Return of Organization Exempt From Income Tax

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

OMB No. 1545 0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its	instructions is at www.irs.gov/form990.
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2016
Open to Public
Inspection

Α	For th	he 201	6 calendar year, or tax year beginning , 2016,	and ending	g			, 20		
_		1.541 (1901	C Name of organization		D Er	nployer ide	ntifica	tion numbe	er	
В .	Check if a	applicable:	REGIONAL GREENHOUSE GAS INITIATIVE, INC.			35-231	671	0		
	Addr		Doing business as							
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Te	lephone nu	mber			
	Initia	l return	90 CHURCH STREET, 4TH FLOOR		(2:	12) 41	7-7	329		
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code							
		nded	NEW YORK, NY 10007		G Gr	oss receipts	s \$	2.	116.	584.
		ication	F Name and address of principal officer: KATIE DYKES			Is this a gro	up retun			X No
_		9	SAME AS C ABOVE		Н(р)	Are all subord		cluded?	Yes	No
1	Tax-ex	xempt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527				(see instruct	_	
J	Webs	ite: 🕨	WWW.RGGI.ORG			Group exem		•		
K	Form	of organ	ization: X Corporation Trust Association Other	L Year of	formation: 2				nicile.	DE
	art I		mmary	= 100.01	ioimation.		Oldio	or regar don	none.	
	1		describe the organization's mission or most significant activities; PROVID	ES TECHI	NICAL A	ND SC	FNT	TETC A	DVT	SORY
ø	1.53		VICES TO STATES OF THE U.S. IN THE DEVELOPMEN							00111
Governance			A MULTI-STATE CAP AND TRADE PROGRAM TO REDUCE							
ern	2	1	this box larger if the organization discontinued its operations or disposed							
30	3		er of voting members of the governing body (Part VI, line 1a)				3			18.
	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			• • • •	4			18.
Activities &	5	Total	number of individuals employed in calendar year 2016 (Part V, line 1a).				5			7.
i.		Total								18.
Aci			number of volunteers (estimate if necessary) unrelated business revenue from Part VIII, column (C), line 12				6			0.
	h	Netur	nrelated business taxable income from Form 990-T, line 34				7a 7b			0.
-	-	14Ct ui	included business (axable income from Form 990-1, line 34	· · · · · · · · · · · · · · · · · · ·		or Year	7.0	Curre	nt Yea	
	8	Contri	butions and grants (Part VIII, line 1h)	-			0.			0.
Revenue	9	Progra	em service revenue (Part VIII, line 2a)	• • • • • • •	1	824,95	57000	2 -	115,3	
i ve	10	Invest	am service revenue (Part VIII, line 2g)			2,47		۷, .		281.
å	11	Other	ment income (Part VIII, column (A), lines 3, 4, and 7d)			2,41	0.		Δ,,	
	12	Total	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1	827,43		2 -	16,	0.
_	13				Δ,	027,43	0.	۷,-	110,	0.
	14	Ponof	s and similar amounts paid (Part IX, column (A), lines 1-3)	• • • • • •			0.		-	0.
	4-	Salari	its paid to or for members (Part IX, column (A), line 4)	• • • • • •		671,31	CT-SSC-	-	702,0	15-0-5
Expenses	160	Drofor	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0/1,31	0.		02,	0.
ben	h	Total	ssional fundraising fees (Part IX, column (A), line 11e)				0.	Company of the co		
Ë	47		fundraising expenses (Part IX, column (D), line 25) 0		1	153,63	0	1 ,	112 /	220
	17	Tatal	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						113,2	
		Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		Ι,	824,95		۷, -	15,3	
- S	19	Reven	ue less expenses. Subtract line 18 from line 12		Dania da	2,47				281.
Net Assets or Fund Balances	20	Total	Parada (Part V. Bara 40)	-	Beginning o				f Year	CEO
Asse	20		assets (Part X, line 16)			144,61 101,30			144,6	
et/	21		iabilities (Part X, line 26)		⊥,				100,0	
			sets or fund balances. Subtract line 21 from line 20			43,30	0.		44,5	587.
100	rt II		nature Block		9 205		E 12	2-061		0.010
true	e, corre	ect, and	f perjury, I declare that I have examined this return, including accompanying schedul complete. Declaration of preparer (other than officer) is based on all information of whicl	es and stateme h preparer has	ents, and to any knowled	the best of ge.	my kr	nowledge a	nd belie	ef, it is
			156 Smile 0-				-1	3-1	7	
Sig	ın		Signature of officer				-/	3-1	<i>F</i>	
He						Date				
			Type or print name and title							
-			Λ / Θ	I 5-4-			155	-11.1		
Paid	i		Type preparer's name Preparer's signature	Date	20 / 31 I //	Check	11	TIN		
	parer	- The state of the	ES J REILLY	0010	E. O. 10	elf-employe		P0018	3769	1
	Only				Firm's	irm's EIN ▶ 13-3628255				
N.A	, th = 11	120105 18	address DONE BATTERY PARK PLAZA, NEW YORK, NY 10004 1405		Phone	e no. 2	12-6	661-77		
_			cuss this return with the preparer shown above? (see instructions)					X Yes		No
For	Paper	rwork l	Reduction Act Notice, see the separate instructions.					Form	990 (2016)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Ť	\Box	1
	complete Schedule A	T	∤ ∣⊻	(
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	Τ	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		-	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		1	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		<u> </u>	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>	 	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	_	 	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			ļ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	Ť	 	+
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	DER STEERING	250250	
	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1.0		 -
	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		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	-	
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	ıza		
	"Yes," and if 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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
	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 other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4.5		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
	If "Yes," complete Schedule G, Part III	19		Х
		וטן		47

