1d					
e	and journal and journal and journal and journal and in the same and th	• • • • • • • • • •		• • • •	[1e					
f		• • • • • • • • • •				1f				~~~	
2a	5 · · · · · · · · · · · · · · · · · · ·	ount on Form 99	0, Part X, lin	e 21?				1	Ye	s	No
	it res, explain the arrangement in	n Part XIV.						-	J	· L	
Pa	rt V Endowment Funds. Con	nplete if organi	zation answ	vered '	'Yes" to Fo	rm 99	0. Part IV. lin	e 10.	***********		
		(a) Current Year	(b) Prior	year	(c) Two yea		(d) Three ye		(e) Fo	ur years	s back
1a	Beginning of year balance							Think Arre			at same
b											gradically.
С	Net investment earnings, gains,							30:5-de 300		minari Mgalak	
	and losses										
d	Grants or scholarships			······································							
e	Other expenditures for facilities .					\$ 14 TH			natiklasiya Azərbay		
	and programs		1								
f	Administrative expenses					derselikk			e Francisco		
g	End of year balance		 								Marija.
2	Provide the estimated percentage	of the year end ha	alance held a	<u> </u>	Martine of the Conference				1.0		
а	Board designated or quasi-endown	nent 🕨	%	.s.	•						
b											
С	Term endowment ▶	%									
		the possession o	f the erreni-		h-4	,					
	Are there endowment funds not in organization by:	the bossession o	i the organiz	zation t	nat are neig	and a	dministered for	r the			
	- · ·									Yes	No
	(i) unrelated organizations (ii) related organizations		• • • • • • •	• • •		• • • •	• • • • • • •		3a(i)		
b	(ii) related organizations	opimations listeral	• • • • • • •						3a(ii)		<u></u>
4	If "Yes" to 3a(ii), are the related org	anizations iisted a	as required o	n Sche	dule R?				3b		L
Par	Describe in Part XIV the intended unit VI Investments - Land, Build	ses of the organiz	ation's endo	wmen	t tunds.						
Lai		aings, and Equi	pment. See	e Forr	n 990, Part	X, lin	e 10.				
	Description of investment		t or other basis		Cost or other) Accumulated	(d) Book v	alue	
4-	Land	1 .	estment)	<u> </u>	oasis (other)		depreciation	·			
	Land					fig.					
b	Buildings							······································			
C	Leasehold improvements										
	Equipment				12,50	0.	1,250		······································	11,2	50-
<u>e</u>	Other										~ •
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	rm 990, Part	X, colu	ımn (B), line	10(c).)				11,2	50.

Schedule D (Form 990) 2009

	Investments - Other Securities. See		170 12.	Page
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	
Financial deri	ivatives		Cost or end-of-year market value	
Closely-held	equity interests			
Other	equity interests	•		
04101				
				·
				····
Total (Column (h	1			
Part VIII In) must equal Form 990, Part X, col. (B) line 12.)	>	· 大学 在文理 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	Skurieri
rait viii ii	nvestments - Program Related. See	Form 990, Part X, lir	ne 13.	
(;	a) Description of investment type	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
otal. (Column (b)	must equal Form 990, Part X, col. (B) line 13.)	-		
otal. (<i>Column (b</i>). Part IX Ot	must equal Form 990, Part X, col. (B) line 13.) • ther Assets. See Form 990, Part X,	line 15.		
art IX Of	ther Assets. See Form 990, Part X,	line 15.	The state of the s	
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art IX Of	ther Assets. See Form 990, Part X,	line 15.	The state of the s	
art IX Of	ther Assets. See Form 990, Part X,	line 15.	(b) Book value	
art IX Of	ther Assets. See Form 990, Part X,	line 15.	(b) Book value	
art IX Of	ther Assets. See Form 990, Part X,	line 15.	(b) Book value	
art IX Of	ther Assets. See Form 990, Part X,	line 15.	(b) Book value	
art IX Of	ther Assets. See Form 990, Part X,	line 15.	(b) Book value	
art IX Of	ther Assets. See Form 990, Part X,	line 15.	(b) Book value	
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TATE RECE	ther Assets. See Form 990, Part X, (a	line 15.) Description	(b) Book value 115,	
TATE RECE	ther Assets. See Form 990, Part X, (a IVABLES must equal Form 990, Part X, col. (B) line 15.)	line 15.) Description	(b) Book value 115,	656
TATE RECE	ther Assets. See Form 990, Part X, (a IVABLES must equal Form 990, Part X, col. (B) line 15.)	line 15.) Description	(b) Book value 115,	656
TATE RECE	ther Assets. See Form 990, Part X, (a IVABLES Trust equal Form 990, Part X, col. (B) line 15.) Ther Liabilities. See Form 990, Part X	line 15.) Description	(b) Book value 115,	656
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TATE RECE tal. (Column (b) m art X Other	ther Assets. See Form 990, Part X, (a) TIVABLES Trust equal Form 990, Part X, col. (B) line 15.) Ther Liabilities. See Form 990, Part X (a) Description of liability taxes	Jine 15.) Description C, line 25. (b) Amount	(b) Book value 115,	656
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TATE RECE TATE RECE Tal. (Column (b) m art X Other deral income of the come of the column (c) of t	ther Assets. See Form 990, Part X, (a) TIVABLES Trust equal Form 990, Part X, col. (B) line 15.) Ther Liabilities. See Form 990, Part X (a) Description of liability taxes	Jine 15.) Description C, line 25. (b) Amount	(b) Book value 115,	656
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organization's liability for uncertain tax positions under FIN 48.

