## **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2020

Open to Public Inspection

#### 1. General Information

| For Fiscal Year Beginning     | g (mm/dd/yyyy) 01/01   | /2020 and Ending                | (mm/dd/yyyy) 12/31                       | /2020   |  |  |
|-------------------------------|--|---------------------------------|--|---|--|--|
| Check if Applicable:          | Name of Organization:  |                                 | 7, | Employer Identification Number (EIN):   |  |  |
| Address Change                | REGIONAL GREE  | NHOUSE GAS IN                   | TIATIVE, INC.                            |   |  |  |
| Name Change                   | Mailing Address:   |                                 |  | NY Registration Number:   |  |  |
| Initial Filing                | 90 CHURCH STR  | EET, 4TH FLOOP                  | 2  | 40-91-69  |  |  |
| Final Filing                  | City / State / ZIP:  |                                 |  | Telephone:  |  |  |
| Amended Filing                | NEW YORK, NY   | 10007                           |  | 212 417-7329  |  |  |
| Reg ID Pending                | Website: WWW.RGGI.ORG  |                                 |  | Email:  |  |  |
| Check your organization's     | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.              |                                 |  |   |  |  |
| registration category:        | 7A only EPT  | Lonly X DUAL (7A                | & EPTL) EXEMPT*                          | Confirm your Registration Category in the Charities Registry at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a> . |  |  |
| 2. Certification              |  |                                 |  |   |  |  |
| See instructions for certific | cation requirements. Improp  | er certification is a violatior | of law that may be subject               | t to penalties. The certification requires  |  |  |
| two signatories.              |  |                                 |  |   |  |  |
| We certify under pe           | enalties of perjury that we re   | riewed this report, including   | g all attachments, and to th             | e best of our knowledge and belief,   |  |  |
| they are                      | true, correct and complete   | in accordance with the law      | s of the State of New York               | applicable to this report.  |  |  |
| _                             | 1 L  | 0                               | MI + C                                   | 1-1-1   |  |  |
| President or Authorized (     | Officer:   | 54                              | martin Suy                               | ne and Title Date   |  |  |
|                               | Signature  |                                 | Print Nar                                | ne and Title Date   |  |  |
| Chief Financial Officer       | - 0/1/   | 1 0                             | Total Contra                             | Trasurar 11/4/21  |  |  |
| Chief Financial Officer or    | 1101   | <u> </u>                        | , Jaken skyder                           | , 11 tassarer 11/11   |  |  |
|                               | Şignafture <sup>c</sup>  |                                 | Print Nan                                | ne and Title Date   |  |  |
| 3. Annual Reporting           | Exemption  |                                 |  |   |  |  |
| Check the exemption(s) th     | at apply to your filing. If your   | organization is claiming ar     | n exemption under one cat                | egory (7A or EPTL only filers) or both  |  |  |
| categories (DUAL filers) that | at apply to your registration,   | complete only parts 1, 2, a     | and 3, and submit the certif             | ied Char500. No fee, schedules, or  |  |  |
| additional attachments are    | required. If you cannot clair  | n an exemption or are a Dl      | JAL filer that claims only or            | ne exemption, you must file applicable  |  |  |
| schedules and attachment      | s and pay applicable fees.   |                                 | •  | ,   |  |  |
|                               |  |                                 |  |   |  |  |
| 3a. 7A filing                 | exemption: Total contributi  | ons from NY State includin      | g residents, foundations, g              | overnment agencies, etc. did not  |  |  |
| contribution                  | ns during the fiscal year.   | d not engage a profession       | al fund raiser (PFR) or fund             | raising counsel (FRC) to solicit  |  |  |
|                               | adding the needs your.   |                                 |  |   |  |  |
| 3b FPTI fil                   | ing exemption: Gross recain  | te did not avacad fac ana       | and the control of                       |   |  |  |
| during the f                  | iscal year.  | is did not exceed \$25,000      | and the market value of as               | sets did not exceed \$25,000 at any time  |  |  |
|                               |  |                                 |  |   |  |  |
| 4. Schedules and Att          | tachments  |                                 |  |   |  |  |
| See the following page        |  |                                 |  |   |  |  |
| for a checklist of            | Yes X No 4a. Did y   | our organization use a pro      | fessional fund raiser, fund              | raising counsel or commercial co-venturer   |  |  |
| schedules and                 | for fund   | raising activity in NY State    | ? If yes, complete Schedule              | e 4a.   |  |  |
| attachments to                | 7  |                                 |  |   |  |  |
| complete your filing.         | complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. |                                 |  |   |  |  |
| 5. Fee                        |  |                                 |  |   |  |  |
| See the checklist on the      | 7A filing fee:   | EPTL filing fee:                | Total fee:                               |   |  |  |
| next page to calculate your   |  |                                 | . Juli 100.                              | Make a single check or money order  |  |  |
| fee(s). Indicate fee(s) you   |  |                                 |  | payable to:   |  |  |
| are submitting here:          | \$25.  | \$50.                           | \$75.                                    | "Department of Law"   |  |  |

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# **CHAR500**

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

| Check the schedules you must submit with your CHAR500 as described in Part 4:  |  |
|--|--|
| If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers  | s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)   |
| If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants  |  |
| Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review.   | ontributors). Schedule B of public charities is exempt from  |
| Our organization was eligible for and filed an IRS 990-N e-postcard. Our revening year. We have included an IRS Form 990-EZ for state purposes only.   | ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the  |
| If you are a 7A only or DUAL filer, submit the applicable independent Certified Public  Review Report if you received total revenue and support greater than \$250,000  X Audit Report if you received total revenue and support greater than \$750,000  No Review Report or Audit Report is required because total revenue and support  We are a DUAL filer and checked box 3a, no Review Report or Audit Report is | 00 and up to \$750,000.  Doort is less than \$250,000  |
| Calculate Your Fee   |  |
| For 7A and DUAL filers, calculate the 7A fee:  | Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:   |
| \$0, if you checked the 7A exemption in Part 3a  X \$25, if you did not check the 7A exemption in Part 3a  | <b>7A</b> filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")   |
| For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you checked the EPTL exemption in Part 3b   | <b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.  |
| \$25, if the NET WORTH is less than \$50,000   | <b>DUAL</b> filers are registered under both 7A and EPTL.  |
| X \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more  | <b>EXEMPT</b> filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily. |
|  | Confirm your Registration Category and learn more about NY law at <a href="https://www.charitiesNYS.com">www.charitiesNYS.com</a> .  |
| Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:   | Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:   |
| NYS Office of the Attorney General   | - IRS Form 990 Part I, line 22<br>- IRS Form 990 EZ Part I, line 21  |
| Charities Bureau Registration Section  | - IRS Form 990 PF, calculate the difference between  |
| 28 Liberty Street New York, NY 10005   | Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).   |

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

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Financial Statements for the year ended December 31, 2020

## CONDON O'MEARA McGinty & DONNELLY LLP

#### **Independent Auditor's Report**

To the Board of Directors Regional Greenhouse Gas Initiative, Inc. Certified Public Accountants

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

Fax: (212) 661 - 4010

We have audited the accompanying financial statements of Regional Greenhouse Gas Initiative, Inc. which comprise the statement of financial position as of December 31, 2020 and December 31, 2019 and the related statements of activities, functional expenses and cash flows for the years then ended and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America: this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects. the financial position of Regional Greenhouse Gas Initiative, Inc. as of December 31, 2020 and December 31, 2019 and the results of its activities and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Condon O'Hewa Mc Ginty + Donnelly LLP April 12, 2021

#### **Statement of Financial Position**

#### Assets

|  |           | December 31 |    |           |  |
|--|-----------|-------------|----|-----------|--|
|  |           | 2020        |    | 2019      |  |
| Current assets   |           |             |    |           |  |
| Cash   | \$        | 1,518,580   | \$ | 1,315,662 |  |
| Accounts receivable  |           | 3,405       |    | 3,622     |  |
| Prepaid expenses and other assets  |           | 19,644      |    | 22,065    |  |
| Total current assets   |           | 1,541,629   |    | 1,341,349 |  |
| Property and equipment at cost, net of accumulated depreciation of \$3,362 in 2020 and \$259 in 2019 |           | 5,948       |    | 9,051     |  |
| Total assets   | <u>\$</u> | 1,547,577   | \$ | 1,350,400 |  |

#### **Liabilities and Net Assets**

| Current liabilities                              |           |           |                |           |
|--|-----------|-----------|----------------|-----------|
| Accounts payable and accrued expenses            | \$        | 253,044   | \$             | 252,451   |
| Deferred state revenue                           |           | 1,164,368 |                | 1,010,983 |
| Deferred state revenue – program meeting support |           | 37,538    |                | 37,538    |
| Total current liabilities                        |           | 1,454,950 |                | 1,300,972 |
| Deferred rent                                    |           | 39,365    |                |           |
| Total liabilities                                |           | 1,494,315 |                | 1,300,972 |
| Net assets                                       |           |           |                |           |
| Without donor restrictions                       |           | 53,262    | Market Comment | 49,428    |
| Total liabilities and net assets                 | <u>\$</u> | 1,547,577 | <u>\$</u>      | 1,350,400 |

## **Statement of Activities**

|                               | Year         | Ended        |  |  |
|-------------------------------|--------------|--------------|--|--|
|                               | December 31  |              |  |  |
|                               | 2020         | 2019         |  |  |
| Revenue                       |              |              |  |  |
| State revenue                 | \$ 1,919,427 | \$ 1,723,634 |  |  |
| Interest and other            | 3,834        | 2,738        |  |  |
| Total revenue                 | 1,923,261    | 1,726,372    |  |  |
| Expenses                      |              |              |  |  |
| Program services              |              |              |  |  |
| Direct                        | 884,314      | 763,005      |  |  |
| Indirect                      | 699,579      | 657,487      |  |  |
| Supporting activities         |              | ŕ            |  |  |
| Management and general        | 335,534      | 303,142      |  |  |
| Total expenses                | 1,919,427    | 1,723,634    |  |  |
| Increase in net assets        | 3,834        | 2,738        |  |  |
| Net assets, beginning of year | 49,428       | 46,690       |  |  |
| Net assets, end of year       | \$ 53,262    | \$ 49,428    |  |  |

# Statement of Functional Expenses For the Year Ended December 31, 2020 (with Summarized Comparative Information For the Year Ended December 31, 2019)

|                            |                   |              | 2020                                 |   | 2019               |
|----------------------------|-------------------|--------------|--------------------------------------|---|--------------------|
|                            | Progra            | m Services   | Supporting Activities Management and |   |                    |
|                            | Direct            | Indirect     | <u>General</u>                       | Total                                   | Total              |
| Expenses                   |                   |              |                                      |   | Total              |
| Salaries and wages         | \$ -              | \$ 426,749   | \$ 132,278                           | \$ 559,027                              | \$ 549,098         |
| Payroll taxes and          |                   | , .,,,,,,,,  | ·,,-                                 | ф °ССЭ, «Д.                             | Ψ 2.2,030          |
| employees' benefits        | -                 | 151,680      | 47,032                               | 198,712                                 | 185,967            |
| Auctions                   | 310,000           | -            | _                                    | 310,000                                 | 317,500            |
| Technical analysis and     | ŕ                 |              | ,                                    | , |                    |
| evaluation                 | 26,218            | <del>-</del> | -                                    | 26,218                                  | 7,056              |
| Market monitoring          | 226,168           | -            | -                                    | 226,168                                 | 184,125            |
| <b>Emissions Allowance</b> |                   |              |                                      | ,                                       | ,                  |
| Tracking System            | 321,928           | -            | -                                    | 321,928                                 | 254,324            |
| Occupancy                  | -                 | 62,552       | 19,753                               | 82,305                                  | 42,940             |
| Financial and              |                   |              | •                                    |   | ŕ                  |
| accounting services        | -                 | -            | 81,936                               | 81,936                                  | 79,944             |
| Telephone, internet        |                   |              |                                      |   |                    |
| and service contracts      | -                 | 32,225       | 10,177                               | 42,402                                  | 18,439             |
| Professional fees          | -                 | -            | 27,350                               | 27,350                                  | 43,066             |
| Insurance                  | -                 | 9,194        | 2,903                                | 12,097                                  | 17,507             |
| Legal fees                 | -                 | 5,788        | 1,828                                | 7,616                                   | 6,529              |
| Outreach and               |                   |              |                                      |   |                    |
| communications             | -                 | 4,744        | 1,498                                | 6,242                                   | 1,190              |
| Meetings and other         | -                 | 2,336        | 3,063                                | 5,399                                   | 8,950              |
| Website maintenance        | -                 | 4,159        | 1,313                                | 5,472                                   | 626                |
| Depreciation               | -                 | -            | 3,103                                | 3,103                                   | 259                |
| Office supplies            | -                 | 152          | 1,765                                | 1,917                                   | 2,045              |
| Furniture and fixtures     | -                 | -            | 1,535                                | 1,535                                   | -                  |
| Travel                     | -                 |              |                                      |   | <u>4,069</u>       |
| <b>Total expenses</b>      | <u>\$ 884,314</u> | \$ 699,579   | \$ 335,534                           | <u>\$1,919,427</u>                      | <u>\$1,723,634</u> |