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	П	Х
b.		No		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization of			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Ш	Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23		X
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ. <u>.</u>	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			•
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Sport Care	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			9 % /
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		Х
_	Schedule L, Part IV.	28b		Λ
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$25,000 in hori-cash contributions in the res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	30_		
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32	ĺ	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		ĺ	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		_	aan /	

	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	. No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	557	- 53	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			1
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	X	N TENNEL
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.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	- Service
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		diam'r.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Σ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	ĺ	Σ
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR),			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Σ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Σ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u></u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	was act a New	Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
-	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	100000000000000000000000000000000000000	100000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	-ediglocare	25digano
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ .
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ausalumas	E1529
10	Section 501(c)(7) organizations. Enter:			(SE)
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		V/132	
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	42-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		See
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	3.42	(Altin)	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		建新的
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.	ana na mara		
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			
_		14a	0)1655 6	X
	Tid the organization receive any nayments for indeer tenning convices during the towns of			
14 a	Did the organization receive any payments for indoor tanning services during the tax year? f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

* Form 990 (2016)

Part VI

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	, and	for a	a "No'
	Check if Schedule O contains a response or note to any line in this Part VI	See II	ıstruc	tions.
Sec	tion A. Governing Body and Management			
	COI	DV	/es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3 I		TINKS
	If there are material differences in voting rights among members of the governing body, or if the governing		Ш	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	5441444 1912512		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	ļ	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	 	X
6 7a	Did the organization have members or stockholders?	6	 	<u> </u>
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-	X	
b	one or more members of the governing body?	7a		
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		orania.	3324654
	the year by the following:	0.00		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	∍.)	
			Yeş	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	7.7	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	na ves
b 420	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
.,	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
_	describe in Schedule O how this was done	12c	Х	
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		a de la composición dela composición de la composición dela composición de la compos	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	ALLEGA CHERIO
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	librar (Alka:	
Secti	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶ DELWARE, NEW YORK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section		\(2\)=	
	available for public inspection. Indicate how you made these available. Check all that apply.	או טר (כ')(3)S I	uniy)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	reet r	olicy	and
	financial statements available to the public during the tax year.	iest þ	∵on¢y,	anu
20	State the name, address, and telephone number of the person who possesses the organization's books and records DAVID TERRIO, BTQ FINANCIAL, 80 BROAD STREET, NEW YORK, NY 10004 212-901-2445			
	DAVID TERRIO, BTQ FINANCIAL, 80 BROAD STREET, NEW YORK, NY 10004 212-901-2445			
JSA 6E1042	1.000	Form 9	9 90 (2	2016)

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

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

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

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

- yea en in Phyr within the
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	any related	lorga	niza	tion	1 CO	mpen	sate	ed any current offic	er, director, or trus	stee.
		(C)								
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per	box, unless person is bo officer and a director/true						compensation	compensation from	amount of
	week (list any hours for		_		_	1	ŕ	from the	related organizations	other compensation
	related organizations below dotted line)	1 12 5	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)KATIE DYKES	5.00									
DIRECTOR & CHAIR	0.	Х		Х				0.	0.	0.
(2)JARED SNYDER	5.00									
DIRECTOR & VICE CHAIR	0.	Х		Х				0.	0.	0.
(3)THOMAS S. BURACK	5.00									
DIRECTOR & SECRETARY	0.	Х		Х				0.	0.	0.
(4)CARLISLE MCLEAN	5.00									
DIRECTOR & TREASURER	0.	X		Х				0.	0.	0.
(5)DAVID S. SMALL	5.00									
DIRECTOR & MEMBER AT LARGE	0.	Х		Х				0.	0.	0.
(6)KEVIN HUGHES	5.00									
DIRECTOR & MEMBER AT LARGE	0.	Х		X				0.	0.	0.
(7)JAMES VOLZ	5.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)BEN GRUMBLES	5.00									
DIRECTOR	0.	X						0.	. 0.	0.
(9)DALLAS WINSLOW	5.00									
DIRECTOR	0.	X						0.	0.	0.
(10)MARTIN SUUBERG	5.00									
DIRECTOR	0.	X						0.	0.	0.
(11)JUDITH JUDSON	5.00									
DIRECTOR	0.	X						0.	0.	0.
(12)ROBERT R. SCOTT	5.00									
DIRECTOR	0.	X						0.	0.	0.
(13)AUDREY ZIBELMAN	5.00									
DIRECTOR	0.	X						0.	0.	0.
(14)JANET COIT	5.00									
DIRECTOR	0.	X						0.	0.	<u> </u>