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Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

LIABILITY FOR UNCERTAIN TAX POSITIONS PART X - LINE 2

AS OF DECEMBER 31, 2009, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN TAX POSITIONS. IN ADDITION, THE CORPORATION'S TAX RETURNS FOR THE YEARS 2007 AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE TAXING AUTHORITIES.

RECONCILIATION OF REVENUE & RECONCILIATION OF EXPENSES PART XII - LINE 4B & PART XIII - LINE 4B

BANK CHARGES: \$15,056.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization REGIONAL GREENHOUSE GAS INITIATIVE, INC. Employer identification number Part I Questions Regarding Compensation 35-2316710

12	To lieck the appropriate box(es) if the organization provided any of the following to a fire		Yes	No
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	40.00		
	First-class or charter travel Housing allowers are an information regarding these items.			
	Travel for nersonal use			
	Toy indoministry is a surface of personal residence			
	Discretionant an analysis and a second of initiation lees			
	i stockat set vices (e.g., maid, chauffeur, chef)	1 2000		
b	of the boxes on line 1a is checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
2	explain	1b		Parencies!
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3			ECST 1	W.
	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	Componential and the control of the			
	Independent contract			
	Form COO - 5 - 11			
	- Provided to the board of commence ation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing Receive a severance payment or change-of-control payment?			
а	Receive a severage payment of the filing			
b	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental populatified retirement place.	4a		X
c	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation or receive payment from.	4b		X
·	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the payment.	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
•	of persons listed in Form 990, Part VII. Section A line 1a did the organization			
а	The revenues of			
	Any related organization?	5a		X
D	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b		$\frac{\Lambda}{X}$
6	If "Yes" to line 5a or 5b, describe in Part III.	30	2.884.99	
U	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	The first earnings of			
a h	The organization? Any related organization?			X
U	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6a		$\frac{\Lambda}{X}$
, ,	If "Yes" to line 6a or 6b, describe in Part III.	6b		A.
ţ	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
		7		v
•	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	7		<u>X</u> _
	The state of the dot of the scripped in Plane continues and the state of the state			
			,	v
' 1	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		<u>X</u>
	Regulations section 53.4958-6(c)?			

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Schedule J (Form 990) 2009

35-2316710

Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdow	of VAL 2 and/or 1000 kg					
(A) Moment		The second of V-2 alluful 1098-MISC compensation	ISC compensation	(C) Retirement and	(D) Nonfaxable	(E) Total of anima	i
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(E) fotal of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-E7
(I)	146,66	0		14.667	6 057	700	
			0.	0		108,291.	.0
(1)							0.
(0)							
(II)							
<u>(c)</u>							
(11)							
(II)							
(0)							
(2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
(II)							
8							
(II)							
(ii)							
	11 11 11 11 11 11 11 11 11 11 11 11 11						
(ii)							
(II)							
(6)							
(ii)							
8							
(II)							
(ii)							

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Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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



Department of the Treasury Internal Revenue Service Name of the organization

REGIONAL GREENHOUSE GAS INITIATIVE, INC Employer identification number 35-2316710

ATTACHMENT

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 1

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 TO A MEMORANDUM OF UNDERSTANDING PROVIDING FOR 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 OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 4D

MARKET MONITORING: DEVELOPED TECHNIQUES TO MONITOR MARKET ACTIVITY WHICH RESULTED IN QUARTERLY REPORTS OF MARKET ACTIVITY.