### Statement of Functional Expenses For the Year Ended December 31, 2019

|   |                   |                   | Supporting <u>Activities</u> Management |             |
|---|-------------------|-------------------|---|-------------|
|   | Program           | Services          | and                                     |             |
|   | Direct            | Indirect          | General                                 | Total       |
| Expenses                                  |                   |                   |   | -           |
| Salaries and wages                        | \$ -              | \$ 423,284        | \$ 125,814                              | \$ 549,098  |
| Payroll taxes and employees' benefits     | -                 | 145,294           | 40,673                                  | 185,967     |
| Auctions                                  | 317,500           | -                 | -                                       | 317,500     |
| Technical analysis and evaluation         | 7,056             | -                 | -                                       | 7,056       |
| Market monitoring                         | 184,125           | <b>50</b>         | -                                       | 184,125     |
| Emissions Allowance Tracking System       | 254,324           | -                 | -                                       | 254,324     |
| Occupancy                                 |                   | 41,813            | 1,127                                   | 42,940      |
| Financial and accounting services         | -                 | -                 | 79,944                                  | 79,944      |
| Telephone, internet and service contracts | -                 | 14,438            | 4,001                                   | 18,439      |
| Professional fees                         | -                 | 3,537             | 39,529                                  | 43,066      |
| Insurance                                 | -                 | 13,720            | 3,787                                   | 17,507      |
| Legal fees                                | -                 | 5,010             | 1,519                                   | 6,529       |
| Meetings and other                        | -                 | 6,122             | 2,828                                   | 8,950       |
| Website maintenance                       | -                 | 494               | 132                                     | 626         |
| Depreciation                              | . <del>-</del>    | -                 | 259                                     | 259         |
| Office supplies                           | -                 | -                 | 2,045                                   | 2,045       |
| Outreach and communications               | -                 | 592               | 598                                     | 1,190       |
| Travel                                    |                   | 3,183             | 886                                     | 4,069       |
| <b>Total expenses</b>                     | <b>\$</b> 763,005 | <u>\$ 657,487</u> | \$ 303,142                              | \$1,723,634 |

#### **Statement of Cash Flows**

|  | Year Ended |           |           |           |
|--|------------|-----------|-----------|-----------|
|  |            | 2020      |           | 2019      |
| Cash flows from operating activities           |            |           |           |           |
| Increase in net assets                         | \$         | 3,834     | \$        | 2,738     |
| Adjustment to reconcile increase in net assets |            |           |           |           |
| to net cash provided by operating activities   |            |           |           |           |
| Depreciation                                   |            | 3,103     |           | 259       |
| (Increase) decrease in current assets          |            |           |           |           |
| Accounts receivable                            |            | 217       |           | (3,622)   |
| Prepaid expenses and other assets              |            | 2,421     |           | 8,597     |
| Increase in current liabilities                |            |           |           |           |
| Accounts payable and accrued expenses          |            | 593       |           | 5,635     |
| Deferred state revenue                         |            | 153,385   |           | 415,311   |
| Deferred rent                                  |            | 39,365    |           |           |
| Net cash provided by operating                 |            |           |           |           |
| activities                                     |            | 202,918   |           | 428,918   |
| Cash flows (used in) investing activities      |            |           |           |           |
| Acquisitions of property and equipment         | <u></u>    | -         |           | (9,310)   |
| Net increase in cash                           |            | 202,918   |           | 419,608   |
| Cash, beginning of year                        | -          | 1,315,662 |           | 896,054   |
| Cash, end of year                              | \$         | 1,518,580 | <u>\$</u> | 1,315,662 |

#### Notes to Financial Statements December 31, 2020 and December 31, 2019

#### Note 1 – Nature of organization

Regional Greenhouse Gas Initiative, Inc. (the "Corporation") is a non-profit, non-stock, corporation the exclusive purpose of which is to provide technical and scientific advisory services to the Participating States in the development and implementation of a multi-state cap and trade program, known as the Regional Greenhouse Gas Initiative ("RGGI") (or its successor) established, 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 Participating States. As of December 31, 2020 the Participating States included: Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island and Vermont. Effective January 1, 2021, Virginia became a Participating State. The Internal Revenue Service has determined that the Corporation is exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code ("IRC") and is not a private foundation pursuant to Section 509 (a) (1) of the IRC. Contributions to the Corporation are deductible pursuant to Section 170 of the IRC.

The Corporation is governed by a Board of Directors, made up of two agency heads from each Participating State who serve as directors of the Corporation *ex officio*. As provided in the Bylaws of the Corporation, the directors serving *ex officio* are as follows: (1) the chair, or the commissioner designated by the chair, of the Participating State's energy regulatory agency; (2) the chief executive of the Participating State's environmental regulatory agency or department; or (3) in the event that the Governor of a Participating State determines that a state official other than the state's environmental regulatory agency or department; is the appropriate representative to act as a director, the Governor of that Participating State must notify the chair of the Corporation in writing and such other official shall be a director from that Participating State.

The Participating States provide funds for the Corporation's activities. Each Participating State has entered into a contract with the Corporation, which establishes, among other things, the amount to be contributed by that Participating State to the Corporation for its services and the specific technical and advisory services to be provided by the Corporation to or on behalf of that Participating State.

The technical and scientific advisory services to be provided to the Participating States generally include the development and implementation of (1) a regional system for tracking emissions and emissions allowances, to support emissions inventory management, allowance trading, compliance and program analysis and user security; (2) guidance for offset projects and an accreditation process for independent verifiers of offset projects; (3) a tracking system for offset project submittals, approvals and supporting documentation; (4) a regional allowance auction platform, including pre-auction services, conduct of the auction, and post-auction services; and (5) monitoring and auditing services for both allowance auctions and the secondary allowance market. The Corporation is authorized to subcontract with outside vendors to fulfill its duties under its contracts with the Participating States.

#### Notes to Financial Statements (continued) December 31, 2020 and December 31, 2019

#### Note 1 – Nature of organization (continued)

One aspect of the auction services the Corporation provides are financial settlement services on behalf of the Participating States offering emissions allowances at each auction. Financial security from auction participants is deposited into an account currently maintained at Bank of New York Mellon under the title "RGGI, Inc. as agent for the Participating States of the Regional Greenhouse Gas Initiative" and is held in that account subject to the terms in the auction notice issued by the Participating States offering emissions allowances. At the conclusion of each auction, the Corporation arranges for the transfer of funds in appropriate amounts to the Participating States in payment for the emissions allowances purchased at that auction, and excess funds are returned to auction participants. The Corporation's receipt and management of these funds is solely as agent for the Participating States. The Corporation has no legal right to retain any portion of these funds or to transfer them to its own account except as explicitly directed by contract with one or more Participating States. The interest earned, if any, will be used to defray the cost of future auctions.

The Corporation is a technical assistance organization only. It has no regulatory or enforcement authority with respect to any existing or future program of any Participating State. All such sovereign authority is reserved to each Participating State.

#### Note 2 – Summary of significant accounting policies

#### Basis of presentation

The financial statements of the Corporation have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The following comprise the significant accounting policies of the Corporation.

#### Net assets

Under accounting principles generally accepted in the United States of America, net assets and revenue, expenses, gains and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as net assets without donor restrictions and net assets with donor restrictions.

#### Without Donor Restrictions

#### Operating

Net assets that are not subject to donor-imposed restrictions and amounts can be spent at the discretion of the Corporation for general operations. Contributions with donor-imposed restrictions that are met in the same year the contributions are received are recorded as contributions without donor restrictions.

#### Notes to Financial Statements (continued) December 31, 2020 and December 31, 2019

#### Note 2 – Summary of significant accounting policies (continued)

#### With Donor Restrictions

#### Temporary donor restrictions

Net assets with donor restrictions are temporary in nature and are subject to donor-imposed restrictions that will be met either by actions of the Corporation and/or the passage of time. Contributions with donor-imposed restrictions are reported as increases in contribution with donor restrictions. When a donor-imposed restriction is accomplished, that is, when a stipulated time restriction ends or the purpose of the restriction is accomplished, the net assets with donor restrictions are reclassified to net assets without donor restrictions and are reported in the statement of activities as net assets released from restrictions. The Corporation did not receive any contributions with donor restrictions during 2020 or 2019.

#### Revenue recognition

Once the Corporation's budget is determined, an amount is billed to each Participating State based upon an emissions allocation. These amounts are recorded as deferred state revenue on the statement of financial position. Revenue is recorded on a monthly basis equal to the Corporation's operating and program expenses.

#### Contributed services

Organizations are required to recognize contributions of services if they create or enhance non-financial assets, or require specialized skills, are provided by individuals possessing those skills and typically would have been purchased if not provided in-kind. Board members volunteer their time and perform a variety of tasks that assist the Corporation. These services do not meet the criteria to be recorded and have not been included in the accompanying financial statements.

#### Cash equivalents

The Corporation deems highly liquid investments with original maturities of 90 days or less to be cash equivalents. The Corporation had no cash equivalents at December 31, 2020 or December 31, 2019.

#### Property and equipment

Property and equipment, which consist of furniture and fixtures, is recorded at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Acquisitions of property and equipment exceeding \$5,000 and with a useful life greater than one year are capitalized.

#### Notes to Financial Statements (continued) December 31, 2020 and December 31, 2019

#### Note 2 – Summary of significant accounting policies (continued)

#### Functional expense allocation

The cost of providing the various programs and other supporting activities of the Corporation has been summarized on a functional basis in the accompanying statement of activities. The statement of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the program services and supporting activities. Natural expenses attributable to more than one functional expense category are allocated using a variety of cost allocation techniques primarily consisting of time and effort reporting and other equitable bases. Program services are divided into two categories:

#### Direct program services

These are expenses incurred by the Corporation for direct costs related to the four main functions of the Corporation: auctions, emissions allowance tracking systems, market monitoring and technical analysis and evaluation, that is paid to outside contractors.

#### <u>Indirect program services</u>

These are expenses incurred by the Corporation for direct costs that are incurred by management of the Corporation relating to the four main functions of the Corporation as described above.

#### Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements. Actual results could differ from these estimates.

#### Concentrations of credit risk

The Corporation's financial instruments that are potentially exposed to concentrations of credit risk consist of cash and receivables. The Corporation places its cash with what it believes to be quality financial institutions. In addition, the Corporation places its cash holdings in different financial institutions to have the full benefit of the Federal Deposit Insurance Corporation (FDIC) coverage. The receivables consist of amounts due from the Participating States. The Corporation believes no significant risk of loss is likely as a result of credit risk concentrations with respect to its cash and receivables.

#### Notes to Financial Statements (continued) December 31, 2020 and December 31, 2019

#### Note 2 – Summary of significant accounting policies (continued)

#### Risks and uncertainties

During March 2020, a global pandemic was declared by the World Health Organization related to the rapidly growing outbreak of a novel strain of coronavirus (COVID-19). The pandemic has significantly impacted the economic conditions in the U.S. as federal, state and local governments react to the public health crisis, creating significant uncertainties in the U.S. economy. The uncertainty of the duration and the government restrictions to operations may make the ultimate financial impact of the pandemic difficult to estimate at this time.

#### Subsequent events

The Corporation has evaluated subsequent events and transactions for potential recognition or disclosure through April 12, 2021, which is the date the financial statements were available to be issued.