Form 990 (2016)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	aplo	руе	es,	and I	Hig	hest Compensat	ed Employe	es (d	continued)
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	/do	nat a		sition			Reportable	Reportable		Estimated
	hours per week (list any	1 '				e than o is both		compensation from	compersation	Lo J	amount of other
	hours for	office	eran	dad	lirec	tor/trus	tee)	the	organization	ノ 且 is	compensation
	related	Individual trustee or director	Institutional	Office	₩ •	Highest co employee	For	organization	(W 2/1000 M	ISC)	from the
	organizations below dotted	irec	tutic	6	Key employee	lest oye	Her Ter	(W-2/1099-MISC)		i	organization and related
	line)	호흡	onal		ploy	8 8					organizations
		uste	trus		ee	pe					
		Ö	ite e			sat					
15) VIDIOU G. COYD	F 00				ļ	E					
15) MARION S. GOLD DIRECTOR	5.00	4									
	0.	Х			<u> </u>			0.		0.	0.
16) DEBORAH MARKOWITZ	5.00	-i									
DIRECTOR	0.	X	_					0.		0.	0.
17) ROBERT KLEE	5.00	4						_		_	
DIRECTOR	0.	X					_	0.		0.	0.
18) PAUL MERCER	5.00	-						_			
DIRECTOR	0.	X						0.		0.	0.
19) ANDREW MCKEON	40.00	1									
EXECUTIVE DIRECTOR	0.			X				69,264.		0.	12,515
20) NICOLE SINGH	40.00	İ					ļ				
FORMER EXECUTIVE DIRECTOR	0.			Х				80,046.		0.	14,588
										1	
											<u> </u>
											<u> </u>
								٠			İ
									1		
											1
											,
1b Sub-total							•	0.		0.	0.
c Total from continuation sheets to Part VII, S						· · ·	▶	149,310.		0.	27,103.
d Total (add lines 1b and 1c)							ightharpoonup	149,310.		0.	27,103.
2 Total number of individuals (including but not	limited to th	nose	iste	d at	DOVE	e) who	re	ceived more than	\$100,000 of		
reportable compensation from the organization											
									•		Yes No
3 Did the organization list any former offic	er. directo	r. or	tru	ste	e. k	cev e	mp	lovee, or highest	compensate	ed.	
employee on line 1a? If "Yes," complete Schedu	ıle J for suc	h ind	ividu	ıal ,	• • •						3 X
4 For any individual listed on line 1a, is the s											
organization and related organizations gre	sum or rep astor than	UBITO Tara	n ni	ነ ነ	pen #	sauoi °Voe	ı ar	ia otner compens complete. Schedul	ation from th	e	
individual											4 X
5 Did any person listed on line 1a receive or											15-00-1 NO. 128-1 NO. 12
for services rendered to the organization? If "Ye	es " complet	e Sch	edu	le .I	for	such.	uili ners	eialeu organizaliu son	ii oi maividu	al	5 X
Section B. Independent Contractors	o, compro-	0 00,.			, 0,	ouon ,	00,6	3077		•	<u> </u>
Complete this table for your five highest com	nensated in	odene	nde	nt c	ont	racto	re th	nat received more	than \$100 00	20.0	f
compensation from the organization. Report c	ompensatio	on for	the	cal	end	ar vea	ar e	nding with or with	in the organiz	zatior	n's tax
year.						, u.		maning with or min.	are ergerna		TO LUX
(A)								/D)	<u> </u>		
Name and business add	ress							(B) Description of ser	vices	С	(C) ompensation
ATTACHMENT 2		~~~~					-				porroudorr
*** ***********							 				******
	***										7001
							 				
2 Total number of independent contractors (in	oludina bu	+	;	i+	l +-	the-	J	stad abasia)t-	rossing d	įgoveisi	
2 Total number of independent contractors (in	ւշասոց քն	ιΠΟΈ	ПШ	rred	ιtΟ	เทอร	₽ IIS	sted above) Who	received		MANGERSON AND SECURITION

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more than \$100,000 in compensation from the organization ▶

Par	t VIII							
		Check if Schedule O co	ontains a respor	nse or note to ar	ny line in this Part (A) Total revenue	(B) Related or exempt function revenue	(C) Umelated business reverue	(D) Revenue excluded from tax under sections 5 2-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, and similar amounts not included Noncash contributions included in Total. Add lines 1a-1f						
Program Service Revenue	2a b c d e f	All other program service rev			2,115,303.			
Pr	g 3	Total. Add lines 2a-2f	duding dividen		2,115,303.			
	4 5 6a b	and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds . ▶	1,281.			1,281.
	d 7a b	Net rental income or (loss). Gross amount from sales of assets other than inventory Less: cost or other basis	(ī) Securities	(ii) Other				
Other Revenue	c d 8a	and sales expenses Gain or (loss)	ising line 1c).					
oth	b c 9a	Less: direct expenses Net income or (loss) from fu Gross income from gaming See Part IV, line 19	ndraising events activities.					
	b c 10a	Less: direct expenses Net income or (loss) from g Gross sales of inventor	aming activities. ory, less		O.			
	b c	returns and allowances Less: cost of goods sold Net income or (loss) from sal Miscellaneous Revenue	es of inventory		0.			
	11a b c d	All other revenue			0.	2 115 303		1 281

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Form **990** (2016)

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).

000	Check if Schedule O contains a res				
D-	not include amounts reported on lines 6b, 7b,	(A)		(C)	
	9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and	(D) Fundraising
			expenses	general expenses	kpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.		Profile parties 7. Section 19.	
3	Grants and other assistance to foreign			traging stragg	
Ĭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors,			P	
Ů	trustees, and key employees	176,413.	124,169.	52,244.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	_			`
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	385,825.	273,936.	111,889.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	38,228.	25,613.		
9	Other employee benefits	59,891.	40,127.	19,764.	
10	Payroll taxes	41,718.	27,951.	13,767.	
11	_ *				
	Management	ο.			
	Legal	4,188.	2,094.	2,094.	
	Accounting	100,775.	<u> </u>	100,775.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17,	0.			
	Investment management fees	0.	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	DRING HOND A STANS OF LABORS OF	· · · · · · · · · · · · · · · · · · ·
					·
y	Other. (If line 11g amount exceeds 10% of line 25, column	0.			
40	(A) amount, list line 11g expenses on Schedule O.)	0.			
	Advertising and promotion	33,998.	21,262.	12,736.	
13	Office expenses	5,126.	3,588.	1,538.	
14	Information technology	0.	3,000.	1,000.	
15	Royalties	63,732.	44,612.	19,120.	
16	Occupancy	684.	479.	205.	
17	Travel ,	007.	7/2,	200.	***************************************
18	3	0.			
	for any federal, state, or local public officials	29,690.	17,598.	12,092.	
	Conferences, conventions, and meetings	29,690.	£1,J20.	12,032.	
20	Interest	0.		- -	
21	Payments to affiliates	2,104.		2,104.	
22	Depreciation, depletion, and amortization		10 400		
23	Insurance	17,829.	12,480.	5,349.	
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	240,000	240.000		
	AUCTIONS MARKET MONTEOPING	340,000.	340,000.		
	MARKET MONITORING	211,837.	211,837.		
-	EMISSIONS ALLOWANCE TRACKING	233,337.	233,337.		
	TECH. ANALYSIS & EVALUATION	364,635.	364,635.	2 570	
	All other expenses	5,293.	1,723.	·	
	Total functional expenses. Add lines 1 through 24e	2,115,303.	1,745,441.	369,862.	
40	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if	ر ۾ ا			,
JSA	following SOP 98-2 (ASC 958-720)	0.			
	52 1 000				Form 990 (2016)

