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.

2012

OMB No. 1545-0047

Open to Public Inspection

B Ornel Fursition Annel of Comparison REGIONAL GREENHOUSE GAS INITIATIVE, INC. Dong Business As Number and street (or P.O. box if mails in or delivered to street address) No. HURCH STREET, ATH FLOOR (212) 417-7327 Financian Street (or P.O. box if mails in or delivered to street address) No. HURCH STREET, ATH FLOOR (212) 417-7327 Flooring Street (or P.O. box if mails in or delivered to street address) No. HURCH STREET, ATH FLOOR (212) 417-7327 Flooring Street (or P.O. box if mails in or delivered to street address) No. HURCH STREET, ATH FLOOR (212) 417-7327 G Gross modelpts 3 1, 901, 605 High interpret statute No. HURCH STREET, ATH FLOOR Tax-earmy statute No. HURCH STREET, ATH FLOOR SAME AS ABOVE ADDRESS, Flooring Street (or P.O. box if mails in or delivered to street address) No. HURCH STREET, ATH FLOOR Tax-earmy statute No. HURCH STREET, ATH FLOOR G Gross modelpts 3 1, 901, 605 High interpret statute No. HURCH STREET, ATH FLOOR Tax-earmy statute Tax-earmy statute No. HURCH STREET, ATH FLOOR Tax-earmy statute Tax-earmy statute Tax-earmy statute No. HURCH STREET, ATH FLOOR Tax-earmy statute T	A	For th	ne 201	2 calendar year, or tax year beginning , 2012, and	d ending		, 20	
More carry Mo	D		700747			D Employer identifi		
Translation	ъ.			REGIONAL GREENHOUSE GAS INITIATIVE, INC.		35-231671	10	
State						1		
Transvert		Nam	e change	Number and street (or P.O. box if mail is not delivered to street address)	m/suite	E Telephone number	er	
NRM YORK, NY 1000T		Initia	l return	90 CHURCH STREET, 4TH FLOOR		(212) 417-7	7327	
Tax-exempt statux X Solicid Solicid Tax-exempt statux X Solicid Tax-exempt statux		Term	ninated	- T. C. (1997) - C. C. (1997) - C.				
Tax-compt status: X S1(c)(3) S1(c)()				NEW YORK, NY 10007		G Gross receipts \$	1,903	,605
Tax-exempt status:				F Name and address of principal officer: COLLIN O'MARA			um for Yes	X No
Tax-exempt status: X Solici(s) Solicit Mark Mark Solicit Mark Mark Solicit Mark				SAME AS ABOVE ADDRESS ,			cluded? Yes	No
Note Part Summary State of legal domicile DE	1	Tax-ex	xempt st	atus: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or	527			
Note Part Summary	J	Webs	ite: 🕨			H(c) Group exemption r	number >	
1 Briefly describe the organization's mission or most significant activities: PROVIDES TECHNICAL AND SCIENTIFIC ADVISORY SERVICES TO THE SIGNATORY STATES OF THE U.S. IN THE DEVELOPMENT AND IMPLEMENTATION OF A MULTI- STATE CAP AND TRADE PROGRAM TO REDUCE ATR POLLUTANTS. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of violing members of the governing body (Part VI, line 18) . 4 18. Number of independent voting members of the governing body (Part VI, line 18) . 5 7. Total number of violing members of the governing body (Part VI, line 18) . 5 7. Total number of violing members of the governing body (Part VI, line 18) . 5 7. Total number of individuals employed in calendar year 2012 (Part VI, line 18) . 5 7. Total number of individuals employed in calendar year 2012 (Part VI, line 29) . 5 7. Total number of individuals employed in calendar year 2012 (Part VI, line 29) . 5 7. Total number of violing members (estimate if necessary) . 6 6 7. Total number of violing members (estimate if necessary) . 6 6 7. Total number of violing members (Part VIII, line 19) . 7 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	K	Form	of organ	ization: X Corporation Trust Association Other	L Year of format		- 1 - A	DE
PROVIDES TECHNICAL AND SCIENTIFIC ADVISORY SERVICES TO THE SIGNATORY STATE CAP AND TRADE PROGRAM TO REDUCE AIR POLLUTANTS. Check this box	Pá	art I	Sui			1 00 2000	er ne gen een men	
PROVIDES TECHNICAL AND SCIENTIFIC ADVISORY SERVICES TO THE SIGNATORY STATE CAP AND TRADE PROGRAM TO REDUCE AIR POLLUTANTS. Check this box		1	Briefly	describe the organization's mission or most significant activities:	C. T. T.	35.777		
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8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 5-10). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Professional fundraising fees (Part IX, column (A), line 25). 17 Other expenses (Part IX, column (A), line 25). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Total assets (Part X, line 16). 10 Total assets (Part X, line 16). 11 Other expenses (Part IX, column (A), line 25). 12 Total assets (Part X, line 16). 13 Total expenses. Subtract line 18 from line 12. 14 Revenue less expenses. Subtract line 18 from line 12. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25). 17 Other expenses (Part IX, column (A), line 11-10, 111-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Total assets (Part X, line 16). 10 Total assets (Part X, line 16). 11 Total expenses. Subtract line 18 from line 12. 12 Total liabilities (Part X, line 26). 13 Total expenses (Part X, line 26). 14 Revenue less expenses. Subtract line 21 from line 20. 15 Signature Block 17 Primy and the expense (Part X, line 26). 18 Signature of time the preparer (other) the force including accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed. 18 Signature of time the preparer (other) the force including accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed. 19 Frimy and the preparer's name proparer's name proparer's name proparer's name proparer's name proparer's name proparer's name propa		7a				72		
8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 1, 820, 393, 1, 900, 514, 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Professional fundraising fees (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), line 11e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 16). 22 Total assets (Part IX, line 16). 23 Total liabilities (Part X, line 16). 24 Total liabilities (Part X, line 16). 25 Jinature Block 26 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Definition of complete Definition of which preparer has any knowledge. 27 Prim's name CONDON O'MEARA MCGINTY Dennier Lize Firms EIN 13-3628255 28 Prim's address CME BATTERY PARK PLAZA NEW YORK, NY 10091-1469. 28 Prim's address CME BATTERY PARK PLAZA NEW YORK, NY 10091-1469. 29 Prime address CME BATTERY PARK PLAZA NEW YORK, NY 10091-1469. 20 Prime address CME BATTERY PARK PLAZA NEW YORK, NY 10091-1469. 20 Phone no. 212-661-7777 20 May the IRS discuss this return with the preparer shown above? (see instructions). 20 No description of the program o		b	Net ur	nrelated business taxable income from Form 990-T, line 34		7h		