EXPENSES: \$210,941.

REVENUE: \$230,641.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A - QUESTION 7A

THE BOARD SHALL CONSIST OF TWO DIRECTORS FROM EACH SIGNATORY STATE, AS

FOLLOWS: (1) THE CHAIR, OR THE COMMISSIONER DESIGNATED BY THE CHAIR, OF

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Schedule O (Form 990) 2009

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Name of the organization

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

Employer identification number

35-2316710 ATTACHMENT 1 (CONT'D)

THE SIGNATORY STATE'S ENERGY REGULATORY AGENCY; (2) THE CHIEF EXECUTIVE OF THE SIGNATORY STATE'S ENVIRONMENTAL REGULATORY AGENCY OR DEPARTMENT; OR (3) IN THE EVENT THAT THE GOVERNOR OF A SIGNATORY STATE DETERMINES THAT A STATE OFFICIAL OTHER THAN THE AFOREMENTIONED IS THE APPROPRIATE REPRESENTATIVE TO ACT AS A DIRECTOR, THE GOVERNOR OF THAT SIGNATORY 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 THE AFOREMENTIONED OFFICERS SHALL SERVE AS AN EX OFFICIO DIRECTOR OF THE CORPORATION. EACH SUCH EX OFFICIO DIRECTOR SHALL PROVIDE WRITTEN NOTICE TO THE CHAIR OF HIS OR HER ACCEPTANCE OF THE POSITION OF DIRECTOR OF THE CORPORATION.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B - QUESTION 11A

THE PROCESS THAT THE ORGANIZATION USES TO REVIEW THE FORM 990 IS AS FOLLOWS: 1-COPY OF THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE; 2-COPY OF THE FORM 990 IS DISTRIBUTED TO THE EXECUTIVE COMMITTEE VIA EMAIL; AND 3-COPY OF THE FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS VIA EMAIL. ANY COMMENTS RECEIVED FROM THESE PROCESSES ARE CONSIDERED, AFTER DUE TIME FOR RESPONSES TO BE RECEIVED. THE AUDIT COMMITTEE HAS FINAL AUTHORITY OVER THE RETURN.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B - QUESTION 12C

THE CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE IS UPDATED ANNUALLY BY DIRECTORS, OFFICERS AND EMPLOYEES. IN ADDITION, ALL NEWLY APPOINTED DIRECTORS MUST COMPLETE A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE

Name of the organization

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

Employer identification number 35-2316710

ATTACHMENT 1 (CONT'D)

PRIOR TO PARTICIPATING IN ANY ACTION OR DELIBERATION OF THE BOARD.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B - QUESTION 15A

THE PROCESS INCLUDES REVIEW OF DATA PROVIDED BY THE NONPROFIT COORDINATING COMMITTEE OF NEW YORK AND BOARD MEMBERS KNOWLEDGE OF OTHER COMPARABLE ORGANIZATIONS.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B - QUESTION 15B

THE SALARY AMOUNTS WERE REVIEWED BY THE BOARD OF DIRECTORS IN THE COURSE OF THEIR REVIEW OF THE BUDGET. THAT DETERMINATION WAS SUPPORTED BY A REVIEW OF DATA FROM THE NONPROFIT COORDINATING COMMITTEE OF NEW YORK.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION C - QUESTION 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE.

ATTACHMENT 2

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

WORLD ENERGY SOLUTIONS, INC. 446 MAIN STREET WORCESTER, MA 01608

AUCTIONS

393,000.

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Schedule O (Form 990) 2009

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9300 LEE HIGHWAY FAIRFAX, VA 22031

Page 2

Name of the organization Employer identification number REGIONAL GREENHOUSE GAS INITIATIVE, INC. 35-2316710 ATTACHMENT 2 (CONT'D) 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION PERRIN QUARLES ASSOCIATES CO2 TRACKING SERVICE 315,856. 652 PETER JEFFERSON PARKWAY, SUITE 300 CHARLOTTESVILLE, VA 22911 POTOMAC ECONOMICS, LTD. MARKET MONITORING 148,901. 9990 FAIRFAX BLVD., SUITE 560 FAIRFAX, VA 22030 ICF INCORPORATED, LLC OFFSETS MONITORING 145,000.

TOTAL COMPENSATION

1,002,757.

Schedule O (Form 990) 2009