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	m 990 art X	(2016)					Page 1
	art A			- f 1: 1 did	- ·		
_	-	Check if Schedule O contains a response of	or not	e to any line in this			
					(A) Beginning of year		(B) DEN/of /ear
	1	Cash - non-interest-bearing			65,689		1 1 85,593
	2	Savings and temporary cash investments	1.062.68	2	501,591		
	3	Pleages and grants receivable, net	1 (. 3	0		
	4	Accounts receivable, net	1 (. 4	Ō		
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest c	ompe	nsated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	,	.,,.,.,	C	. 5	C
	"	4958(f)(1)), persons described in section 4958(c)(3)(B)	ons (as	defined under section			
	J	and sponsoring organizations of section 501(c)(9) volu	ıntarv	employees! beneficiary		a Si	
ts		organizations (see instructions). Complete Part II of Sche	edule I	•	0		0
Assets	7	Notes and loans receivable, net		<i></i>	0		0
۷	8	inventories for sale or use			0	7 0	0
	9	Frehaid expenses and deletted charges	<i></i>		13,494	. 9	28,011
	iva	Land, buildings, and equipment: cost or		10 041			
		other basis. Complete Part VI of Schedule D			The state of the s		
	11	Less: accumulated depreciation					
	12	Investments - publicly traded securities			0	+	
	13	Investments - other securities. See Part IV, line 11		• • • • • • • • • • • •	0	~	
	14	Investments - program-related. See Part IV, line 11	• •		0	13	
	15	Intangible assets Other assets See Part IV line 11	• • •		0		
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal	ino 2	/ • • • • • • • • • • • • • • • • • • •	1,144,613	15	0
	17	Accounts payable and accrued expenses	IIIIE 3	*) 	289,225		···
	18	Grants payable	• • • •	• • • • • • • • • • • • • • • • • • • •	205,225	18	172,860
	19	Deferred revenue			812,082		227,203
	20	Tax-exempt bond liabilities			0		0
	21	Escrow or custodial account liability. Complete Pa	rt IV o	f Schedule D	0	120	0.
S	22	Loans and other payables to current and fo	rmer	officers, directors.	Yasanika kasasa ka		
Liabilities		trustees, key employees, highest compens	sated	employees, and			
jab		disqualified persons. Complete Part II of Schedule	L		0	- 22	0 .
긔	23	Secured mortgages and notes payable to unrelate	d third	parties	0		0.
ļ	24	Unsecured notes and loans payable to unrelated to	hird pa	arties	. 0		0.
	25	Other liabilities (including federal income tax, p	ayabl	es to related third		1	· · · · · · · · · · · · · · · · · · ·
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			0.	_~	0.
4	26	Total liabilities. Add lines 17 through 25			1,101,307	26	400,063.
S		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and 3	heck	here ► X and		ingtwo. Karan	
Fund Balances	27						
ala	28	Temporarily restricted not accord			43,306.	 -	44,587.
B B	29	Temporarily restricted net assets Permanently restricted net assets		0.	28	0.	
ä		Organizations that do not follow SFAS 117 (ASC 958),		;	0.	29	0.
9		complete lines 30 through 34.	cneck	here 🕨 💹 and			
ts (Capital stock or trust principal, or current funds		:	2 <u>1 2 5 7 5 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2</u>		
a)		Paid-in or capital surplus, or land, building, or equip	· · ·	fund		30	
Ä	32	Retained earnings, endowment, accumulated inco	me o	other funds		31	
S e	33	Total not appoin an final bull-in-in-		oaterianas , , , , j	43,306.	32 33	44,587.
		Total liabilities and net assets/fund balances	• • •	•••••	1,144,613.		444,650.
				<u> </u>	-1-4410TO.	94	444,000.

Form **990** (2016)

Pane	1	2
rane	E	_

Pari						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			<u>. </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,11	-	
2	Total expenses (must equal Part IX, column (A), line 25)	Q^{\dagger}	$\Delta \mathbf{p}$	V		
3	Revenue less expenses. Subtract line 2 from line 1	2			1,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) L	4		4	3,3	06.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
_	33, column (B))	10		4	4,5	87.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII				. [
			_	Y	'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			(950) (100)
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			o Tri
	reviewed on a separate basis, consolidated basis, or both:	'	1			
	Separate basis Consolidated basis Both consolidated and separate basis				-11	A H
b	Were the organization's financial statements audited by an independent accountant?		["	2b 2	X	
_	If "Yes," check a box below to indicate whether the financial statements for the year were aud					44
	separate basis, consolidated basis, or both:		-1 7,			
	X Separate basis Consolidated basis Both consolidated and separate basis			t k		
r	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	nverei	aht	······································	iidaa	
·	of the audit, review, or compilation of its financial statements and selection of an independent acc	•	- 1	2c 2	K	
	If the organization changed either its oversight process or selection process during the tax year, e		10.00	800 T	de la	i Saya
	Schedule O.	Apiairi	1.1			
3 2	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in F		A.P.L.	ar taliandi
Ja	the Single Audit Act and OMB Circular A-133?	LIOITI		3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	eran i	•• ⊢			
,	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		
				orm 9	90 (2	016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/rorm990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