8 Contributions and grants (Part VIII, line 1h)						and produce of the second second	Current Y	ear
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (D), line 25) ▶ 0 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20. 36, 681. 37, 772. Part III Signature Block Primt Yupe or print name and title Proper print ame	a	8	Contri	butions and grants (Part VIII, line 1h)	10.0	0		-
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Ba Professional fundraising fees (Part IX, column (A), line 14e). 17 Other expenses (Part IX, column (A), line 11e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 10 Total assets (Part X, line 16). 10 Total assets (Part X, line 16). 11 Total liabilities (Part X, line 26). 12 Net assets or fund balances. Subtract line 21 from line 20. 13 Signature Block 10 Date Print II Signature Block 10 Preparer's signature 10 Print Type or print name and title 10 Preparer's signature 11 Print Signature Softice: 12 Print II Signature Softice: 13 Print Signature Softice: 14 Preparer's signature 15 Print Signature Softice: 16 Print Signature Softice: 17 Print Signature Softice: 18 Print Signature Softice: 19 Print Signature Softice: 10 Print Signature Softice: 11 Print Signature Softice: 12 Print Signature Softice: 13 Print Signature Softice: 14 Preparer's signature 15 Print Signature Softice: 16 Print Signature Softice: 17 Print Signature Softice: 18 Print Signature Softice: 19 Print Signature Softice: 10 Print Signature Softice: 10 Print Signature Softice: 10 Print Signature Softice: 11 Print Signature Softice: 12 Print Signature Softice: 13 Print Signature Softice: 14 Print Signature Softice: 15 Print Signature Softice: 16 Print Signature Softice: 17 Print Signature Softice: 18 Prin	nu	9	Progra	am service revenue (Part VIII, line 2a)		1,820,393.	1,900	.514.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Ba Professional fundraising fees (Part IX, column (A), line 14e). 17 Other expenses (Part IX, column (A), line 11e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 10 Total assets (Part X, line 16). 10 Total assets (Part X, line 16). 11 Total liabilities (Part X, line 26). 12 Net assets or fund balances. Subtract line 21 from line 20. 13 Signature Block 10 Date Print II Signature Block 10 Preparer's signature 10 Print Type or print name and title 10 Preparer's signature 11 Print Signature Softice: 12 Print II Signature Softice: 13 Print Signature Softice: 14 Preparer's signature 15 Print Signature Softice: 16 Print Signature Softice: 17 Print Signature Softice: 18 Print Signature Softice: 19 Print Signature Softice: 10 Print Signature Softice: 11 Print Signature Softice: 12 Print Signature Softice: 13 Print Signature Softice: 14 Preparer's signature 15 Print Signature Softice: 16 Print Signature Softice: 17 Print Signature Softice: 18 Print Signature Softice: 19 Print Signature Softice: 10 Print Signature Softice: 10 Print Signature Softice: 10 Print Signature Softice: 11 Print Signature Softice: 12 Print Signature Softice: 13 Print Signature Softice: 14 Print Signature Softice: 15 Print Signature Softice: 16 Print Signature Softice: 17 Print Signature Softice: 18 Prin	eve	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,822,441. 1,901,605. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 613,148. 581,630. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 17 Other expenses (Part IX, column (A), line 25) 0 0 18 Total expenses (Part IX, column (A), line 25) 1, 209,293. 1, 318,884. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 822,441. 1, 900,514. 19 Revenue less expenses. Subtract line 18 from line 12. 0 1,091. 20 Total assets (Part X, line 16) 1,091. 21 Total isabilities (Part X, line 26) 1,087,235. 21 Total isabilities (Part X, line 26) 1,087,235. 22 Net assets or fund balances. Subtract line 21 from line 20. 36,681. 37,772. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Prim's address Pore Battery Park Plaza McGINTY DDNNELLK L Firm's Elin Plaza 3628255 Firm's address Pore Battery Park Plaza New York, NY 100Pl-40fp Phone no. 212-661-7777 May the IRS discuss this return with the preparer shown above? (see instructions) X yes No	œ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	., ., .	0	-	_
The part III Signature of officer Prim's name Prim's name Processor Age of the Control of the Part IX in the Preparer's name Prim's name Processor Age of the Part IX in the Propagation of preparer (other (high officer) is based on all information of which preparer has any knowledge Prim's name Processor Age of the Part IX in the Propagation of Preparer's signature Prim's name Processor Age of the Control of the Part IX in the Propagation of Preparer shown above? (see instructions) Age of the Propagation of Propagat		12				1.822.441.	1.901	- 605
44 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 0 0 0 0 0 0		13					2/302	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 a Professional fundraising fees (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (D), line 25) ▶ 0 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 19 Revenue less expenses. Subtract line 18 from line 12. 10 Total assets (Part X, line 16). 10 Total assets (Part X, line 16). 11 Total assets (Part X, line 26). 12 Total assets (Part X, line 26). 13 Total assets or fund balances. Subtract line 21 from line 20. 14 Total assets or fund balances. Subtract line 21 from line 20. 15 Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other thish officer) is based on all information of which preparer has any knowledge. 18 Total liabilities (Part X, line 26). 19 Revenue less expenses. Subtract line 21 from line 20. 10 Total assets (Part X, line 26). 10 Total assets (Part X, line 26). 11 Total liabilities (Part X, line 26). 12 Total assets or fund balances. Subtract line 21 from line 20. 13 Total assets or fund balances. Subtract line 21 from line 20. 14 Total assets or fund balances. Subtract line 21 from line 20. 15 Signature Block 16 Total assets (Part X, line 26). 17 Total assets (Part X, line 26). 18 Total assets (Part X, line 26). 19 Total assets (Part X, line 26). 10 Total assets (Part X, line 26). 10 Total assets (Part X, line 26). 11 Total assets (Part X, line 26). 12 Total assets (Part X, line 26). 13 Total assets (Part X, line 26). 14 Total assets (Part X, line 26). 15 Total assets (Part X, line 26). 16 Total assets (Part X, line 26). 17 Total assets (Part X, line 26). 18 Total assets (Part X, line 26). 19 Total assets (Part X, line 26). 10 Total assets (Part X, line 26). 10 Total assets (Part X, line 26). 11 Total assets (Part X, line 26). 12 Total assets (Part X,		100	Benef	ts paid to or for members (Part IX column (A) line 4)		0		