#### Note 3 - Liquidity and availability of financial assets

The following is a summary of the Corporation's financial assets as of December 31, 2020 and December 31, 2019 that are available for general use within one year of the statement of financial position date:

|                     | 2020         | 2019         |
|---------------------|--------------|--------------|
| Financial assets    |              |              |
| Cash                | \$ 1,518,580 | \$ 1,315,662 |
| Accounts receivable | 3,405        | 3,622        |
| Total               | \$ 1,521,985 | \$ 1,319,284 |

#### Note 4 – Funding

The Corporation is funded by contributions from the ten (10) Participating States (eleven commencing January 1, 2021) of proportionate shares of the cost of the annual budget as approved by the Corporation's Board of Directors. Each Participating State has two seats on the Corporation's Board of Directors, and these Board members are usually selected from the directors of a State's public utilities commission, environmental protection agency, or energy department, as described in note 1.

The total contributed by all Participating States during 2020 and 2019 was \$1,919,427 and \$1,723,634, respectively. In addition, during 2020 and 2019, several states paid an aggregate of 1,166,355 and \$1,010,983, respectively, in advance for proportional funding costs for the following year, which are recorded as deferred state revenue on the statement of financial position.

#### Notes to Financial Statements (continued) December 31, 2020 and December 31, 2019

#### Note 5 – Auction process

One of the main functions of the Corporation is to administer the entire auction process of carbon dioxide (CO<sub>2</sub>) allowances for the Participating States. The Corporation administered four (4) auctions during 2020 and 2019.

Each CO<sub>2</sub> allowance auction is conducted in accordance with the statutory and/or regulatory authority of each Participating State offering CO<sub>2</sub> allowances for sale in that auction. These uniform price sealed quarterly auctions are designed to prevent price collusion by the bidders and are monitored by an independent third-party vendor (see note 7).

Each Participating State's number of allowances is specified in the statutes and/or regulations authorizing its CO<sub>2</sub> allowance budget. Allowances of any Participating State are recognized by the CO<sub>2</sub> Budget Trading Program of each of the Participating States even if that particular state is not participating in the auction.

#### Note 6 – Retirement plan

The Corporation maintains a 403(b) plan whereby eligible employees may elect to defer contributions of their salary up to the limits established under the Internal Revenue Code. The Corporation will contribute up to 10% of an employee's annual compensation. Employees are vested in the Corporation matching contribution after 24 months of employment. The Corporation's cost for the years ended December 31, 2020 and December 31, 2019 totaled \$55,841 and \$56,785, respectively. These costs are included in payroll taxes and employees' benefits in the statement of functional expenses.

#### Note 7 – Commitments

#### Program commitments

The Corporation receives funding under contracts and agreements from the Participating States. Payments received under these arrangements are subject to audit by each Participating State. Upon audit, if discrepancies are discovered, the Corporation could be held responsible for reimbursing the amount in question. As of the date of this report, no audits have been requested by the Participating States.

#### **Auctions**

The auction platform was created and is monitored by an unrelated independent contractor who is responsible for the integrity of the process. In addition, this independent contractor is responsible for verifying the collateral issued by the underlying institution for each bid made by an auction bidder. As of December 31, 2020 and December 31, 2019, the total cost provided was \$310,000 and \$317,500, respectively.

#### Notes to Financial Statements (continued) December 31, 2020 and December 31, 2019

#### Note 7 – Commitments (continued)

#### Technical analysis and evaluation

The Corporation has a program contract with an independent contractor to provide services supporting the offset of the Participating States' CO<sub>2</sub> budget trading programs through development of model application and submittal materials and model guidance, as defined in the program contract. The Corporation had agreements with an independent contractor to provide for supporting services with respect to its technical analysis and evaluation of the Participating States CO<sub>2</sub> budget trading programs. The total expenses, labeled technical analysis and evaluation, for the years ended December 31, 2020 and December 31, 2019 were \$26,218 and \$7,056, respectively.

#### Market monitoring

The Corporation has an agreement with an independent contractor to serve as the market monitor for the RGGI CO<sub>2</sub> allowance market. This independent contractor monitors the conduct of the market participants in both the primary auctions and the secondary market to identify indications of market manipulation or collusion. It also reviews the administration of the auctions performed by the independent contractor referred to above. The total expenses for the years ended December 31, 2020 and December 31, 2019 were \$226,168 and \$184,125, respectively.

#### Emissions allowance tracking system

The Corporation has an agreement with an independent contractor to administer and otherwise manage the development and implementation of an emissions and allowance tracking system. The total expenses for the years ended December 31, 2020 and December 31, 2019 were \$321,928 and \$254,324, respectively.

#### Office space

Effective December 1, 2018, the Corporation has a nine-year and nine-month space license agreement with the New York State Office of General Services that expires on August 31, 2028 for space in common with the New York State Department of Public Service (DPS) for conducting its programs. The base license expense is recognized on a straight-line method over the life of the agreement rather than in accordance with the actual license payment made. Occupancy expense recorded that exceeds amounts paid is recorded as deferred rent on the statement of financial position, which represents the adjustment to future years' license payments as a result of using the straight-line method. Deferred rent was \$39,365 as of December 31, 2020. Occupancy costs and related charges totaled \$82,306 and \$42,940 for the years ended December 31, 2020 and December 31, 2019, respectively. During the license period, the Corporation is permitted to use the furniture, electronic, and computer equipment in the licensed space. The use of some of this equipment is subject to an additional monthly charge. Minimum aggregate annual base rental payments under the lease are as follows: 2021 through 2022: \$57,681, 2024 through 2027: \$60,639 and 2028: \$40,426.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury A For the 2020 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change REGIONAL GREENHOUSE GAS INITIATIVE, INC. Name change 35-2316710 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 90 CHURCH STREET, 4TH FLOOR 212-417-7329 1,923,261. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return NEW YORK, NY 10007 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARTIN SUUBERG for subordinates? ..... Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.RGGI.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 2007 M State of legal domicile: DE Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDES TECHNICAL AND Governance SCIENTIFIC ADVISORY SERVICES TO STATES OF THE U.S. if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) 3 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 0 0. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,723,634 1,919,427. Program service revenue (Part VIII, line 2g) 1,542. 1,400. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,196. 2,434. 11 1,726,372, 1,923,261. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 735,065. 757,739. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 988,569. 1,161,688. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,723,634. 1,919,427. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,738. 3,834. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 1,547,577. 1,350,400. Total assets (Part X, line 16) 1,300,972 1,494,315. 21 Total liabilities (Part X, line 26) 三年 49,428. 53,262. Net assets or fund balances. Subtract line 21 from line 20 .... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/1/2021 JAMES J. REILLY P00183769 Paid self-employed Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP 13-3628255 Firm's EIN ▶ Preparer Firm's address ONE BATTERY PARK PLAZA Use Only Phone no.212-661-7777 NEW YORK, NY 10004

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

| Form      | 1990 (2020) REGIONAL GREENHOUSE GAS INITIATIVE, INC.   | 35-2316710          | Page 2                |
|-----------|--|---------------------|-----------------------|
| Pa        | rt III Statement of Program Service Accomplishments  |                     | <u> </u>              |
|           | Check if Schedule O contains a response or note to any line in this Part III   |                     | Х                     |
| 1         | Briefly describe the organization's mission:   |                     |                       |
|           | SEE SCHEDULE O.  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
| 2         | Did the organization undertake any significant program services during the year which were not listed on the         |                     |                       |
|           | prior Form 990 or 990-EZ?  |                     | Yes X No              |
|           | If "Yes," describe these new services on Schedule O.   |                     |                       |
| 3         | Did the organization cease conducting, or make significant changes in how it conducts, any program services?         |                     | Yes X No              |
|           | If "Yes," describe these changes on Schedule O.  |                     |                       |
| 4         | Describe the organization's program service accomplishments for each of its three largest program services, as m     | easured by expen    | ises.                 |
|           | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | , the total expense | es, and               |
|           | revenue, if any, for each program service reported.  |                     |                       |
| 4a        | (Code:) (Expenses \$   | \$                  | 725,797.              |
|           | TECHNICAL ANALYSIS & EVALUATION: AS CALLED FOR IN THE ORIGINAL RGGI  |                     |                       |
|           | 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 INCLUDE TECHNICAL ANALYSIS TO SUPPORT  |                     |                       |
|           | PROGRAM REVIEW AND EVALUATION.   |                     |                       |
| 4b        | (Code:) (Expenses \$) (Revenue) (Revenue)  | \$                  | 321,928.              |
|           | EMISSIONS ALLOWANCE TRACKING SYSTEM: MAINTAINED A DATABASE, USERS  |                     |                       |
|           | GUIDE, AND PUBLIC REPORTING CAPABILITY TO TRACK EMISSIONS AND ALLOWANCE  |                     |                       |
|           | TRANSFERS. THIS SYSTEM IS AVAILABLE AT WWW.RGGI.ORG.   |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
| 4c        | (Code:) (Expenses \$) (Revenue) (Revenue)  | \$                  | 310,000.              |
|           | AUCTIONS: PROVIDED TECHNICAL SUPPORT TO STATES IN THE DEVELOPMENT AND  |                     |                       |
|           | EXECUTION OF AUCTION PLATFORMS FOR ALLOWANCES TO EMIT CARBON DIOXIDE.  |                     |                       |
|           | THIS RESULTED IN PUBLICATION OF AUCTION NOTICES AND MATERIALS.   |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
|           |  |                     |                       |
| 4d        | Other program services (Describe on Schedule O.)   | EC1 = 2.5           |                       |
|           | (Expenses \$ 226,168. including grants of \$ ) (Revenue \$   | 561,702.)           |                       |
| <u>4e</u> | Total program service expenses ▶ 1,583,893.  |                     | 000                   |
|           |  | Fo                  | orm <b>990</b> (2020) |

35-2316710

#### Part IV Checklist of Required Schedules

|             |  |     | Yes | No            |
|-------------|--|-----|-----|---------------|
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |     |     |               |
|             | If "Yes," complete Schedule A  | 1   | Х   |               |
| 2           | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   |     | Х             |
| 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   |     | 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   |     | x             |
| 5           | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | i i |     |               |
| Ū           | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | x             |
| 6           | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | Ť   |     |               |
| U           |  | 6   |     | x             |
| -           | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     |               |
| 7           | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | _   |     | x             |
| _           | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     |               |
| 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 debt negotiation services?  |     |     |               |
|             | If "Yes," complete Schedule D, Part IV   | 9   |     | X             |
| 10          | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |     |     |               |
|             | or in 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," complete Schedule D,  |     |     |               |
|             | Part VI  | 11a | Х   |               |
| 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 |     | Х             |
| С           | 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 reported in  |     |     |               |
|             | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | Х             |
| е           | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | Х   |               |
| f           | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     |     |               |
|             | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f |     | х             |
| 12a         | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |     |     |               |
|             | Schedule D, Parts XI and XII   | 12a | Х   |               |
| h           | Was the organization included in consolidated, independent audited financial statements for the tax year?  |     |     |               |
|             | •  | 12b |     | x             |
| 13          | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13  |     | X             |
| 14a         | Did the constitution maintain on office constitution and the state of the Helbert Obstace  | 14a |     | x             |
|             | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,     | 144 |     | <del></del> - |
| b           |  |     |     |               |
|             | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   | 14b |     | x             |
| 15          | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 140 |     |               |
| 15          |  | 15  |     | x             |
| 40          | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     |               |
| 16          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | 40  |     | x             |
|             | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     |               |
| 17          | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |     |     | ,,            |
|             | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  |     | Х             |
| 18          | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |     |     |               |
|             | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | X             |
| 19          | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |     |               |
|             | complete Schedule G, Part III  | 19  |     | Х             |
| <b>20</b> a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | Х             |
| b           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |               |
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     |     |               |
|             | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II  | 21  |     | Х             |