n u ber

KE	GIONAL GREENHOUSE GAS	INITIATIVE,	INC.			35+2816		1	
Pa	art I Reason for Public Cha	arity Status (All	organizations must	comple	te this p	art.) See instructions	S		
The	e organization is not a private for	undation because	it is: (For lines 1 thro	ugh 12, c	heck only	/ one box.)	,		
1	A church, convention of ch	nurches, or associa	ation of churches des	cribed in	section	170(b)(1)(A)(i).			
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E	(Form 9	90 or 99	0-EZ).)			
3	A hospital or a cooperative	e hospital service	organization described	l in secti	on 170(b)(1)(A)(iii).			
4	A medical research organi	ization operated in	conjunction with a ho	ospital de	escribed	in section 170(b)(1)(A	.)(iii). Enter th	1e	
	hospital's name, city, and s	state:							
5	An organization operated	for the benefit of	a college or univers	ity owne	ed or op	erated by a governme	ental unit de:	scribed in	
	section 170(b)(1)(A)(iv). (0	. ,							
6	A federal, state, or local ge								
7	An organization that norm	ially receives a su	bstantial part of its s	upport f	rom a go	overnmental unit or fr	om the gene	ral publi	
	described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	· (.)(.)(.)(.)(.)(.)								
9	An agricultural research or								
	or university or a non-land-	-grant college of a	griculture (see instruc	ctions). E	nter the	name, city, and state of	of the college of	or	
	university;			····					
10 11	receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
12	An organization organized						carry out the	nurnoeae	
	of one or more publicly su								
	Check the box in lines 12a	through 12d that d	escribes the type of s	upportin	a oraani	zation and complete li	nes 12e 12f	and 12a	
а	i I								
	the supported organization							Jiviiig	
	supporting organization.				,	THIS GIRDOLOIG OF TIGOLO	OS OF THE		
b	I I				n with its	supported organizati	on(s), by hav	ina	
	control or management of								
	organization(s). You must				·				
C	Type III functionally inte	grated. A supporti	ing organization oper	ated in c	onnectio	n with, and functional	lly integrated	with,	
	its supported organization	n(s) (see instruction	ns). You must comple	ete Part	IV, Secti	ons A, D, and E.			
d	Type III non-functionally	integrated. A sup	porting organization	operated	in conn	ection with its suppor	ted organizat	ion(s)	
	that is not functionally into	egrated. The orga	nization generally mu	st satisfy	a distrib	oution requirement and	d an attentiver	ness	
	requirement (see instruct								
е							I, Type III		
_	functionally integrated, or			porting	organizat	tion.	,		
T	Enter the number of supported	-				• • • • • • • • • • • • • • • • • • • •			
<u> </u>	Provide the following information			1					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our governing	(v) Amount of monetary support (see	(vi) Amou other suppo		
			above (see instructions))	docu	ment?	instructions)	instructio		
				Yes	No				
(A)									
			<u></u>						
(B)									
							 		
(C)									
							<u></u>		
(D)									
		<u>-</u> .			1				
(E)									
				n debuild	14 (14 Milya)				
Tota	il .								

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Page	4

	Complete only if you checket Part III. If the organization fa	ed the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	(vi) lify under
	tion A. Public Support					\bot COD	V
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016 I	▲ (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	Department of the second of the	Lagrance of the control of	e sea e a como de la co			
5	·The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.				线结上的基本条件	2000年的1900年1900年	
	tion B. Total Support		r	Γ		· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					7	, v
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup		-			. 1	
14	Public support percentage for 2016 (li					14	<u>%</u>
15	Public support percentage from 2015					15	<u> </u>
7 6 a	331/3% support test - 2016. If the o						
L	this box and stop here. The organization						
b	331/3% support test - 2015. If the co						
470	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	_					
	Part VI how the organization meets t					-	•
	-				•		*hhorrea
h	organization						and line
J	15 is 10% or more, and if the organization in Part VI how the organization	anization meets on meets the "	the "facts-and facts-and-circun	l-circumstances' nstances" test. î	' test, check th The organizatio	nis box and sto n qualifies as a	op here.
18	supported organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	▶ □ . <u>.</u> ▶ □`
						chedule A (Form 99	00 oz 000 EZ) 2046

JSA

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

	•	
(Complete only if v	ou checked the	pox on line 10 of Part I or if the organization failed to qualify under Part II
(or on this to of that the organization failed to quality drider that h
If the organization t	aile to qualify un	er the tests listed below places complete Dert III