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	s	4-	Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		613,148	581	
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Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12. Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is sufferently beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Type or print name and title Print/Type preparer's name Type or print name and title Preparer Date Preparer's signature Preparer's signature A part 3 0 2013 Check if Print self-employed Pool 83769 Firm's address Pone Battery Park Plaza New York, NY 1009-1405 Phone no. 212-661-7777 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	cpe	b	Total f	undraising expenses (Part IX, column (D), line 25)				~
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,822,441. 1,900,514. 1,091. 8eginning of Current Year 1,428,302. 1,087,235. 1,391,621. 1,049,463. 20 Total assets (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. 1,049,463. 36,681. 37,772. Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other) than officer) is based on all information of which preparer has any knowledge. Print Type or print name and title Preparer Use Only Firm's name CONDON O'MEARA MCGINTY DONNELLY L Firm's EIN 13-3628255 Phone no. 212-661-7777 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	ũ	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1.209.293	1.318	884
Revenue less expenses. Subtract line 18 from line 12. 1,091. Beginning of Current Year End of Year		18	Total e	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				
Total assets (Part X, line 16) 1, 428, 302 1, 087, 235. Total liabilities (Part X, line 26) 1, 391, 621 1, 049, 463. Net assets or fund balances. Subtract line 21 from line 20. 36, 681 37, 772. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Preparer Use Only Firm's name CONDON O'MEARA MCGINTY & DONNELLY L Firm's EIN 13-3628255 Firm's address ONE BATTERY PARK PLAZA NEW YORK, NY 1009-1406 Phone no. 212-661-7777 May the IRS discuss this return with the preparer shown above? (see instructions) X yes No		19			1000			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name CONDON O'MEARA MCGINTY DONNELLY L Firm's address ONE BATTERY PARK PLAZA NEW YORK, NY 10001-1405 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	or			200 - 100 -	Begin			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name CONDON O'MEARA MCGINTY DONNELLY L Firm's address ONE BATTERY PARK PLAZA NEW YORK, NY 10001-1405 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	lanc	20	Total a	assets (Part X, line 16)	Dogin			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name CONDON O'MEARA MCGINTY DONNELLY L Firm's address ONE BATTERY PARK PLAZA NEW YORK, NY 10001-1405 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Ass Ba	21						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name CONDON O'MEARA MCGINTY DONNELLY L Firm's address ONE BATTERY PARK PLAZA NEW YORK, NY 10001-1405 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Pun	22						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer	Pa	rt II				53/2533		
Sign Here Signature of officer Date	Une	der per	nalties o	f perjury, I declare that I have examined this return, including accompanying schedules ar	nd statements, a	nd to the best of my l	cnowledge and b	elief it is
Type or print name and title Print/Type preparer's name APaid Preparer's signature APAid 0 2013 Check if self-employed P00183769 Proparer Use Only Firm's name ► CONDON O'MEARA MCGINTY & DONNELLY L Firm's EIN ► 13-3628255 Phone no. 212-661-7777 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any kr	owledge.		V. 1
Type or print name and title Print/Type preparer's name APaid Preparer's signature APAid 0 2013 Check if self-employed P00183769 Proparer Use Only Firm's name ► CONDON O'MEARA MCGINTY & DONNELLY L Firm's EIN ► 13-3628255 Phone no. 212-661-7777 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No						5-3	-13	
Type or print name and title Print/Type preparer's name A Pate 3 0 2013 Check if self-employed Proparer's signature A Pate 3 0 2013 Check if self-employed Proparer's signature Print/Type preparer's name A Pate 3 0 2013 Check if self-employed Proparer's signature Print/Type preparer's name A Pate 3 0 2013 Check if self-employed Proparer's signature Print/Type preparer's name Proparer's signature A Pate 3 0 2013 Check if self-employed Proparer's signature Print/Type preparer's name Proparer's signature A Pate 3 0 2013 Check if self-employed Proparer's name Print/Type preparer's name Proparer's signature Proparer's signature Print/Type preparer's name Proparer's signature Propare				Signature of Officer		Date	1/	
Print/Type preparer's name Preparer Use Only Firm's name CONDON O'MEARA MCGINTY & DONNELLY L Firm's address ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405 May the IRS discuss this return with the preparer shown above? (see instructions) Print/Type preparer's name Preparer's signature A Pate 3 0 2013 Check if self-employed P00183769 P00183769 Ponne no. 212-661-7777 No No	He	re		James 10/21 a reasure	or			
Preparer Use Only Firm's name CONDON O'MEARA MCGINTY & DONNELLY L Firm's name CONDON O'MEARA MCGINTY & DONNELLY L Firm's address ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405 May the IRS discuss this return with the preparer shown above? (see instructions) ARR 3 0 2013 Check if self-employed P00183769 P00183769 P13-3628255 Phone no. 212-661-7777 No. 212-661-7777				Type or print name and title				
Preparer Use Only May the IRS discuss this return with the preparer shown above? (see instructions) P00183769 P00183769		. 1		A PATE	aten n nns	Check if F	PTIN	
Firm's name CONDON O'MEARA MCGINTY & DONNELLY L Firm's EIN 13-3628255			1	JAMES J. REILLY	20 501		P001837	69
Firm's address None Battery Park Plaza New York, NY 10001-1405 Phone no. 212-661-7777 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			Firm's	name CONDON O'MEARA MCGINTY & DONNELLY L		12		
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	use	Only		\H_H		010		
Wo	Мау	the II				, none no.	Tac I	
	_			A contract of the contract of		********		