032003 12-23-20

|        | · (continued)  |                 | Yes | No       |
|--------|--|-----------------|-----|----------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |                 | 163 | 140      |
|        | 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 employees? If "Yes," complete   |                 |     |          |
|        | Schedule J   | 23              | Х   |          |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |                 |     |          |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |                 |     |          |
|        | Schedule K. If "No," go to line 25a  | 24a             |     | х        |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b             |     | <u> </u> |
| С      | 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             |     | <u> </u> |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d             |     | <u> </u> |
| 25a    | 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             |     | X        |
| 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             |     | X        |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |                 |     |          |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |                 |     | x        |
| 07     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26              |     |          |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |                 |     |          |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27              |     | x        |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  | 21              |     |          |
| 20     | instructions, for applicable filing thresholds, conditions, and exceptions):   |                 |     |          |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>  |                 |     |          |
|        | "Yes," complete Schedule L, Part IV  | 28a             |     | x        |
| b      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b             |     | х        |
|        | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>   |                 |     |          |
|        | "Yes," complete Schedule L, Part IV  | 28c             |     | х        |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29              |     | Х        |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |                 |     |          |
|        | contributions? If "Yes," complete Schedule M   | 30              |     | Х        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31              |     | Х        |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |                 |     |          |
|        | Schedule N, Part II  | 32              |     | 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              |     | X        |
| 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              |     | X        |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a             |     | Х        |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 05.             |     |          |
| 26     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b             |     |          |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   | 26              |     | x        |
| 37     | If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | 36              |     | <u> </u> |
| 31     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37              |     | x        |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   | <del>- 0,</del> |     |          |
| 33     | Note: All Form 990 filers are required to complete Schedule O  | 38              | х   |          |
| Pai    |  |                 |     |          |
|        | Check if Schedule O contains a response or note to any line in this Part V   |                 |     |          |
|        |  |                 | Yes | No       |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |                 |     |          |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0   |                 |     |          |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |                 |     |          |
|        | (gambling) winnings to prize winners?  | 1c              | Х   |          |
| 032004 | 12-23-20   | Form            | 990 | (2020)   |

| Form 990 |   | 35-2316710 | Pa  | age 5 |
|----------|---|------------|-----|-------|
| Part V   | Statements Regarding Other IRS Filings and Tax Compliance (continued) |            |     |       |
|          |   |            | Yes | Nο    |

|        |  |           | Yes | No                |  |  |  |  |
|--------|--|-----------|-----|-------------------|--|--|--|--|
| 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        | Х   | $ldsymbol{f eta}$ |  |  |  |  |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |           |     |                   |  |  |  |  |
| 3а     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a        |     | Х                 |  |  |  |  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b        |     |                   |  |  |  |  |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |           |     |                   |  |  |  |  |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | <u>4a</u> |     | Х                 |  |  |  |  |
| 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?  | <u>5a</u> |     | X                 |  |  |  |  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b        |     | Х                 |  |  |  |  |
| С      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c        |     |                   |  |  |  |  |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |           |     | ,,                |  |  |  |  |
|        | any contributions that were not tax deductible as charitable contributions?  | 6a        |     | Х                 |  |  |  |  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   | ۵.        |     |                   |  |  |  |  |
| _      | were not tax deductible?   | 6b        |     |                   |  |  |  |  |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |           |     | х                 |  |  |  |  |
| a      | 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        |     |                   |  |  |  |  |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   | 7b        |     |                   |  |  |  |  |
| С      | to file Form 8282?   | 7c        |     | x                 |  |  |  |  |
| d      |  | 10        |     |                   |  |  |  |  |
| e      | Did the agree in the second of | 7e        |     |                   |  |  |  |  |
| f      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f        |     |                   |  |  |  |  |
| g<br>g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g        | N/A |                   |  |  |  |  |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h        | N/A |                   |  |  |  |  |
| 8      |  |           |     |                   |  |  |  |  |
|        | sponsoring organization have excess business holdings at any time during the year?  N/A  | 8         |     |                   |  |  |  |  |
| 9      | Sponsoring organizations maintaining donor advised funds.  |           |     |                   |  |  |  |  |
| а      | Did the sponsoring organization make any taxable distributions under section 4966? N/A   | 9a        |     |                   |  |  |  |  |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b        |     |                   |  |  |  |  |
| 10     | Section 501(c)(7) organizations. Enter:  |           |     |                   |  |  |  |  |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   |           |     |                   |  |  |  |  |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |           |     |                   |  |  |  |  |
| 11     | Section 501(c)(12) organizations. Enter:   |           |     |                   |  |  |  |  |
| а      | Gross income from members or shareholders N/A 11a  |           |     |                   |  |  |  |  |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against   |           |     |                   |  |  |  |  |
|        | amounts due or received from them.)  |           |     |                   |  |  |  |  |
|        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a       |     |                   |  |  |  |  |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |           |     |                   |  |  |  |  |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  N/A  | 40-       |     |                   |  |  |  |  |
| а      | to the organization housed to local qualification plane in more than one state.  | 13a       |     |                   |  |  |  |  |
| h      | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the   |           |     |                   |  |  |  |  |
| b      | organization is licensed to issue qualified health plans   |           |     |                   |  |  |  |  |
| С      | Enter the amount of reserves on hand   |           |     |                   |  |  |  |  |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a       |     | х                 |  |  |  |  |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b       |     |                   |  |  |  |  |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |           |     |                   |  |  |  |  |
|        | excess parachute payment(s) during the year?   | 15        |     | x                 |  |  |  |  |
|        | If "Yes," see instructions and file Form 4720, Schedule N.   |           |     |                   |  |  |  |  |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16        |     | х                 |  |  |  |  |
|        | If "Yes," complete Form 4720, Schedule O.  |           |     |                   |  |  |  |  |
|        |  |           | 000 |                   |  |  |  |  |

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

|     | Check if Schedule O contains a response or note to any line in this Part VI   |        |        | X   |  |  |  |  |  |  |
|-----|---|--------|--------|-----|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management   |        |        |     |  |  |  |  |  |  |
|     |   |        | Yes    | No  |  |  |  |  |  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 20  |        |        |     |  |  |  |  |  |  |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                         |        |        |     |  |  |  |  |  |  |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                               |        |        |     |  |  |  |  |  |  |
| b   | Enter the number of voting members included on line 1a, above, who are independent  |        |        |     |  |  |  |  |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |        |        |     |  |  |  |  |  |  |
|     | officer, director, trustee, or key employee?  | 2      |        | Х   |  |  |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |        |        |     |  |  |  |  |  |  |
|     | of officers, directors, trustees, or key employees to a management company or other person?   | 3      |        | Х   |  |  |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4      |        | Х   |  |  |  |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5      |        | Х   |  |  |  |  |  |  |
| 6   | Did the organization have members or stockholders?  |        |        |     |  |  |  |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |        |        |     |  |  |  |  |  |  |
|     | more members of the governing body?   | 7a     | Х      |     |  |  |  |  |  |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |        |        |     |  |  |  |  |  |  |
|     | persons other than the governing body?  | 7b     |        | Х   |  |  |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |        |        |     |  |  |  |  |  |  |
| а   | The governing body?   | 8a     | Х      |     |  |  |  |  |  |  |
| 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 on Schedule O   | 9      |        | Х   |  |  |  |  |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |        |        |     |  |  |  |  |  |  |
|     | (The social 2 register members as at person to regard a 2 vite morning members as   |        | Yes    | No  |  |  |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a    |        | Х   |  |  |  |  |  |  |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |        |        |     |  |  |  |  |  |  |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b    |        |     |  |  |  |  |  |  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a    | Х      |     |  |  |  |  |  |  |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                       |        |        |     |  |  |  |  |  |  |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a    | Х      |     |  |  |  |  |  |  |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b    | Х      |     |  |  |  |  |  |  |
|     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |        |        |     |  |  |  |  |  |  |
|     | in Schedule O how this was done   | 12c    | Х      |     |  |  |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?   | 13     | Х      |     |  |  |  |  |  |  |
| 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 independent                  |        |        |     |  |  |  |  |  |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |        |        |     |  |  |  |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official  | 15a    | Х      |     |  |  |  |  |  |  |
|     | 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    |        | х   |  |  |  |  |  |  |
| 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?  | 16b    |        |     |  |  |  |  |  |  |
| Sec | tion C. Disclosure  |        |        |     |  |  |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶NY, DE  |        |        |     |  |  |  |  |  |  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s    | only)  | availa | ble |  |  |  |  |  |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.   | -/     |        |     |  |  |  |  |  |  |
|     | X Own website Another's website X Upon request Other (explain on Schedule O)  |        |        |     |  |  |  |  |  |  |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     | financ | ial    |     |  |  |  |  |  |  |
| .5  | statements available to the public during the tax year.   | iai i  |        |     |  |  |  |  |  |  |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records                      |        |        |     |  |  |  |  |  |  |
| _0  | DAVID TERRIO - 212-901-2500   |        |        |     |  |  |  |  |  |  |
|     | BTQ FINANCIAL, 115 BROADWAY, 19TH FL., NEW YORK, NY 10006   |        |        |     |  |  |  |  |  |  |

## **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 year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

| (A)  Name and title        | (B) Average hours per  | (do<br>box       | Position (do not check more than one box, unless person is both an officer and a director/trustee) |                 | (D)  Reportable compensation | (E) Reportable compensation | <b>(F)</b> Estimated amount of |  |  |   |
|----------------------------|--|------------------|--|-----------------|------------------------------|-----------------------------|--------------------------------|--|--|---|
|                            | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | stee or director | Institutional trustee  | Officer Officer | Key employee                 | Highest compensated snat-   |                                | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) ANDREW MCKEON          | 40.00  |                  |  |                 |                              |                             |                                |  |  |   |
| EXECUTIVE DIRECTOR         |  |                  |  | Х               |                              |                             |                                | 185,594.                                       | 0.   | 45,258.   |
| (2) MARTIN SUUBERG         | 5.00   | -                |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR & CHAIR           |  | Х                |  | Х               |                              |                             |                                | 0.   | 0.   | 0.  |
| (3) BEN GRUMBLES           | 5.00   | 1                |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR & VICE CHAIR      |  | Х                |  | Х               |                              |                             |                                | 0.   | 0.   | 0.  |
| (4) MARION S. GOLD         | 5.00   | 1                |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR & TREASURER       |  | Х                |  | Х               |                              |                             |                                | 0.   | 0.   | 0.  |
| (5) JARED SNYDER           | 5.00   |                  |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR & SECRETARY       |  | Х                |  | Х               |                              |                             |                                | 0.   | 0.   | 0.  |
| (6) PHILIP L. BARTLETT II  | 5.00   |                  |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR & MEMBER AT LARGE |  | Х                |  | Х               |                              |                             |                                | 0.   | 0.   | 0.  |
| (7) KATIE DYKES            | 5.00   |                  |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR & MEMBER AT LARGE |  | Х                |  | Х               |                              |                             |                                | 0.   | 0.   | 0.  |
| (8) SARAH HOFMANN          | 5.00   |                  |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR & MEMBER AT LARGE |  | Х                |  | Х               |                              |                             |                                | 0.   | 0.   | 0.  |
| (9) MARISSA GILLETT        | 5.00   |                  |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR                   |  | Х                |  |                 |                              |                             |                                | 0.   | 0.   | 0.  |
| (10) SHAWN GARVIN          | 5.00   |                  |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR                   |  | Х                |  |                 |                              |                             |                                | 0.   | 0.   | 0.  |
| (11) DALLAS WINSLOW        | 5.00   |                  |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR                   |  | Х                |  |                 |                              |                             |                                | 0.   | 0.   | 0.  |
| (12) MELANIE LOYZIM        | 5.00   |                  |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR                   |  | Х                |  |                 |                              |                             |                                | 0.   | 0.   | 0.  |
| (13) JASON M. STANEK       | 5.00   |                  |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR                   |  | Х                |  |                 |                              |                             |                                | 0.   | 0.   | 0.  |
| (14) PATRICK WOODCOCK      | 5.00   |                  |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR                   |  | Х                |  |                 |                              |                             |                                | 0.   | 0.   | 0.  |
| (15) ROBERT R. SCOTT       | 5.00   |                  |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR                   |  | Х                |  |                 |                              |                             |                                | 0.   | 0.   | 0.  |
| (16) DIANE MARTIN          | 5.00   | 1                |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR                   |  | Х                |  |                 |                              |                             |                                | 0.   | 0.   | 0.  |
| (17) CATHERINE MCCABE      | 5.00   | 1                |  |                 |                              |                             |                                |  |  |   |
| DIRECTOR                   |  | Х                |  |                 |                              |                             |                                | 0.   | 0.   | 0.<br>Form <b>990</b> (2020)  |