	it the organization falls to qu	lainy under the	e tests listed b	eiow, piease c	omplete Part	II)	
Sec	ction A. Public Support					COD	T /
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(9) 1076	(f Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	0.	0.	. 0,	. 0	. 0.	О.
2	Gross receipts from admissions, merchandise		<u> </u>				
	sold or services performed, or facilities						
	furnished in any activity that is related to the					,	
	organization's tax-exempt purpose	1,900,514.	1,773,312	1,908,800.	1,824,958	2,115,303.	9,522,887.
3	Gross receipts from activities that are not an			2,000,000	1,021,000	2,113,303.	5,522,667.
	unrelated trade or business under section 513.						0
4	Tax revenues levied for the	-	· · · · · · · · · · · · · · · · · · ·				0.
	organization's benefit and either paid]				
	to or expended on its behalf						0
5	The value of services or facilities						0.
	furnished by a governmental unit to the					ļ	
	organization without charge ,						_
6	Total. Add lines 1 through 5	1,900,514.	1,773,312.	1,908,800.	1,824,958	2,115,303.	0.
	Amounts included on lines 1, 2, and 3	2,200,823.	1,,,0,512,	1,300,000.	1,024,556	2,113,303.	9,522,887.
	received from disqualified persons						•
b	Amounts included on lines 2 and 3	·					0.
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year]	٥
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from	on Lyfelige-erfelf			ign formales condidad.	81940 LDAFE	. 0.
-	line 6.)					色文品的特別	2 500 207
Sec	tion B. Total Support	remany from avertanticous and fill and	And the Charles and the Charles	1 + 30 1 to 1010 to 10 10 10 10 10 10 10 10 10 10 10 10 10	The state of the s	<u> </u>	9,522,887.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	1,900,514.	1,773,312.	1,908,800.			
	Gross income from interest, dividends,	1,900,514.	1,775,512.	1,308,800.	1,824,958.	2,115,303.	9,522,887.
	payments received on securities loans,						
	rents, royalties and income from similar sources	1,091.	1,487.	1,568.	2 470	7 004	T 205
b	Unrelated business taxable income (less	1,031.	1,401.	1,500.	2,479.	1,281.	7,906.
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						•
c	Add lines 10a and 10b	1,091.	1,487.	1,568.	2 470	1 207	0.
11	Net income from unrelated business	1,091.	1,401.	. 1,566.	2,479.	1,281.	7,906.
• •	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						0.
12	Other income. Do not include gain or		İ				
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			-			
••	and 12.)	1,901,605.	1 774 700	1 010 300	1 007 407	5 116 504	
14	First five years. If the Form 990 is form		1,774,799.	1,910,368.	1,827,437.	2,116,584.	9,530,793.
	organization check this box and stop here	or the organizat	ions mst, seco	id, mird, fourtii,	or min tax ye	ar as a section	501(c)(3)
Sect	organization, check this box and stop here . tion C. Computation of Public Sup	nort Porconta	 		3		🚩
15	Public support percentage for 2016 (line 8,			an (f))		45	99.92%
	Public support percentage from 2015 Sche					15	99.91%
	tion D. Computation of Investmen					16	33.31%
17	Investment income percentage for 2016 (lir			3 column (ft)		47	.08%
18	Investment income percentage from 2015					17	.09%
	331/3% support tests - 2016. If the org					18	
	17 is not more than 331/3%, check thi						
h	331/3% support tests - 2015. If the orga						
	line 18 is not more than 331/3 %, check						
	Private foundation. If the organization of				-		· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2016

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D. and Complete Sections A. D. and E. If you checked 12d of Part I. complete Sections A. D. and E. If you checked 12d of Part II. Complete Sections A. D. and E. If you checked 12d of Part II. Complete Sections A. D. and E. If you checked 12d of Part II. Complete Sections A. D. and E. If you checked 12d of Part II. Complete Sections A. D. and E. If you ch

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part II.	
Sect	ion A. All Supporting Organizations	
		Yes No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	

10b

determine whether the organization had excess business holdings.)

Schear	ile A (Form 990 or 990-EZ) 2016			Page J
Part	V Supporting Organizations (continued)	ī		
			Yes	No
11_	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	PΥ	ved sithi	Lieville)
	below, the governing body of a supported organization?	111	+	
a	A family member of a person described in (a) above?	11b		<u> </u>
C Cooti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		<u> </u>
Secu	on B. Type i Supporting Organizations		Vaa	Na
		Resortation	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		I,W	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			Afterby States
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1724.44.1	Bernard
_		14.5 Cop	ii suga	r (maki)
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	eni Lina lieta i	-2D0554.0
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Wi.	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		J.	1933
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior		rainasii. Mirasi	
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 Water		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	144		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la	<u> Pirted</u>	
		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structio	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	t (
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			No
2	Activities Test. Answer (a) and (b) below.	0.374	100	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	7. L. W.L. P.	E design is
		Za	utori)	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		n hadd
			Selection	含砂锅
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		arahada
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		esi je a	in the second
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		er accide
	· · · · · · · · · · · · · · · · · · ·			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust	t on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zation	s must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			-
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	14-0		
instructions for short tax year or assets held for part of year):	145 U		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):		ong in the constitution of the	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	ing a reprint plant for the print	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integ	grated Type III supporting of	organization (see
instructions)	•	5	- '

Schedule A (Form 990 or 990-EZ) 2016

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish e	xempt purposes					
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted C	ODV			
	organizations, in excess of income from activity			UP I			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.	**					
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive				
	(provide details in Part VI). See instructions.			7			
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount	T					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6	an distributed Albinomer					
	Underdistributions, if any, for years prior to 2016						
2	(reasonable cause required-explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2016:						
а			ar fig. vertical and the				
b	类型,指引起发展。其中的自由的XELEXX的主义的主要可能是由于以下的						
C_	From 2013						
ď	From 2014						
е	From 2015						
f	Total of lines 3a through e	BANKAT A RESIST OF DE AR ONDES AND ANTIER, CERTUS AND					
<u>g</u>	Applied to underdistributions of prior years		To ord. RMA 4 to a security between the control of				
<u>. h</u>	Applied to 2016 distributable amount	Branda (Branda Albarda Branda)	The section of the second of t	1940 C. 18 Chapter St. 1940 C. 1942 C. 1944 C.			
<u>i</u>	Carryover from 2011 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from	et and discours factors the of the factors in		Plant (M. A. Caratta (M. 1966) Burting to the set of the control			
4							
	Section D, line 7: \$ Applied to underdistributions of prior years						
a b	Applied to 2016 distributable amount		Andrewsky s Approximate standard septiminate				
	Remainder. Subtract lines 4a and 4b from 4.	Basing Corera Antonio Carrolle (1995)		TENNETHER BERKER SERVER IN CARPENT			
5	Remaining underdistributions for years prior to 2016, if	reparatago havia entre (Aurelle)	to the first the transport of the second of the second of the				
•	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h			<u> - 1946-1955, Oktober 195, 1974 (197, 2007) (Seffal)</u>			
_	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.		vyavanik 4v 6				
7	Excess distributions carryover to 2017. Add lines 3j	and the second s					
	and 4c.						
8	Breakdown of line 7:						
a							
b	Excess from 2013						
С	Excess from 2014						
d	Excess from 2015						
е	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8 lines 2, 5, and 6. Also complete this part for any additional information. (See instruction