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

penses \$ 192,627, including grants of \$

) (Revenue \$

232,015.)

4e Total program service expenses ▶

1,577,876.

Part	Checklist of Required Schedules			
		1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."	W 7	X	
	complete Schedule A	<u> </u>	^	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		-	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			X
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		x
-	"Yes," complete Schedule D, Part I	-		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
8	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	Ť		
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			i serunti al intervi
	VII, VIII, IX, or X as applicable.		Systems Nasada a	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
·b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ŀ		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	١	v	
	complete Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	405		x
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	*		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.12		ļ
10	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or programization 21 Х in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.... Did the organization report more than \$5,000 of grants and other assistance to individuals in the United 22 Х 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 Х 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Х 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х 27 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): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I............. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 36 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, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 Х

Par	Statements Regarding Other IRS Filings and Tax Compliance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Check if Schedule O contains a response to any question in this Part V		<u> </u>	
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	C151220 45:r+		
	reportable gaming (gambling) winnings to prize winners?	1c	X	Fue; ne purt
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a		2,52,13,24,14, 2,52,13,24,14, 2,52,13,24,14,	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	vanio alimiani
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	e e e e e e		dizincii
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			٠,
	account)?	4a		X
b	if "Yes," enter the name of the foreign country: ▶	989504VEE		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Signatur Tipologia		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	oa	:	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
-	gifts were not tax deductible?	Wales in		(1000 STA
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		***************************************	
·	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	Miller admired		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	P. or by drow Love	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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	THE ST.		
	organization, have excess business holdings at any time during the year?	8		
. 9	Sponsoring organizations maintaining donor advised funds.	POTENTIAL STATE		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	Kandarjinahi.	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			11/65 zż
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	januk 97 (201	\$0.56775
а	Is the organization licensed to issue qualified health plans in more than one state?	134		10506
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			調素
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	promise with	Х
	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		T .

Form 9	90 (2012) REGIONAL GREENHOUSE GAS INITIATIVE, INC. 35-231	671 0		Page 6
Part				"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in	struct	ions.	
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
		\mathbf{N}	es	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	.42.	. A.T.	
b	Enter the number of voting members included in line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		JF (T	
2	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		37	
	one or more members of the governing body?	7a	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	2.41		
	the year by the following:			
а	The governing body?	8a	X	L
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	L
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	11.72	in fiv	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		z es	
а	The organization's CEO, Executive Director, or top management official	15a	X	
a b	Other officers or key employees of the organization	15b	Х	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		-11:00	64.50
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			12.5
a	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	12.00	elle.	
		16b	. 1. 1	1. 2.25%
Sect	organization's exempt status with respect to such arrangements?	נטטון		
	THE STATE OF THE PROPERTY OF T			
17	List the states with which a copy of this Form 990 is required to be filed DELAWARE AND NEW YORK		2)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	1 (C)(o sرد.	nıy)
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	t inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID TERRIO, BTQ FINANCIAL, 80 BROAD STREET, NEW YORK, NY 10004 212-901-2445	1e		

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

Check if Schedule O contains a response to any question in this Part VII

ur yea englin with or within the

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) (B) Position (D) (F) (A) (do not check more than one Reportable Reportable Estimated Name and Title Average amount of box, unless person is both an compensation from compensation hours per other week (list any officer and a director/trustee) from related compensation hours for the organizations Highest Officer employee Individual from the nstitutional organization (W-2/1099-MISC) related organization (W-2/1099-MISC) organizations and related below dotted compensated organizations trustee line (1) COLLIN O'MARA 5.00 DIRECTOR & CHAIR Х Х (2) DANIEL ESTY 5.00 Х Х 0 DIRECTOR & VICE CHAIR (3) DAVID LITTELL 5.00 X 0 DIRECTOR & VICE CHAIR Х (4) KEN KIMMELL 5.00 DIRECTOR & SECRETARY Х Х 0 (5) JAMES VOLZ 5.00 0 0 DIRECTOR & TREASURER Х Х JOHN W. BETKOWSKI 3.00 (6) 0 0 Х DIRECTOR (7) PATRICIA AHO 3.00 0 0 Х DIRECTOR (8) ROBERT SUMMERS 3.00 0 DIRECTOR Х (9) KELLY SPEAKES-BACKMAN 3.00 X 0 DIRECTOR (10) MARK SYLVIA 3.00 0 Х DIRECTOR (11) THOMAS BURACK 3.00 0 X 0 n DIRECTOR (12) ROBERT SCOTT 3.00 Ω DIRECTOR Х (13) MARION GOLD 3.00 0 Ω DIRECTOR Х 0 (14) JOSEPH MARTENS 3.00 0 0 DIRECTOR Х

Form **990** (2012)

Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		an	(D) Reportable compensation from the	(E) Reportat compensati elate organizati	n to n	(F) Estimated Amount of other compensation			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W ¹ 2/1099 1		from the organization and related organizations
15) GARRY A. BROWN	3.00										
DIRECTOR		Х						0		0	0
16) JANET COIT	3.00										
DIRECTOR	2 22	Х						0		0	0
17) ARNETTA MCRAE	3.00	.,									0
DIRECTOR 18) JUSTIN JOHNSON	3.00	X						U			.0
DIRECTOR	3.00	X								n	0
19) JOANNE MORIN	3.00		\vdash		<u> </u>						
DIRECTOR		x						l o		o	0
20) KENNETH PAYNE	3.00						 				
DIRECTOR	<u> </u>	Х						0		0	0
21) NICOLE G. SINGH	50.00		1								
EXECUTIVE DIRECTOR						Х		140,000.		0	23,680.
		-									
1b Sub-total		L	ll		L			0		0	0
c Total from continuation sheets to Part VII, S	ection A						•	140,000.		0	23,680.
d Total (add lines 1b and 1c)							>	140,000.		0	23,680.
2 Total number of individuals (including but not reportable compensation from the organization)				d at	bove	e) who	o re	ceived more than	\$100,000 o	f 	
*											Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede											3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,00	00?	lf.	"Yes	,"	complete Schedu	le J for s	uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue con	mpen	satio	on f	fron	n any	un	related organization	on or individ	lual	5 X
Section B. Independent Contractors	,						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1 Complete this table for your five highest com- compensation from the organization. Report of year.	•										
(A) Name and business add	dress				•			(B) Description of se	rvices	C	(C) Compensation
ATTACHMENT 1							-				
							+				
		,						u halakanan aru			
2 Total number of independent contractors (in more than \$100,000 in compensation from th				ited	d to	thos	e li	isted above) who	received	Spirit Antoni	

Pai	t VIII	Statement of Reve Check if Schedule Oc		nse to any ques	tion in this Part VII		-	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revolue	(D) Revenue excluded from tax ender sections 5 2, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant and similar amounts not included Noncash contributions included	1b 1c 1d 1e					
Program Service Revenue ar	h 2a b c	STATE REVENUES		Business Code 541900	1,900,514.	1,900,514.		
 Program	e f g	All other program service rev Total, Add lines 2a-2f Investment income (includin other similar amounts)	g dividends, inter	est, and			A Special Control	1,091
	4 5 6a b	Royalties · · · · · · · · · · · · · · · · · · ·	ax-exempt bond p	oroceeds				
	d 7a b	Rental income or (loss) Net rental income or (loss) . Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	c d 8a	Gain or (loss)	lising line 1c).					
Other	b c 9a b	Less: direct expenses Net income or (loss) from ful Gross income from gaming a See Part IV, line 19 Less: direct expenses	b ndraising events . activities. a					
	t 10a b c	Net income or (loss) from ga Gross sales of invent returns and allowances. Less: cost of goods sold . Net income or (loss) from sa Miscellaneous Reven	ory, lessa bles of inventory.					
	11a b c d	All other revenue Total. Add lines 11a-11d .			1, 901, 505			1.091

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (B) Program service (C) (D) Do not include amounts reported on lines 6b, 7b, Manageme 8b. 9b. and 10b of Part VIII. expenses general exp Grants and other assistance to governments and organizations in the United States, See Part IV, line 21. Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 456,045. 132,253. Other salaries and wages 323,792. Pension plan accruals and contributions (include section 39,430 26,384. 13,046 401(k) and 403(b) employer contributions).... 51,256 34,342 16,914 11,517.34,899. 23,382. 10 Fees for services (non-employees): 9,939. 4,942. 4,997 94,400 94,400 Accounting e Professional fundraising services. See Part IV, line 17 Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column -42 30 -72 (A) amount, list line 11g expenses on Schedule O.) 12 36,051. 24,896. 11,155 Office expenses 13 1,513 1,061. 452 14 Information technology 15 51,848. 36,294. 15,554 16 -106.260. -36617 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,978. 6,037. 5,941 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates....... 21 2,496 2,496 22 Depreciation, depletion, and amortization 5,643. 18,811. 13,168. 23 Other expenses, itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a AUCTIONS 420,000. 420,000. 130,743. 130,743. b EMISSIONS ALLOWANCE TRACKING 147,820. 147,820 c MARKET MONITORING 332,060. d PROGRAM REVIEW & EVALUATION 332,060 8,708 61,373. 52,665 e All other expenses __. 322,638. 1,900,514. 1,577,876. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form **990** (2012)

Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response	to any	question in this Par	t X			
					(A) Beginning of year		(B) E-td/of year	
	1	Cash - non-interest-bearing			757,130	L I	526,844.	
	2	Savings and temporary cash investments			534,527	2	535,618.	
	3	Pledges and grants receivable, net			(3	0	
	4	Accounts receivable, net			(4	0	
	5	Loans and other receivables from current and	ns and other receivables from current and former officers, directors,					
		trustees, key employees, and highest c						
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	, .		(5	0	
"	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of School		6	0			
e e	7	Notes and loans receivable, net			(7	0	
Assets	8	Inventories for sale or use			(8	0	
_	9	Prepaid expenses and deferred charges			34,791.	9	21,011.	
	10 a	Land, buildings, and equipment: cost or				100		
		other basis. Complete Part VI of Schedule D	10a			0.0		
	b	Less: accumulated depreciation	10b	8,738.	6,258.	10c	3,762.	
	11	Investments - publicly traded securities			(11	0	
	12	Investments - other securities. See Part IV, line 11		12	0			
	13	Investments - program-related. See Part IV, line 1	(13	0			
	14	Intangible assets		14	0			
	15	Other assets. See Part IV, line 11			95,596		0	
	16	Total assets. Add lines 1 through 15 (must equal			1,428,302.		1,087,235.	
	17	Accounts payable and accrued expenses		208,882.	17	163,214.		
	18	Grants payable	(18	0			
	19	Deferred revenue		1,144,938.	19	886,249.		
	20	Tax-exempt bond liabilities			(20	0	
es S	21	Escrow or custodial account liability. Complete P	art IV o	of Schedule D		21	0	
Liabilities	22	Loans and other payables to current and fe						
ap		trustees, key employees, highest comper						
_		disqualified persons. Complete Part II of Schedule			(22	0	
	23	Secured mortgages and notes payable to unrelat			(23	0	
	24	Unsecured notes and loans payable to unrelated			(24	0	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lines						
		of Schedule D			37,801.		1 040 462	
	26	Total liabilities. Add lines 17 through 25			1,391,621.	26	1,049,463.	
ès		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	there > X and				
an	27	Unrestricted net assets			36,681	27	37,772.	
Ba	28	Temporarily restricted net assets			(28	. 0	
힏	29	Permanently restricted net assets			(29	0	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34.), checl	k here ▶ and				
ā	30	Capital stock or trust principal, or current funds				30		
SSe	31	Paid-in or capital surplus, or land, building, or equ				31		
Ž	32	Retained earnings, endowment, accumulated inc		or other funds		32		
Re	33	Total net assets or fund balances			36,681.		37,772.	
	34	Total liabilities and net assets/fund balances			1,428,302	34	1,087,235.	