Form **990** (2020)

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| Form 990 (2020) REGIONAL GRE                   | ENUOUSE GAS  | TIM                            | T 1 T                       | HII     | ٧Ŀ,           | TIA                          | ٠.       |  | 33-231071                                  | Page <b>o</b>  |
|--|--|--------------------------------|-----------------------------|---------|---------------|------------------------------|----------|--|--|--|
| Part VII Section A. Officers, Directors, Trus  | tees, Key Emp  | oloy                           | ees,                        | and     | l Hig         | ghes                         | t C      | ompensated Employee                    | s (continued)                              |  |
| (A)  | (B)  |                                |                             |         | C)            |                              |          | (D)                                    | (E)  | (F)  |
| Name and title                                 | Average<br>hours per<br>week   | box,                           | not cl<br>, unles<br>cer an | ss per  | more<br>son i | than o                       | an       | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other  |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stit utional trustee     | Officer | Key employee  | Highest compensated employee | Former   | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>organizations |
| (18) JOSEPH L. FIORDALISO                      | 5.00   |                                |                             |         |               |                              |          |  |  |  |
| DIRECTOR                                       |  | Х                              |                             |         |               |                              |          | 0.                                     | 0.   | 0.   |
| (19) JOHN B. RHODES<br>DIRECTOR                | 5.00   | х                              |                             |         |               |                              |          | 0.                                     | 0.   | 0.   |
| (20) JANET COIT                                | 5.00   |                                |                             |         |               |                              |          |  |  |  |
| DIRECTOR                                       |  | Х                              |                             |         |               |                              |          | 0.                                     | 0.   | 0.   |
| (21) PETER WALKE DIRECTOR                      | 5.00   | x                              |                             |         |               |                              |          | 0.                                     | 0.   | 0.   |
| DIRECTOR                                       |  |                                |                             |         |               |                              |          |  | 0.   | 0.   |
| 1b Subtotal                                    | <u> </u>   |                                |                             |         |               |                              | <u> </u> | 185,594.                               | 0.   | 45,258.  |
| c Total from continuation sheets to Part V     |  |                                |                             |         |               |                              | <b></b>  | 0.                                     | 0.   | 0.   |
| d Total (add lines 1b and 1c)                  |  | <u></u>                        |                             |         |               |                              | <u> </u> | 185,594.                               | 0.   | 45,258.  |
| 2 Total number of individuals (including but r | ot limited to th   | ose                            | liste                       | d ab    | ove           | ) wh                         | o re     | ceived more than \$100,                | 000 of reportable                          |  |

compensation from the organization

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

| the organization. Report compensation for the calendar year ending with or within the organization's tax year. |                             |                     |  |  |  |  |  |  |
|--|-----------------------------|---------------------|--|--|--|--|--|--|
| (A) Name and business address  | (B) Description of services | (C)<br>Compensation |  |  |  |  |  |  |
| WORLD ENERGY SOLUTIONS, INC.   |                             |                     |  |  |  |  |  |  |
| 100 FRONT STREET, WORCESTER, MA 01608  | AUCTION SERVICES            | 310,000.            |  |  |  |  |  |  |
| SRA INTERNATIONAL, INC.  |                             |                     |  |  |  |  |  |  |
| 4300 FAIR LAKES COURT, FAIRFAX, VA 22033   | ALLOWANCE TRACKING          | 294,288.            |  |  |  |  |  |  |
| POTOMAC ECONOMICS, LTD., 9900 FAIRFAX  |                             |                     |  |  |  |  |  |  |
| BLVD., SUITE 560, FAIRFAX, VA 22030  | MARKET MONITORING           | 187,750.            |  |  |  |  |  |  |
|  |                             |                     |  |  |  |  |  |  |
|  |                             |                     |  |  |  |  |  |  |
|  |                             |                     |  |  |  |  |  |  |
|  |                             |                     |  |  |  |  |  |  |
| 2 Total number of independent contractors (including but not limited to those listed                           |                             |                     |  |  |  |  |  |  |

Form **990** (2020)

\$100,000 of compensation from the organization

35-2316710

Form 990 (2020) REGIONAL G

|  |    |          | Check if Schedule O contains                  | a response o | or note to any lin                    | e in this Part VIII |                   |                  |                                 |
|--|----|----------|---|--------------|---------------------------------------|---------------------|-------------------|------------------|---------------------------------|
|  |    |          |   |              | · · · · · · · · · · · · · · · · · · · | (A)                 | (B)               | (C)              | (D)                             |
|  |    |          |   |              |                                       | Total revenue       | Related or exempt | Unrelated        | Revenuè excluded from tax under |
|  |    |          |   |              |                                       |                     | function revenue  | business revenue | sections 512 - 514              |
| SS   | 1  | 2        | Federated campaigns                           | 1a           |                                       |                     |                   |                  |                                 |
| Contributions, Gifts, Grants and Other Similar Amounts |    |          | Membership dues                               |              |                                       |                     |                   |                  |                                 |
| S S  |    |          | Fundraising events                            |              |                                       |                     |                   |                  |                                 |
| fts,   |    |          | Related organizations                         |              |                                       |                     |                   |                  |                                 |
| ij gi  |    |          |   |              |                                       |                     |                   |                  |                                 |
| ons,   |    |          | Government grants (contributions)             | 1e           |                                       |                     |                   |                  |                                 |
| utic   |    |          | All other contributions, gifts, grants, an    |              |                                       |                     |                   |                  |                                 |
| ĕ  |    |          | similar amounts not included above            |              |                                       |                     |                   |                  |                                 |
| ont  |    | -        | Noncash contributions included in lines 1a-1f | 1g  \$       |                                       |                     |                   |                  |                                 |
| O g  |    | <u>n</u> | Total. Add lines 1a-1f                        |              |                                       |                     |                   |                  |                                 |
|  |    |          | GEN EE DEVENUE                                |              | Business Code                         | 1 010 405           | 1 010 407         |                  |                                 |
| ce   | 2  | a :      | STATE REVENUE                                 |              | 541900                                | 1,919,427.          | 1,919,427.        |                  |                                 |
| Program Service<br>Revenue                             |    | b .      |   |              |                                       |                     |                   |                  |                                 |
| S  |    | C .      |   |              |                                       |                     |                   |                  | _                               |
| ran<br>Sev   |    | d .      |   |              |                                       |                     |                   |                  | _                               |
| .0g  |    | e .      |   |              |                                       |                     |                   |                  |                                 |
| <u>-</u>   |    | f ,      | All other program service revenue             |              |                                       |                     |                   |                  |                                 |
|  |    | g '      | Total. Add lines 2a-2f                        |              |                                       | 1,919,427.          |                   |                  |                                 |
|  | 3  |          | Investment income (including divid            | ends, intere | st, and                               |                     |                   |                  |                                 |
|  |    |          | other similar amounts)                        |              |                                       | 1,400.              |                   |                  | 1,400.                          |
|  | 4  |          | Income from investment of tax-exe             |              |                                       |                     |                   |                  |                                 |
|  | 5  |          | Royalties                                     |              |                                       |                     |                   |                  |                                 |
|  |    |          |   | (i) Real     | (ii) Personal                         |                     |                   |                  |                                 |
|  | 6  | а        | Gross rents 6a                                |              |                                       |                     |                   |                  |                                 |
|  |    |          | Less: rental expenses 6b                      |              |                                       |                     |                   |                  |                                 |
|  |    |          | Rental income or (loss) 6c                    |              |                                       |                     |                   |                  |                                 |
|  |    |          | Net rental income or (loss)                   |              | <b>•</b>                              |                     |                   |                  |                                 |
|  |    |          | ` '   | Securities   | (ii) Other                            |                     |                   |                  |                                 |
|  | -  |          | assets other than inventory <b>7a</b>         |              |                                       |                     |                   |                  |                                 |
|  |    |          | Less: cost or other basis                     |              |                                       |                     |                   |                  |                                 |
| Φ  |    |          | and sales expenses                            |              |                                       |                     |                   |                  |                                 |
| her Revenue  |    |          | Gain or (loss) 7c                             |              |                                       |                     |                   |                  |                                 |
| ě  |    | q        | Net gain or (loss)                            |              |                                       |                     |                   |                  |                                 |
| F.   |    |          | Gross income from fundraising events          |              |                                       |                     |                   |                  |                                 |
| O<br>th  | 0  |          | including \$                                  | _            |                                       |                     |                   |                  |                                 |
| ١  |    |          | contributions reported on line 1c).           | _            |                                       |                     |                   |                  |                                 |
|  |    |          | •   | <b>I</b>     |                                       |                     |                   |                  |                                 |
|  |    |          | Part IV, line 18                              |              |                                       |                     |                   |                  |                                 |
|  |    |          | Less: direct expenses                         |              |                                       |                     |                   |                  |                                 |
|  |    |          | Net income or (loss) from fundraisin          |              |                                       |                     |                   |                  |                                 |
|  | 9  |          | Gross income from gaming activitie            | I .          |                                       |                     |                   |                  |                                 |
|  |    |          | Part IV, line 19                              |              |                                       |                     |                   |                  |                                 |
|  |    |          | Less: direct expenses                         |              |                                       |                     |                   |                  |                                 |
|  |    |          | Net income or (loss) from gaming a            |              | ······                                |                     |                   |                  |                                 |
|  | 10 |          | Gross sales of inventory, less retur          |              |                                       |                     |                   |                  |                                 |
|  |    |          | and allowances                                | I .          |                                       |                     |                   |                  |                                 |
|  |    |          | Less: cost of goods sold                      |              |                                       |                     |                   |                  |                                 |
| $\rightarrow$  |    | С        | Net income or (loss) from sales of i          | nventory     | <b></b>                               |                     |                   |                  |                                 |
| <u>v</u>   |    |          |   |              | Business Code                         |                     |                   |                  | - 10:                           |
| e<br>le  | 11 | a !      | MISCELLANEOUS                                 |              | 900099                                | 2,434.              |                   |                  | 2,434.                          |
| Miscellaneous<br>Revenue                               |    | b .      |   |              |                                       |                     |                   |                  |                                 |
| cel.   |    | C .      |   |              |                                       |                     |                   |                  |                                 |
| Mis  |    | d .      | All other revenue                             |              |                                       |                     |                   |                  |                                 |
|  |    | e '      | Total. Add lines 11a-11d                      |              | <b></b>                               | 2,434.              |                   |                  |                                 |
|  | 12 |          | Total revenue. See instructions               |              | <b>&gt;</b>                           | 1,923,261.          | 1,919,427.        | 0.               | 3,834.                          |