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Open to Public in 3, ection Employe identific it number

REC	GIONAL GREENHOUSE GAS INITIATIVE, INC.	35-2316710
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	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	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	****
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution i	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
þ	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	_2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
_	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
_	and section 170(h)(4)(B)(ii)?	Yes L No
9	in Fart Ain, describe now the organization reports conservation easements in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements.	cial statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	y Similar Accete
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ontinal Assets.
1a		reviews at the second between the state of
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide, in Part XIII, the text of the footnote to its financial statements that despite the control of the co	ication, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its report of and biotaxical transverse are of the similar acceptance of and biotaxical transverse are of the similar acceptance of the similar a	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide the following amounts relating to these items:	cation, or research in furtherance of
	(i) Revenue 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	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	O ,
а	Revenue included in Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 6E1268 1.000 42626U M261

Schedule D (Form 990) 2016

Page	2
- auc	-

Par	t III Organizations Maintaini	ng Coll	ections of	Art, His	torical T	reasure	es, c	or Oti	ner Simil	ar Asse	ts (conti	inued)	
3	Using the organization's acquisition	on, acces	ssion, and	other reco	rds, chec	k any of	f the	follow	ing that	are a sigr	nificant us	se of its	 s
	collection items (check all that app	ly):			_								
а	Public exhibition			d [Loan	or excha	nge į	progra	ms 🛔	CO	DX/		
b	Scholarly research			е _	Other				\				
C	Preservation for future gene	rations		•									
4	Provide a description of the organ	nization's	collection	s and expl	ain how	they furt	ther	the or	ganization	's exemp	t purpose	in Par	t
	XIII.												
5	During the year, did the organization	on solicit	or receive	donations o	of art, hist	orical tre	asur	es, or	other simi	lar _			
	assets to be sold to raise funds rath	ner than t	to be maint	ained as pa	art of the	organiza	tion's	collec	ction?		Yes	No	<u> </u>
	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1 a	Is the organization an agent, truste									_			
	included on Form 990, Part X?									L	Yes	No)
b	If "Yes," explain the arrangement i	n Part XI	II and com	plete the fo	llowing tal	ole:							_
									P	mount			_
C	Beginning balance												
d	Additions during the year						1d						_
е	Distributions during the year						1e						
f	Ending balance						1f				γ	· · · · · · · · · · · · · · · · · · ·	_
2a	Did the organization include an am										Yes	No.	>
	If "Yes," explain the arrangement i	n Part XI	II. Check h	ere if the e	xplanation	has bee	n pro	ovided	on Part XII	<u> </u>			_
Par			1.05.4	. –	000 B			_					
	Complete if the organizat						_						
		(a) Cu	rrent year	(b) Prid	or year	(c) Two	years	back	(d) Three y	ears back	(e) Four y	ears back	_
1a	Beginning of year balance												
b	Contributions												_
C	Net investment earnings, gains,												
	and losses												_
ď	Grants or scholarships												_
e	Other expenditures for facilities			:									
	and programs												_
f	Administrative expenses												
g	End of year balance					L			· · · · · · · · · · · · · · · · · · ·				_
2 a	Provide the estimated percentage Board designated or quasi-endown		rrent year	end balanc _%	e (line 1g,	column	(a)) h	eld as:	;				
b	Permanent endowment >	%											
C	Temporarily restricted endowment		%										
	The percentages on lines 2a, 2b, and 2c should equal 100%.												
3a	Are there endowment funds not in	the poss	ession of the	ne organiza	tion that	are heid	and	admin	istered for	the	13.7		_
	organization by:											es No	_
	(i) unrelated organizations										3a(i)		~
_	(ii) related organizations										3a(ii)		_
	If "Yes" on line 3a(ii), are the relate	•		•			· · ·				3b		_
4	Describe in Part XIII the intended u		ne organiza	tion's endo	wment fur	nas.							_
Par	t VI Land, Buildings, and Equi Complete if the organiza	ipment. tion ans	wered "Ye	s" on For	n 990. P	art IV. li	ine 1	1a. S	ee Form	990. Par	t X. line '	10.	
	Description of property		(a) Cost or	other basis	(b) Cost o	r other bas		(c) Acc	umulated		i) Book value		
4.	1 and		(inves	tment)	(0	ther)			eciation				-
1a	Land						-in.						_
b	Buildings						+						_
	Leasehold improvements					18,81	+		18,170.			641.	_
	Equipment		<u> </u>			TO,01	<u> </u>		TO, T/U			041,	<u>.</u>
-e	Other	(d)	t oqual Cam	n 000 D-4	V 601:	7 (D) !:	10-	1				641.	-
iota	I. Add lines 1a through 1e. <i>(Column</i>	(a) mus	equal Forn	н ээυ, Рап	z, columi	ı (¤), IINE	TUC	<i>.)</i>	<u> </u>			041	<u>.</u>