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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Х

Х

2c

3a

3b

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public ь spection

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

Part	Reason for Pub	olic Charity Statu	s (All organizations mu	st cor	nplete	this pa	art.) Se	e instr	uctions		
he or	ganization is not a pri	vate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)			
1	A church, convent	ion of churches, or	association of churches	describ	ed in s	section	170(b)(1)(A)(i)			
2	A school describe	d in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)							
3	A hospital or a co	operative hospital s	ervice organization descri	ibed in	sectio	n 170(b)(1)(A)	(iii).			
4	A medical resear	ch organization op	erated in conjunction wi	th a h	nospita	al descr	ibed in	sectio	n 170(t)(1)(A)(iii). Ente	r the
	hospital's name, ci	ity, and state:									
5	An organization o	perated for the be	nefit of a college or univ	ersity	owned	or ope	erated t	y a go	vernme	ntal unit describe	ed in
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, o	ate, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 2	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
	described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9			es: (1) more than 331/3%								
	receipts from acti	vities related to its	exempt functions - subj	ject to	certa	in excep	otions,	and (2)	no mo	re than 331/3% (of its
	support from gro	ss investment inco	ome and unrelated busi	ness t	axable	incom	e (less	section	n 511	tax) from busine	esses
		-	ne 30, 19 7 5. See section	-		-		-			
0		•	ted exclusively to test for	•	•				-		
1 _		•	rated exclusively for the		-					-	
			apported organizations de								ction
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.										
_	a LType I		c Type III-Function	_	_					inctionally integra	
e			the organization is not			-		-			
	•		gers and other than one	or mo	re put	olicly su	pportec	organ	izations	described in se	ction
	509(a)(1) or section								_		
f	_		n determination from the	e IRS	that it	is a T	ype I, T	ype II,	or Type	e III supporting	
	organization, chec					. · <u>.</u> ·					
g			nization accepted any gift	t or co	ntribut	ion from	any of	the			
	following persons?		a (t W L			***			75 - 1 3.5	· · (ii) Yes	No
			ectly controls, either alor			er with	person	s desc	ribed in		NO
			dy of the supported organ	lization	٠.					11g(i) 11g(ii)	├─
		·	scribed in (i) above?	 David						11g(iii)	
	• •	•	son described in (i) or (ii) a							[119(111/]	<u> </u>
h			out the supported organization	7		I da Dia .		6.43.1	_ 44	(vii) Amount of mon	noton:
(3)) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	organi	Is the zation in		ou notify anization		s the zation in	(vii) Amount of mon support	іешіу
	•		above or IRC section (see instructions))	your g	listed in overning		. (i) of		rganized u.s.?		
			(see mstructions))		ment?		upport?	Yes	,		
				103	110	163	NO .	103			
A)											
						 			 		
B)								 			
C)									1		
					†						
D)											
E)											
						1					
Cotal				1. "			1				

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

Schedule A (Form 990 or 990-EZ) 2012

Par	Support Schedule for Or (Complete only if you chec Part III. If the organization	ked the box or	n line 5, 7, or 8	3 o f Part I or if	the organizat	ion failed to qu	
Sec	tion A. Public Support	<u></u>				COD	T 7
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201 I	I (f) Total
	, can (et no en jour augmanig au,						
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	608,100.	178,050.	0	0	0	786,150.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge			_			0
4	Total. Add lines 1 through 3	608,100.	178,050.	See See See See See See			786,150.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.	The Colonian parameter than the	CONTRACTOR SERVICE			5 - 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	786,150.
Sec	tion B. Total Support		Ling and year or in the lay had address of the Co., who are		Parameter and Art St.		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	608,100.	178,050.				786,150.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,140.	29,797.	2,347.	2,048.	1,091.	55,423.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			***************************************			0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10						841,573.
12	Gross receipts from related activities, etc. (12	8,249,508.
13	First five years. If the Form 990 is organization, check this box and stop here						
	tion C. Computation of Public Sup			44 ((0)			93.41%
14	Public support percentage for 2012 (33.11 %
15	Public support percentage from 2011						
16a	• •	-					47
l.	this box and stop here. The organizate 331/3% support test - 2011. If the	•		-			
U	check this box and stop here. The org	=					
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organizatio						
	Part IV how the organization meets						
	organization			-	•		▶□
b	10%-facts-and-circumstances test -						and line
	15 is 10% or more, and if the org	anization meets	the "facts-an	d-circumstances	" test, check t	his box and st o	p here.
	Explain in Part IV how the organizat						
	supported organization				=		
18	Private foundation. If the organization instructions	n did not check	a box on line 13	, 16a, 16b, 17a	i, or 17b, check	this box and see	
						Schedule A (Form 9	