032009 12-23-20

35-2316710

#### Part IX Statement of Functional Expenses

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

| Check if Schedule O contains a respons Oo not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses            | (C) Management and general expenses | ( <b>D)</b> Fundraising expenses |
|---|-----------------------|---|-------------------------------------|----------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       | ·                                       |                                     | ·                                |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |   |                                     |                                  |
| Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |   |                                     |                                  |
| 4 Benefits paid to or for members   |                       |   |                                     |                                  |
| 5 Compensation of current officers, directors,  |                       |   |                                     |                                  |
| trustees, and key employees   | 230,852.              | 176,225.                                | 54,627.                             |                                  |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |   |                                     |                                  |
| 7 Other salaries and wages  | 373,434.              | 285,071.                                | 88,363.                             |                                  |
| 8 Pension plan accruals and contributions (include  | ,                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , , , , ,                         |                                  |
| section 401(k) and 403(b) employer contributions)   | 37,966.               | 28,980.                                 | 8,986.                              |                                  |
| 9 Other employee benefits   | 76,404.               | 58,320.                                 | 18,084.                             |                                  |
| 0 Payroll taxes   | 39,083.               | 29,833.                                 | 9,250.                              |                                  |
| 1 Fees for services (nonemployees):   |                       |   |                                     |                                  |
| a Management  |                       |   |                                     |                                  |
| <b>b</b> Legal  | 7,616.                | 5,788.                                  | 1,828.                              |                                  |
| c Accounting  | 81,936.               |   | 81,936.                             |                                  |
| d Lobbying  |                       |   |                                     |                                  |
| e Professional fundraising services. See Part IV, line 17   |                       |   |                                     |                                  |
| f Investment management fees  |                       |   |                                     |                                  |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)   | 27,350.               |   | 27,350.                             |                                  |
| 2 Advertising and promotion   |                       |   |                                     |                                  |
| 3 Office expenses   | 44,319.               | 32,377.                                 | 11,942.                             |                                  |
| 4 Information technology  | 5,472.                | 4,159.                                  | 1,313.                              |                                  |
| 5 Royalties   |                       |   |                                     |                                  |
| 6 Occupancy   | 82,305.               | 62,552.                                 | 19,753.                             |                                  |
| 7 Travel  |                       |   |                                     |                                  |
| 8 Payments of travel or entertainment expenses  |                       |   |                                     |                                  |
| for any federal, state, or local public officials   |                       |   |                                     |                                  |
| 9 Conferences, conventions, and meetings  | 5,399.                | 2,336.                                  | 3,063.                              |                                  |
| 0 Interest  |                       |   |                                     |                                  |
| 1 Payments to affiliates  | 2 402                 |   | 2 102                               |                                  |
| 2 Depreciation, depletion, and amortization   | 3,103.                | 9,194.                                  | 3,103.<br>2,903.                    |                                  |
| 3 Insurance   | 12,097.               | 9,194.                                  | 2,903.                              |                                  |
| Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                       |   |                                     |                                  |
| a EMISSIONS ALLOWANCE   | 321,928.              | 321,928.                                |                                     |                                  |
| b AUCTIONS  | 310,000.              | 310,000.                                |                                     |                                  |
| c MARKET MONITORING   | 226,168.              | 226,168.                                |                                     |                                  |
| d TECH. ANALYSIS & EVAL.  | 26,218.               | 26,218.                                 |                                     |                                  |
| e All other expenses  | 7,777.                | 4,744.                                  | 3,033.                              |                                  |
| 5 Total functional expenses. Add lines 1 through 24e  | 1,919,427.            | 1,583,893.                              | 335,534.                            |                                  |
| 6 Joint costs. Complete this line only if the organization  |                       |   |                                     |                                  |
| reported in column (B) joint costs from a combined  |                       |   |                                     |                                  |
| educational campaign and fundraising solicitation.  |                       |   |                                     |                                  |

| Pal                         | τX | Chapte if Cabadula Chapteins a record and         |               | line in this Doct V |                          |            |                        |
|-----------------------------|----|---|---------------|---------------------|--------------------------|------------|------------------------|
|                             |    | Check if Schedule O contains a response or        | note to any   | line in this Part X | (A)<br>Beginning of year |            | (B) End of year        |
|                             | 1  | Cash - non-interest-bearing                       |               |                     | 195,394.                 | 1          | 196,909.               |
|                             | 2  | Savings and temporary cash investments            |               |                     | 1,120,268.               | 2          | 1,321,671.             |
|                             | 3  | Pledges and grants receivable, net                |               |                     | · ·                      | 3          |                        |
|                             | 4  | Accounts receivable, net                          | 3,622.        | 4                   | 3,405.                   |            |                        |
|                             | 5  | Loans and other receivables from any curren       | ·             |                     | ·                        |            |                        |
|                             |    | trustee, key employee, creator or founder, su     |               |                     |                          |            |                        |
|                             |    | controlled entity or family member of any of t    |               | 5                   |                          |            |                        |
|                             | 6  | Loans and other receivables from other disqu      |               |                     |                          |            |                        |
|                             |    | under section 4958(f)(1)), and persons descri     | bed in secti  | ion 4958(c)(3)(B)   |                          | 6          |                        |
| S                           | 7  | Notes and loans receivable, net                   |               |                     |                          | 7          |                        |
| Assets                      | 8  | Inventories for sale or use                       |               |                     |                          | 8          |                        |
| As                          | 9  |   |               |                     | 22,065.                  | 9          | 19,644.                |
|                             |    | Land, buildings, and equipment: cost or other     |               |                     | ·                        |            |                        |
|                             |    | basis. Complete Part VI of Schedule D             |               | 28,121.             |                          |            |                        |
|                             | b  |   |               | 22,173.             | 9,051.                   | 10c        | 5,948.                 |
|                             | 11 | Investments - publicly traded securities          | ,             | ·                   | 11                       | ·          |                        |
|                             | 12 | Investments - other securities. See Part IV, lir  |               | 12                  |                          |            |                        |
|                             | 13 | Investments - program-related. See Part IV, li    |               | 13                  |                          |            |                        |
|                             | 14 | Intangible assets                                 |               |                     | 14                       |            |                        |
|                             | 15 | Other assets. See Part IV, line 11                |               |                     |                          | 15         |                        |
|                             | 16 | Total assets. Add lines 1 through 15 (must e      |               |                     | 1,350,400.               | 16         | 1,547,577.             |
|                             | 17 | Accounts payable and accrued expenses             |               |                     | 252,451.                 | 17         | 253,044.               |
|                             | 18 | Grants payable                                    |               |                     | ·                        | 18         | ·                      |
|                             | 19 | Deferred revenue                                  |               | 1,048,521.          | 19                       | 1,201,906. |                        |
|                             | 20 | Tax-exempt bond liabilities                       | · ·           | 20                  |                          |            |                        |
|                             | 21 | Escrow or custodial account liability. Comple     |               |                     | 21                       |            |                        |
| w                           | 22 | Loans and other payables to any current or form   |               |                     |                          |            |                        |
| ij                          |    | trustee, key employee, creator or founder, su     |               |                     |                          |            |                        |
| Liabilities                 |    | controlled entity or family member of any of t    |               |                     |                          | 22         |                        |
| Ë                           | 23 | Secured mortgages and notes payable to un         |               |                     |                          | 23         |                        |
|                             | 24 | Unsecured notes and loans payable to unrela       | ated third pa |                     |                          | 24         |                        |
|                             | 25 | Other liabilities (including federal income tax,  |               |                     |                          |            |                        |
|                             |    | parties, and other liabilities not included on li |               |                     |                          |            |                        |
|                             |    | of Schedule D                                     | ·             |                     | 0.                       | 25         | 39,365.                |
|                             | 26 | Total liabilities. Add lines 17 through 25        |               |                     | 1,300,972.               | 26         | 1,494,315.             |
|                             |    | Organizations that follow FASB ASC 958, o         | check here    | X                   |                          |            |                        |
| es                          |    | and complete lines 27, 28, 32, and 33.            |               |                     |                          |            |                        |
| anc                         | 27 | Net assets without donor restrictions             |               |                     | 49,428.                  | 27         | 53,262.                |
| Bal                         | 28 | Net assets with donor restrictions                |               |                     |                          | 28         |                        |
| pu                          |    | Organizations that do not follow FASB AS          |               |                     |                          |            |                        |
| Ψ                           |    | and complete lines 29 through 33.                 |               |                     |                          |            |                        |
| ğ                           | 29 | Capital stock or trust principal, or current fun  |               |                     | 29                       |            |                        |
| šets                        | 30 | Paid-in or capital surplus, or land, building, o  |               |                     |                          | 30         |                        |
| Ase                         | 31 | Retained earnings, endowment, accumulated         |               |                     |                          | 31         |                        |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances                 |               |                     | 49,428.                  | 32         | 53,262.                |
| ~                           | 33 | Total liabilities and net assets/fund balances    |               |                     | 1,350,400.               | 33         | 1,547,577.             |
|                             |    |   |               |                     |                          |            | Form <b>990</b> (2020) |

| Pai   | rt XI Reconciliation of Net Assets  |          |      |       |        |  |  |  |
|---|---|----------|------|-------|--------|--|--|--|
|   | Check if Schedule O contains a response or note to any line in this Part XI   |          |      |       |        |  |  |  |
|   |   |          |      |       |        |  |  |  |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1        | 1,   | 923,  | 261.   |  |  |  |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2        | 1,   | 919,  | 427.   |  |  |  |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | 3        |      | 3,    | 834.   |  |  |  |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                                 | 4        |      | 49,   | 428.   |  |  |  |
| 5   | 5 Net unrealized gains (losses) on investments  |          |      |       |        |  |  |  |
| 6   | Donated services and use of facilities  | 6        |      |       |        |  |  |  |
| 7   |   |          |      |       |        |  |  |  |
| 8   | Prior period adjustments  | 8        |      |       |        |  |  |  |
| 9   | Other changes in net assets or fund balances (explain on Schedule O)  |          |      |       |        |  |  |  |
| 10  |   |          |      |       |        |  |  |  |
|   | column (B)) 10  |          |      |       |        |  |  |  |
| Pai   | rt XII Financial Statements and Reporting   |          |      |       |        |  |  |  |
|   | Check if Schedule O contains a response or note to any line in this Part XII  |          |      |       |        |  |  |  |
|   |   |          |      | Yes   | 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," explain in Schedule O.         |          |      |       |        |  |  |  |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                           |          | 2a   |       | Х      |  |  |  |
|   | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed           | on a     |      |       |        |  |  |  |
|   | separate basis, consolidated basis, or both:  |          |      |       |        |  |  |  |
|   | Separate basis Consolidated basis Both consolidated and separate basis  |          |      |       |        |  |  |  |
| b   | Were the organization's financial statements audited by an independent accountant?  |          | 2b   | Х     |        |  |  |  |
|   | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate          | basis,   |      |       |        |  |  |  |
|   | consolidated basis, or both:  |          |      |       |        |  |  |  |
|   | X Separate basis Consolidated basis Both consolidated and separate basis  |          |      |       |        |  |  |  |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the        | audit,   |      |       |        |  |  |  |
|   | review, or compilation of its financial statements and selection of an independent accountant?                            |          | 2c   | Х     |        |  |  |  |
|   | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. |          |      |       |        |  |  |  |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit |   |          |      |       |        |  |  |  |
|   | Act and OMB Circular A-133?   |          | 3a   |       | Х      |  |  |  |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required     | ed audit |      |       |        |  |  |  |
|   | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                                  |          |      |       |        |  |  |  |
|   |   |          | Form | 990 ( | (2020) |  |  |  |