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, I (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year-market value (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4)	7
(2) Closely-held equity interests	
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)	
(A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)	
(B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)	
(C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)	
(D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)	
(E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)	
(F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)	
(G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)	
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)	
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)	: 40
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)	40
Cost or end-of-year market value (1) (2) (3)	ine 13.
(3)	
(3)	
(4)	
(5)	
(6)	
(7) (8)	H
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, I	ine 15.
(a) Description (b) Bo	ok value
(1)	
(2)	
(3)	A
(4)	
(5)	
(6)	
(7)	
(8)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, P	art X,
line 25.	
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2)	
(3)	
(6)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	

Part 2	Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part I			Returr	1.		
1	Total revenue, gains, and other support per audited financial statements				1	2,1.	6,584.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1	DI	
a	Net unrealized gains (losses) on investments	2a				PY	
b	Donated services and use of facilities	I I			grafijan.		
С	Recoveries of prior year grants	, ,					
d	Other (Describe in Part XIII.)						
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3	2,11	16,584.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 1			118527 5. 6545		
b	Other (Describe in Part XIII.)						
	Add lines 4a and 4b				4c	2 11	6,584.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements V	Vith E	vnonege n	or Potu	5	<i>ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ </i>	.0,504.
Fait	Complete if the organization answered "Yes" on Form 990, Part I			ei Ketu	H11.		
1	Total expenses and losses per audited financial statements				1	2,11	5,303.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	, ,			isti		
а	Donated services and use of facilities	2a					
b	Prior year adjustments						
С	Other losses						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d				2e	0 11	F 202
3	Subtract line 2e from line 1				3	۷, ۱۱	5,303.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	,					
a	Investment expenses not included on Form 990, Part VIII, line 7b						
þ	Other (Describe in Part XIII.)				1		
С 5	Add lines 4a and 4b				4c	2.11	5,303.
	Supplemental Information.	<u> </u>			<u> </u>		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p						^, iiie
		*****	· ····				
	10 d 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
-							
	70-000-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						

Part XIII Supplemental Information (continued)



Schedule D (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public

2316710

Empl

OMB No. 1545-0047

Name of the organization

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

PART III - LINE 1

THE EXCLUSIVE PURPOSE FOR WHICH THE THE REGIONAL GREENHOUSE GAS

INITIATIVE, INC. (THE "CORPORATION") WAS 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.

PART III - LINE 4A

TECHNICAL ANALYSIS & EVALUATION (FORMERLY KNOWN AS PROGRAM REVIEW AND EVALUATION):

AS CALLED FOR IN THE ORIGINAL CORPORATION MEMORANDUM OF UNDERSTANDING,
THE PARTICIPATING STATES CONDUCTED A PROGRAM REVIEW OF THE CO2 BUDGET
TRADING PROGRAMS. PROPOSED AMENDMENTS TO THE PROGRAM HAVE BEEN
INCORPORATED IN AN UPDATED MODEL RULE (RELEASED ON FEBRUARY 7, 2013) THAT
WILL GUIDE EACH STATE AS IT FOLLOWS ITS OWN STATUTORY AND/OR REGULATORY
PROCEDURES TO PROPOSE UPDATES TO ITS CO2 BUDGET TRADING PROGRAM. A
RIGOROUS AND COMPREHENSIVE EVALUATION OF THE REGIONAL GREENHOUSE GAS
INITIATIVE, SUPPORTED BY AN EXTENSIVE REGIONAL STAKEHOLDER PROCESS THAT
ENGAGED THE REGULATED COMMUNITY, ENVIRONMENTAL NONPROFITS, CONSUMER AND

INDUSTRY ADVOCATES, AND OTHER INTERESTED STAKEHOLDERS. EXPENSES INCLUD

COPY

TECHNICAL ANALYSIS TO SUPPORT PROGRAM REVIEW AND EVALUATION.

PART III - LINE 4D

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

PART VI, SECTION A. - LINE 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.

PART VI, SECTION B. - LINE 11B

THE PROCESS THAT THE CORPORATION USES TO REVIEW THE FORM 990 IS AS

FOLLOWS:



1-COPY OF THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE;

2-COPY OF THE FORM 990 IS DISTRIBUTED TO THE EXECUTIVE COMMITTEE VIA

EMAIL; AND

3-COPY OF THE FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS

VIA EMAIL. ANY COMMENTS RECEIVED FROM THESE PROCESSES ARE CONSIDERED,

AFTER DUE TIME FOR RESPONSES TO BE RECEIVED. THE AUDIT COMMITTEE HAS

FINAL AUTHORITY OVER THE RETURN.

PART VI, SECTION B. - LINE 12C

THE CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE IS UPDATED ANNUALLY. IN

ADDITION, ALL NEWLY APPOINTED DIRECTORS MUST COMPLETE A CONFLICT OF

INTEREST DISCLOSURE QUESTIONNAIRE.

PART VI, SECTION B. - LINE 15A

THE PROCESS INCLUDES REVIEW OF DATA PROVIDED BY THE NON-PROFIT

COORDINATING COMMITTEE OF NEW YORK AND BOARD MEMBERS KNOWLEDGE OF OTHER

COMPARABLE ORGANIZATIONS.

PART VI, SECTION B. - LINE 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.

PART VI, SECTION C. - LINE 19

THE CORPORATION 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 CORPORATION'S WEBSITE

BSITE COPY
ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WORLD ENERGY SOLUTIONS, INC. 100 FRONT STREET WORCESTER, MA 01608	AUCTION SERVICES	340,000.
POTOMAC ECONOMICS, LTD. 9900 FAIRFAX BLVD., SUITE 560 FAIRFAX, VA 22030	MARKET MONITORING	211,837.
SRA INTERNATIONAL, INC. 4300 FAIR LAKES COURT FAIRFAX, VA 22033	ALLOWANCE TRACKING	233,337.
ICF RESOURCES PO BOX 536259 PITTSBURGH, PA 15253	TECHNICAL ANALYSIS	344,635.