	dule A (Form 990 of 990-EZ) 2012						Page 3
Pai	t III Support Schedule for Orga (Complete only if you check If the organization fails to qu	ed the box or	n line 9 of Part	I or if the organ	nization failed Implete Part I	to qualify unde	er Part II.
Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	•	COD	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	W 2012 I	(f) Total
1	Gifts, grants, contributions, and membership fees		1				
•	received. (Do not include any "unusual grants.")		***************************************				
2	Gross receipts from admissions, merchandise					,,,,,,	
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the			· ·			
	organization's benefit and either paid						
	to or expended on its behalf			33			
5	The value of services or facilities						
	furnished by a governmental unit to the			77			
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
þ	Amounts included on lines 2 and 3					:	
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)					Destruit de la company	
<u>Sec</u>	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6.						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Ь	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses			-			
	acquired after June 30, 1975						
	Add lines 10a and 10b						-
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly			non-rossess			
	carried on						
12	Other income. Do not include gain or			VAPPALLA			
	loss from the sale of capital assets						
13	(Explain in Part IV.)						
13				***************************************			
14	and 12.) [First five years, If the Form 990 is for	the organization	n'e firet second	third fourth or	fifth tay year a	e a section 501/	(2)(3)
17	organization, check this box and stop here.	•			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8,			nn (fl.)		15	%
16	Public support percentage from 2011 Sche					16	
	tion D. Computation of Investmen					10 1	
17	Investment income percentage for 2012 (lin			3 column (f))		17	%
18	Investment income percentage from 2011					18	
	33 1/3 % support tests - 2012. If the org						_
u	17 is not more than 331/3%, check this						
ь	331/3% support tests - 2011. If the orga				-	=	•—
_	line 18 is not more than 331/3 %, check				•		· —
20	Private foundation. If the organization			_		- · · ·	

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public n apaction

Name of the organization

V.D.	GIONAL GREENHOUSE GAS INITIATIVE, INC.	310-2316/10
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Other F	Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total 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 c	tonor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any o	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to For	rm 990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		an historically important land area
	_	a certified historic structure
	Preservation of open space	a certified filstoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	the form of a conservation
_	easement on the last day of the tax year.	and form of a control vacon
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b		2b
c	- · · · · · · · · · · · · · · · · · · ·	2c
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
ŭ	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	
•	tax year	ted by the organization daming the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han	
•	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	
•		monto anting the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	s during the year
•	>\$	as during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)
•	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SEAS 116 (ASC 958), not to report in its re-	evenue statement and halance shee
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re works of art, historical treasures, or other similar assets held for public exhibition, education public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the co	ation, or research in furtherance o
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	venue statement and balance shee
	works of art, historical treasures, or other similar assets held for public exhibition, education public service, provide the following amounts relating to these items:	ation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
•	Revenues included in Form 990, Part VIII, line 1	
a b		
	Assets included in Form 990, Part X	···· • • • • • • • • • • • • • • • • •

_	
Page	

Pa	rt Organizations Maintaini	ng Collec	tions of A	Art, Hi	storical	Treasu	res,	or O	ther Simi	lar Ass	ets (cor		ed)
3 a b	Using the organization's acquisition collection items (check all that apply Public exhibition Scholarly research	n, accessio y):	n, and oth	er reco	Loan	k any o	ange	progra	ms (re a sign	PY	se of	its
C	Preservation for future generation	ations			~								
4	Provide a description of the organ	ization's co	lections a	nd expl	ain how	they fur	ther	the or	ganization'	s exemp	t purpose	e in F	Part
	XIII.			·		,				·			
5	During the year, did the organization	n solicit or r	receive don	ations	of art. hist	orical tr	easu	res. or	other simil	ar			
•	assets to be sold to raise funds rathe										Yes		No
Pai	rt IV Escrow and Custodial A										n 990. I	Part	
	line 9, or reported an amo					_							
4-	Is the organization an agent, trustee	. cuetodian	or other in	termed	iary for o	anteih uti.	000	or otho	r accota na	.+			
Id													N/ a
h	included on Form 990, Part X? If "Yes," explain the arrangement in	Dorf VIII on	d complete	the fel	 Iourina tak	· · · ·				L	Yes		No
D	it res, explain the attangement in	rait Aili ail	a complete	ille loi	owing tat	л с .			Λ	mount			
_	Beginning balance					-			^	mount			
C													
	Additions during the year												
e	Distributions during the year												
	Ending balance										1	1 1	
2a	Did the organization include an amo	ount on For	m 990, Par	π X, line	217					L	Yes		No
	If "Yes," explain the arrangement in												
Par	rt V Endowment Funds. Com								T				
4 -	P	(a) Curren	it year	(b) Pri	or year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four	ears b	ack
_	Beginning of year balance												
Ь	Contributions												
C	Net investment earnings, gains,												
	and losses												
	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of	of the currer	nt year end	balance	e (line 1g,	column	(a))	held as	:				
а	Board designated or quasi-endowm	ent ▶	%	•									
b	Permanent endowment ▶	%											
C	Temporarily restricted endowment	▶	%										
	The percentages in lines 2a, 2b, and	d 2c should	equal 1009	%.									
3a	Are there endowment funds not in t	he possess	sion of the	organiza	ation that	are held	d and	d admir	nistered for	the			
	organization by:										Y	es	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations					<i>.</i> .					3a(ii)		
b	If "Yes" to 3a(ii), are the related orga	anizations li	sted as req	juired or	n Schedule	R?					3b		
4	Describe in Part XIII the intended us	ses of the or	rganization	's endo	wment fur	nds.							
Par	rt VI Land, Buildings, and Equ	ipment. S	ee Form 9	990, Pa	ırt X, line	10.							
	Description of property	(a) Cost or othe (investme		(b) Cost o	or other ba ther)	sis		cumulated eciation	(0	f) Book valu	e	
1a	Land							. 194	tu Biruni				
ь	Buildings			· · ·									
	Leasehold improvements				1	-							
d	Equipment) 				12,50	00		8,738.	•		3,70	62.
	Other					•							
	II. Add lines 1a through 1e. (Column		ual Form 9	90. Part	X. columi	1 (B). lin	e 10	(c),).				3,7	62.
		 7				. ,,,	(<i>,,</i>					