032012 12-23-20

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

| he | organi       | zation is not a private found  | ation because it is: (F      | For lines 1 through 12, cl                         | heck only                           | one box.)                        |                                       |                            |  |  |
|----|--------------|--|------------------------------|--|-------------------------------------|----------------------------------|---------------------------------------|----------------------------|--|--|
| 1  |              | A church, convention of chi  | urches, or associatio        | n of churches described                            | in <b>sectio</b>                    | n 170(b)(1                       | I)(A)(i).                             |                            |  |  |
| 2  |              | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)                |                              |  |                                     |                                  |                                       |                            |  |  |
| 3  | Ш            | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> |                              |  |                                     |                                  |                                       |                            |  |  |
| 4  |              | A medical research organization  | ation operated in cor        | njunction with a hospital                          | described                           | in <b>sectio</b>                 | n 170(b)(1)(A)(iii). Enter            | the hospital's name,       |  |  |
|    |              | city, and state:   |                              |  |                                     |                                  |                                       |                            |  |  |
| 5  |              | An organization operated for   | or the benefit of a col      | lege or university owned                           | or operate                          | ed by a go                       | overnmental unit describe             | ed in                      |  |  |
|    |              | section 170(b)(1)(A)(iv). (C   | Complete Part II.)           |  |                                     |                                  |                                       |                            |  |  |
| 6  | Ш            | A federal, state, or local gov   | ernment or governm           | nental unit described in                           | section 17                          | 70(b)(1)(A)                      | (v).                                  |                            |  |  |
| 7  |              | An organization that norma   | lly receives a substar       | ntial part of its support fr                       | om a gove                           | ernmental                        | unit or from the general              | public described in        |  |  |
|    |              | section 170(b)(1)(A)(vi). (C   | omplete Part II.)            |  |                                     |                                  |                                       |                            |  |  |
| 8  | $\square$    | A community trust describe   | ed in <b>section 170(b)(</b> | 1)(A)(vi). (Complete Part                          | t II.)                              |                                  |                                       |                            |  |  |
| 9  |              | An agricultural research org   | anization described          | in <b>section 170(b)(1)(A)(</b>                    | ix) operate                         | ed in conju                      | ınction with a land-grant             | college                    |  |  |
|    |              | or university or a non-land-g  | rant college of agrice       | ulture (see instructions).                         | Enter the i                         | name, city                       | , and state of the college            | or                         |  |  |
|    |              | university:  |                              |  |                                     |                                  |                                       |                            |  |  |
| 10 | X            | An organization that norma   |                              |  |                                     |                                  |                                       |                            |  |  |
|    |              | activities related to its exem   | •                            | · · · · · · · · · · · · · · · · · · ·              |                                     |                                  |                                       | •                          |  |  |
|    |              | income and unrelated busin   |                              | (less section 511 tax) fro                         | m busines                           | ses acqui                        | red by the organization a             | after June 30, 1975.       |  |  |
|    |              | See section 509(a)(2). (Cor  |                              |  |                                     |                                  |                                       |                            |  |  |
| 11 | $\mathbb{H}$ | An organization organized a  |                              |  |                                     |                                  |                                       |                            |  |  |
| 12 |              | An organization organized a  | •                            | - ·  | -                                   |                                  | •                                     | •                          |  |  |
|    |              | more publicly supported org  | -                            |  |                                     |                                  |                                       | neck the box in            |  |  |
| _  |              | lines 12a through 12d that   | * *                          |  |                                     |                                  |                                       | -1                         |  |  |
| а  |              | Type I. A supporting orga  |                              |  | •                                   | -                                |                                       |                            |  |  |
|    |              | the supported organization   |                              | • • • •  | majority o                          | it the direc                     | ctors or trustees of the st           | apporting                  |  |  |
| h  |              | organization. You must o   | -                            |  | ion with it                         | a aupporta                       | nd organization(a) by bay             | ina                        |  |  |
| D  |              | Type II. A supporting org  | · ·                          |  |                                     |                                  |                                       | -                          |  |  |
|    |              | control or management o<br>organization(s). You mus  |                              |  | arrie perso                         | iis iiiai co                     | ntroi or manage the supp              | Jortea                     |  |  |
| _  |              | Type III functionally inte   |                              |  | in connect                          | ion with                         | and functionally integrate            | ad with                    |  |  |
| ·  |              | its supported organization   |                              |  |                                     |                                  | • •                                   | ou with,                   |  |  |
| d  |              | Type III non-functionally  |                              |  |                                     |                                  |                                       | zation(s)                  |  |  |
| ·  |              | that is not functionally int   |                              |  |                                     |                                  | · · · · · · · · · · · · · · · · · · · |                            |  |  |
|    |              | requirement (see instructi   | •                            | •  | •                                   |                                  | •                                     | Vollege                    |  |  |
| е  |              | Check this box if the orga   | •                            | -  |                                     |                                  |                                       |                            |  |  |
| Ī  |              | functionally integrated, or  |                              |  |                                     |                                  | .,po.,, .,po, .,po                    |                            |  |  |
| f  | Ente         | r the number of supported o  | • •                          | ,            | • •                                 |                                  |                                       |                            |  |  |
| g  |              | ide the following information  |                              |  |                                     |                                  |                                       |                            |  |  |
|    |              | Name of supported  | (ii) EIN                     | (iii) Type of organization                         | (iv) Is the orga<br>in your governi | inization listed<br>ng document? | (v) Amount of monetary                | (vi) Amount of other       |  |  |
|    |              | organization   |                              | (described on lines 1-10 above (see instructions)) | Yes                                 | No                               | support (see instructions)            | support (see instructions) |  |  |
|    |              |  |                              |  |                                     |                                  |                                       |                            |  |  |
|    |              |  |                              |  |                                     |                                  |                                       |                            |  |  |
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|    |              |  |                              |  |                                     |                                  |                                       |                            |  |  |
|    |              |  |                              |  |                                     |                                  |                                       |                            |  |  |
|    |              |  |                              |  |                                     |                                  |                                       |                            |  |  |
|    |              |  |                              |  |                                     |                                  |                                       |                            |  |  |

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#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support                        |                       |                    |             |          |                     |                                       |
|------|--|-----------------------|--------------------|-------------|----------|---------------------|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in)        | (a) 2016              | <b>(b)</b> 2017    | (c) 2018    | (d) 2019 | (e) 2020            | (f) Total                             |
| 1    | Gifts, grants, contributions, and              |                       |                    |             |          |                     |                                       |
|      | membership fees received. (Do not              |                       |                    |             |          |                     |                                       |
|      | include any "unusual grants.")                 |                       |                    |             |          |                     |                                       |
| 2    | Tax revenues levied for the organ-             |                       |                    |             |          |                     |                                       |
|      | ization'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                   |                       |                    |             |          |                     |                                       |
| 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.   |                       |                    |             |          |                     |                                       |
| _    | ction B. Total Support                         |                       |                    |             |          |                     |                                       |
| Cale | ndar year (or fiscal year beginning in)        | (a) 2016              | <b>(b)</b> 2017    | (c) 2018    | (d) 2019 | (e) 2020            | (f) Total                             |
|      | Amounts from line 4                            |                       |                    |             |          |                     |                                       |
| 8    | Gross income from interest,                    |                       |                    |             |          |                     |                                       |
|      | dividends, payments received on                |                       |                    |             |          |                     |                                       |
|      | securities loans, rents, royalties,            |                       |                    |             |          |                     |                                       |
|      | and income from similar sources                |                       |                    |             |          |                     |                                       |
| 9    | Net income from unrelated business             |                       |                    |             |          |                     |                                       |
| _    | activities, whether or not the                 |                       |                    |             |          |                     |                                       |
|      | business is regularly carried on               |                       |                    |             |          |                     |                                       |
| 10   | Other income. Do not include gain              |                       |                    |             |          |                     |                                       |
|      | or loss from the sale of capital               |                       |                    |             |          |                     |                                       |
|      | assets (Explain in Part VI.)                   |                       |                    |             |          |                     |                                       |
| 11   | Total support. Add lines 7 through 10          |                       |                    |             |          |                     |                                       |
| 12   | Gross receipts from related activities,        | etc. (see instruction | nns)               |             |          | 12                  |                                       |
|      | First 5 years. If the Form 990 is for the      | •                     |                    |             |          |                     |                                       |
|      | organization, check this box and <b>stop</b>   |                       |                    |             |          |                     |                                       |
| Sec  | ction C. Computation of Publi                  | c Support Per         | centage            |             |          |                     |                                       |
|      | Public support percentage for 2020 (I          |                       |                    | column (f)) |          | 14                  | %                                     |
|      | Public support percentage from 2019            |                       |                    |             |          | 15                  | %                                     |
| 16a  | 33 1/3% support test - 2020. If the            | organization did no   |                    |             |          | ore, check this box | k and                                 |
|      | stop here. The organization qualifies          |                       |                    |             |          |                     | <b>.</b> —                            |
| b    | 33 1/3% support test - 2019. If the            | organization did no   | t check a box on I |             |          |                     |                                       |
|      | and <b>stop here.</b> The organization qual    |                       |                    |             |          |                     | <b>.</b> —                            |
| 17a  | 10% -facts-and-circumstances test              | •                     | • • •              |             |          |                     |                                       |
|      | and if the organization meets the fact         |                       |                    |             |          |                     |                                       |
|      | meets the facts-and-circumstances te           |                       |                    |             | · ·      |                     | ▶ □                                   |
| b    | 10% -facts-and-circumstances test              | -                     |                    | *           | -        |                     |                                       |
| _    | more, and if the organization meets the        | •                     |                    |             |          | •                   | •                                     |
|      | organization meets the facts-and-circle        |                       |                    |             |          |                     | ightharpoons                          |
| 18   | <b>Private foundation.</b> If the organization |                       |                    |             |          |                     | · · · · · · · · · · · · · · · · · · · |
|      | <u> </u>                                       |                       | ,                  |             |          | dule A (Form 990    |                                       |

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se   | ction A. Public Support   |                       |                        |                       |                       |                      |  |
|------|---|-----------------------|------------------------|-----------------------|-----------------------|----------------------|--|
| Cale | endar year (or fiscal year beginning in)  | (a) 2016              | <b>(b)</b> 2017        | (c) 2018              | (d) 2019              | (e) 2020             | (f) Total                              |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not   |                       |                        |                       |                       |                      |  |
|      | include any "unusual grants.")  |                       |                        |                       |                       |                      |  |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the                                  | 2,115,303.            | 2,169,494.             | 1,846,628.            | 1,723,634.            | 1,919,427.           | 9,774,486.                             |
| 2    | organization's tax-exempt purpose  Gross receipts from activities that  | 2,113,303.            | 2,100,101.             | 1,010,020.            | 1,720,001.            | 1,313,117,           | 3,771,100.                             |
| 3    | are not an unrelated trade or business under section 513  |                       |                        |                       |                       |                      |  |
| 4    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                       |                        |                       |                       |                      |  |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge   |                       |                        |                       |                       |                      |  |
| 6    | Total. Add lines 1 through 5  | 2,115,303.            | 2,169,494.             | 1,846,628.            | 1,723,634.            | 1,919,427.           | 9,774,486.                             |
| 78   | A Amounts included on lines 1, 2, and 3 received from disqualified persons  |                       |                        |                       |                       |                      | 0.                                     |
| k    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year |                       |                        |                       |                       |                      | 0.                                     |
| ,    | Add lines 7a and 7b   |                       |                        |                       |                       |                      | 0.                                     |
|      | Public support. (Subtract line 7c from line 6.)   |                       |                        |                       |                       |                      | 9,774,486.                             |
|      | ction B. Total Support  |                       |                        |                       |                       |                      | , , , -                                |
| Cale | endar year (or fiscal year beginning in)  | (a) 2016              | <b>(b)</b> 2017        | (c) 2018              | (d) 2019              | (e) 2020             | (f) Total                              |
|      | Amounts from line 6   | 2,115,303.            | 2,169,494.             | 1,846,628.            | 1,723,634.            | 1,919,427.           | 9,774,486.                             |
| 10a  | a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,   |                       |                        |                       |                       |                      |  |
|      | and income from similar sources   | 1,281.                | 823.                   | 1,280.                | 1,542.                | 1,400.               | 6,326.                                 |
| k    | Unrelated business taxable income   |                       |                        |                       |                       |                      |  |
|      | (less section 511 taxes) from businesses acquired after June 30, 1975   |                       |                        |                       |                       |                      |  |
|      | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   | 1,281.                | 823.                   | 1,280.                | 1,542.                | 1,400.               | 6,326.                                 |
| 12   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                       |                        |                       | 1,196.                | 2,434.               | 3,630.                                 |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)  | 2,116,584.            | 2,170,317.             | 1,847,908.            | 1,726,372.            | 1,923,261.           | 9,784,442.                             |
| 14   | First 5 years. If the Form 990 is for the   | ie organization's fir | st, second, third, f   | ourth, or fifth tax y | ear as a section 50   | 01(c)(3) organizatio | n,                                     |
| 0-   |   | - O                   |                        |                       |                       |                      | <b>&gt;</b>                            |
|      | ction C. Computation of Publi   |                       |                        | . (2)                 |                       | 1                    | 00.00                                  |
|      | Public support percentage for 2020 (li  |                       | •                      | olumn (f))            |                       | 15                   | 99.90 %<br>99.91 %                     |
|      | Public support percentage from 2019   |                       |                        |                       |                       | 16                   | 99.91 %                                |
|      | ction D. Computation of Inves   |                       |                        |                       |                       | 47                   | .06 %                                  |
|      | Investment income percentage for 20   |                       |                        |                       |                       | 17                   | - 70                                   |
|      | Investment income percentage from 2   |                       |                        | n line 14 and line    |                       | 18                   | - 70                                   |
| 198  | a 33 1/3% support tests - 2020. If the  |                       |                        |                       |                       |                      | is not                                 |
| k    | more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the   | organization did no   | ot check a box on      | line 14 or line 19a,  | , and line 16 is mor  | re than 33 1/3%, a   | ······································ |
| 20   | line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organizatio   |                       |                        |                       |                       |                      |  |
| 20   | r invale iounidation. Il the organizatio  | TI GIG HOL CHECK & L  | JOA OIT III 18 14, 198 | , or ibu, check th    | is bux aiiu see iiisi |                      |  |