	REGIONAL GREEN	NHOUSE GAS INIT	IATIVE, INC.	35-2316710	
	Form 990) 2012	orm 000 Bart V line	.10	Pa	ge (
Part VII	Investments - Other Securities. See F (a) Description of security or category	(b) Book value	(c) Method of	valuation:	
	(including name of security)	(B) Book value	Cost or end-of-ve		
1) Financi	al derivatives			CODV	
	-held equity interests				
3) Other_					
/ A \					
<u>(B)</u>				WANTED BOTTOM TO THE PARTY OF T	
		,			
(D)					
_ <u>(E)</u>					
_ <u>(F)</u>					
<u>- (G)</u>					_
(H)					
```	in (b) must equal Form 990, Part X, col. (B) line 12.)				<u> </u>
Part VIII					_
rait viii	(a) Description of investment type	(b) Book value	(c) Method of	valuation:	_
	(a) Bosonphism of infreshment type	(2) 20011 74.120	Cost or end-of-yea		
(1)					_
(2)				111	
(3)					
(4)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
(5)					
(6)					
(7)					
(8)	#1 - 18-ga				
(9)					
10)				en foregage (or a first of the Security of the	
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	1.45			
Part IX	Other Assets. See Form 990, Part X, li			#\ D\	
(4)	(a)	Description		(b) Book value	—
(1)					
(3)					
(4)					
(4) (5) (6) (7) (8) (9)					
(6)					
(7)					
(8)					
(9)					
10)					
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.), , , , , , , , , , , , , , , , , , ,		. ▶	
Part X	Other Liabilities. See Form 990, Part X		President and the second and the sec		
	(a) Description of liability	(b) Book value			
	ral income taxes				
(2)			19 de la prima de la companio del la companio del la companio de la companio del la compani		
(3)			Fig. (Company) with the Transaction of the Company		
(4)					
(5) (6)	THE CONTRACT OF THE CONTRACT O				
ını		1	In the Alberta Shirt of the	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	244 M.S.

_(7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII........

AS OF DECEMBER 31, 2012, NO AMOUNTS HAVE BEEN RECOGNIZED FOR ANY

UNCERTAIN INCOME TAX POSITIONS. IN ADDITION, THE CORPORATION'S TAX

RETURNS FOR THE YEARS 2009 AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY

THE APPROPRIATE TAXING AUTHORITIES.

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)



#### **SCHEDULE J** (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

OMB No. 1545-0047 Open to Public n. nection

Par	Questions Regarding Compensation			•
_		<u> </u>	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		urin Europ	
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	100		
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	- 10		
-	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Ä	1 - 1 -
	directors, and the Ocorexecutive process, regarding the terms effected in fille 12:			27 . T
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		Hijer.	
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			1
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	<del>_</del>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		444	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1 20	4 4 2 2	
	, , , , , , , , , , , , , , , , , , , ,			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	100		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	2.1		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			A
	compensation contingent on the net earnings of:	* a '.		
а	The organization?	6a		X
Ь	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	100		11 12 12
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7_		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2012

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

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

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

						-		
		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
NICOLE G. SINGH	9	140,000.	0		14,000.	9,680.	163,680.	
1 EXECUTIVE DIRECTOR	€				 			
	8							
_2	(ii)							
	(i)							
33	Œ							
	ε		1 1 1					
4	€							
	(i)							
5	Œ	i L		1	 		——————————————————————————————————————	
	(1)							
9	(ii)				 			
	(1)							
7	€	· · · · · · · · · · · · · · · · · · ·						
	Ξ							
8	(11)		1					
	8							
6	(E)		i				 	
	ω							
10	(ii)							
	ω							
11	(II)		1					
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12	€							
	=							
13	€							( )
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14	(E)							)]
	€							P
3	▣	***************************************						7
	8							<b>7</b>
16	(ii)							
							Sch	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Part III Supplemental Information

Page 3

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

COPY

Schedule J (Form 990) 2012

# SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

s to specific questions on ditional information.

Open to oublic

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

I to p. ction

OMB No. 1545-0047

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

EMISSIONS ALLOWANCE TRACKING SYSTEM: MAINTAINED A DATABASE, USER GUIDE AND PUBLIC REPORTING CAPABILITY TO TRACK EMISSIONS AND ALLOWANCE TRANSFERS. THIS SYSTEM IS AVAILABLE AT WWW.RGGI.ORG. EXPENSES: \$192,627. REVENUE: \$232,015.

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



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 11B

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;

DIRECTORS VIA EMAIL. ANY COMMENTS RECEIVED FROM THESE PROCESSES ARE

CONSIDERED, AFTER DUE TIME FOR RESPONSES TO BE RECEIVED. THE AUDIT

EMAIL; AND 3-COPY OF THE FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF

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

Employer identification number 35-2316710

COPY

DIRECTORS MUST COMPLETE A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIR

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, AUDITED FINANCIAL STATEMENTS AND MINUTES OF MEETINGS OF THE BOARD

OF DIRECTORS AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE.

ATTACHMENT 1

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

AUCTION SERVICES

WORLD ENERGY SOLUTIONS, INC.

100 FRONT STREET

WORCESTER, MA 01608

ICF INCORPORATED, LLC PROG. REVIEW & EVAL. 207,805.

9300 LEE HIGHWAY

421,928.

Name of the organization

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

Employer identification number

35-2316710

ATTACHMENT 1 (CONT D)

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

COPY

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

FAIRFAX, VA 22031

POTOMAC ECONOMICS, LTD.

MARKET MONITORING

165,818.

9990 FAIRFAX BLVD. FAIRFAX, VA 22030

SRA INTERNATIONAL, INC.

ALLOWANCE TRACKING

129,008.

4300 FAIR LAKES COURT FAIRFAX, VA 22033

NO OTHER CONTRACTORS PAID OVER \$100,000