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#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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.
- **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.**
- c 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.
- 10a 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     | Yes | No |
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|     | Continued)   |           |     | $\overline{}$ |
|-----|--|-----------|-----|---------------|
|     |  |           | 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 lines 11b and                   |           |     |               |
|     | 11c below, the governing body of a supported organization?   | 11a       |     |               |
| b   | A family member of a person described in line 11a above?   | 11b       |     |               |
| С   | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide               |           |     |               |
|     | detail in Part VI.   | 11c       |     |               |
| Sec | tion B. Type I Supporting Organizations  |           |     |               |
|     |  |           | Yes | No            |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or       |           |     |               |
| -   | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,    |           |     |               |
|     | directors, or trustees at all times during the 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 officers, directors, or trustees were allocated among the         | 1         |     |               |
| _   | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                 | -         |     |               |
| 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,                      | _         |     |               |
| 800 | supervised, or controlled the supporting organization.   | 2         |     |               |
| Sec | tion 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                 |           |     |               |
|     | 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                           |           |     |               |
|     | the supported organization(s).   | 1         |     | i             |
| Sec | tion 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 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                 |           |     | 1             |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how               |           |     |               |
|     | the organization maintained a close and continuous working relationship with the supported organization(s).                      | 2         |     |               |
| 3   | By reason of the relationship described in line 2, above, did the organization's supported organizations have a                  |           |     |               |
|     | 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.   | 3         |     |               |
| Sec | tion 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 instructions) |           |     |               |
| а   | 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.                                    |           |     |               |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in            | struction | s). |               |
| 2   | Activities Test. Answer lines 2a and 2b below.   |           | Yes | No            |
| 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        |     |               |
| b   | Did the activities described in line 2a, above, 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        |     |               |
| 3   | Parent of Supported Organizations. Answer lines 3a and 3b below.   |           |     |               |
| 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? If "Yes" or "No" provide details in Part VI.                                    | 3a        |     |               |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each              |           |     |               |
|     | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                | 3b        |     |               |

1

2

3

<u>4</u> 5

6

Schedule A (Form 990 or 990-EZ) 2020

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

| Par   | rt V Type III Non-Functionally Integrated 509   | (a)(3) Supporting Orga        | nizations (continued)          |                                  |
|-------|---|-------------------------------|--------------------------------|----------------------------------|
| Secti | ion D - Distributions   |                               |                                | Current Year                     |
| 1     | Amounts paid to supported organizations to accomplish exe   | empt purposes                 | 1                              |                                  |
| 2     | Amounts paid to perform activity that directly furthers exem  | pt purposes of supported      |                                |                                  |
|       | organizations, in excess of income from activity  | 2                             |                                |                                  |
| 3     | Administrative expenses paid to accomplish exempt purpos  | 3                             |                                |                                  |
| 4     | Amounts paid to acquire exempt-use assets   | 4                             |                                |                                  |
| 5     | Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior IRS | rovide details in Part VI)    | 5                              |                                  |
| 6     | Other distributions (describe in Part VI). See instructions.  |                               | 6                              |                                  |
| 7     | Total annual distributions. Add lines 1 through 6.  |                               | 7                              |                                  |
| 8     | Distributions to attentive supported organizations to which t   | he organization is responsive |                                |                                  |
|       | (provide details in Part VI). See instructions.   |                               | 8                              |                                  |
| 9     | Distributable amount for 2020 from Section C, line 6  |                               | 9                              |                                  |
| 10    | Line 8 amount divided by line 9 amount  |                               | 10                             |                                  |
|       | •   | (i)                           | (ii)                           | (iii)                            |
| Secti | ion E - Distribution Allocations (see instructions)   | Excess Distributions          | Underdistributions<br>Pre-2020 | Distributable<br>Amount for 2020 |
| _1_   | Distributable amount for 2020 from Section C, line 6  |                               |                                |                                  |
| 2     | Underdistributions, if any, for years prior to 2020 (reason-  |                               |                                |                                  |
|       | able cause required - explain in Part VI). See instructions.  |                               |                                |                                  |
| 3     | Excess distributions carryover, if any, to 2020   |                               |                                |                                  |
| a     | From 2015   |                               |                                |                                  |
| b     | From 2016   |                               |                                |                                  |
| с     | From 2017   |                               |                                |                                  |
| d     | From 2018   |                               |                                |                                  |
| е     | From 2019   |                               |                                |                                  |
| f     | Total of lines 3a through 3e  |                               |                                |                                  |
| g     | Applied to underdistributions of prior years  |                               |                                |                                  |
| h     | Applied to 2020 distributable amount  |                               |                                |                                  |
| i_    | Carryover from 2015 not applied (see instructions)  |                               |                                |                                  |
| j_    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                               |                                |                                  |
| 4     | Distributions for 2020 from Section D,  |                               |                                |                                  |
|       | line 7: \$  |                               |                                |                                  |
| а     | Applied to underdistributions of prior years  |                               |                                |                                  |
| b     | Applied to 2020 distributable amount  |                               |                                |                                  |
| С     | Remainder. Subtract lines 4a and 4b from line 4.  |                               |                                |                                  |
| 5     | Remaining underdistributions for years prior to 2020, if  |                               |                                |                                  |
|       | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |                                |                                  |
|       | than zero, explain in Part VI. See instructions.  |                               |                                |                                  |
| 6     | Remaining underdistributions for 2020. Subtract lines 3h  |                               |                                |                                  |
|       | and 4b from line 1. For result greater than zero, explain in  |                               |                                |                                  |
|       | Part VI. See instructions.  |                               |                                |                                  |
| 7     | Excess distributions carryover to 2021. Add lines 3j  |                               |                                |                                  |
|       | and 4c.   |                               |                                |                                  |
| 8     | Breakdown of line 7:  |                               |                                |                                  |
|       | Excess from 2016  |                               |                                |                                  |
|       | Excess from 2017  |                               |                                |                                  |
|       | Excess from 2018  |                               |                                |                                  |
|       | Excess from 2019  |                               |                                |                                  |
|       | Excess from 2020  |                               |                                |                                  |

| 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; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)   |
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#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

**Employer identification number** 

| D : | REGIONAL GREENHOUSE GAS INI  | ,   |                | 35-2316710                       |
|-----|--|---|----------------|----------------------------------|
| Par | t I Organizations Maintaining Donor Advised  | d Funds or Other Similar Funds of               | r Accoun       | <b>ts.</b> Complete if the       |
|     | organization answered "Yes" on Form 990, Part IV, line   |   |                |                                  |
|     |  | (a) Donor advised funds                         | (b) Fun        | ds 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 v   |   | l funds        |                                  |
|     | are the organization's property, subject to the organization's   | exclusive legal control?                        |                | Yes No                           |
| 6   | Did the organization inform all grantees, donors, and donor ad   |   |                |                                  |
|     | for charitable purposes and not for the benefit of the donor or  |   |                |                                  |
|     | impermissible private benefit?   |   | •              | Yes No                           |
| Par |  |   |                |                                  |
| 1   | Purpose(s) of conservation easements held by the organization  |   | ,              |                                  |
| -   | Preservation of land for public use (for example, recreat  |   | historically   | important land area              |
|     | Protection of natural habitat  | Preservation of a                               | -              | •                                |
|     | Preservation of open space   | r reconvacion or a                              | oor timod riid |                                  |
| 2   | Complete lines 2a through 2d if the organization held a qualifi  | ed conservation contribution in the form of     | a conservat    | ion easement on the last         |
| _   | day of the tax year.   |   | C CONSCITUTION | Held at the End of the Tax Year  |
| a   |  |   | 2a             | Tiola at the Ena of the Tax Tour |
| b   |  |   |                |                                  |
|     | Number of conservation easements on a certified historic stru  |   | ····           |                                  |
| C   |  |   |                |                                  |
| u   | Number of conservation easements included in (c) acquired a  | •   |                |                                  |
| _   | listed in the National Register  |   |                |                                  |
| 3   | Number of conservation easements modified, transferred, rele   | eased, extinguished, or terminated by the of    | rganization    | during the tax                   |
|     | year   | annual to to enter d                            |                |                                  |
| 4   | Number of states where property subject to conservation eas  | · ————  |                |                                  |
| 5   | Does the organization have a written policy regarding the peri   |   |                |                                  |
|     | violations, and enforcement of the conservation easements it   |   |                |                                  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, h   | nandling of violations, and enforcing conser    | vation ease    | ments during the year            |
| _   | <u> </u>   |   |                |                                  |
| 7   | Amount of expenses incurred in monitoring, inspecting, handle  | ling of violations, and enforcing conservation  | n easement     | s during the year                |
|     | <b>&gt;</b> \$   |   |                |                                  |
| 8   | Does each conservation easement reported on line 2(d) above  |   |                |                                  |
|     | and section 170(h)(4)(B)(ii)?  |   |                |                                  |
| 9   | In Part XIII, describe how the organization reports conservation   |   |                |                                  |
|     | balance sheet, and include, if applicable, the text of the footne  | ote to the organization's financial statement   | ts that desc   | ribes the                        |
| Da  | organization's accounting for conservation easements.  | Aut Historical Transcruss or Othe               | au Cinaila     | · Acceto                         |
| Pai | t III Organizations Maintaining Collections of   |   | er Similai     | Assets.                          |
|     | Complete if the organization answered "Yes" on Form  |   |                |                                  |
| 1a  | If the organization elected, as permitted under FASB ASC 958   | •   |                |                                  |
|     | of art, historical treasures, or other similar assets held for pub   | lic exhibition, education, or research in furth | nerance of p   | public                           |
|     | service, provide in Part XIII the text of the footnote to its finan  | cial statements that describes these items.     |                |                                  |
| b   | If the organization elected, as permitted under FASB ASC 958   | 3, to report in its revenue statement and bal   | lance sheet    | works of                         |
|     | art, historical treasures, or other similar assets held for public $% \left( 1\right) =\left( 1\right) \left( 1\right) $ | exhibition, education, or research in further   | ance of pub    | olic service,                    |
|     | provide the following amounts relating to these items:   |   |                |                                  |
|     | (i) Revenue included on 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 trea   | asures, or other similar assets for financial g | ain, provide   |                                  |
|     | the following amounts required to be reported under FASB AS  |   |                |                                  |
| а   | Revenue included on Form 990, Part VIII, line 1  | _   | > :            | \$                               |
|     | Assets included in Form 990, Part X  |   |                | \$                               |
|     | For Paperwork Reduction Act Notice, see the Instructions   |   |                | Schedule D (Form 990) 2020       |

032051 12-01-20

| Sche | dule D (Form 990) 2020 REGIONAL GF  | REENHOUSE GAS I        | NITIATIV       | E, INC.      |                  |             |            | 35-231       | 6710               | Pa       | age 2       |
|------|---|------------------------|----------------|--------------|------------------|-------------|------------|--------------|--------------------|----------|-------------|
| Pai  | rt III Organizations Maintaining C  | ollections of Ar       | t, Histor      | ical Tre     | easures, o       | Other       | Simila     | Assets       | (contir            | ued)     |             |
| 3    | Using the organization's acquisition, accession   | on, and other record   | s, check a     | ny of the    | following that   | make sigi   | nificant u | use of its   | •                  | ,        |             |
|      | collection items (check all that apply):  |                        |                |              |                  |             |            |              |                    |          |             |
| а    | Public exhibition   | C                      | j 🗌 Lo         | an or exc    | hange progra     | ım          |            |              |                    |          |             |
| b    | Scholarly research  | •                      | • 🔲 o          | ther         |                  |             |            |              |                    |          |             |
| С    | Preservation for future generations   |                        |                |              |                  |             |            |              |                    |          |             |
| 4    | Provide a description of the organization's co  | llections and explain  | n how they     | further th   | ne organizatio   | n's exemp   | ot purpos  | se in Part   | XIII.              |          |             |
| 5    | During the year, did the organization solicit o   | r receive donations    | of art, histo  | orical treas | sures, or othe   | r similar a | ssets      |              | _                  |          | _           |
| _    | to be sold to raise funds rather than to be ma  |                        |                |              |                  |             |            |              | Yes                |          | No          |
| Par  | t IV Escrow and Custodial Arrang  |                        | ete if the o   | rganizatio   | n answered '     | Yes" on F   | orm 990    | , Part IV, I | ine 9, or          |          |             |
|      | reported an amount on Form 990, Par   |                        |                |              |                  |             |            |              |                    |          |             |
| 1a   | Is the organization an agent, trustee, custodi  |                        | •              |              |                  |             |            |              | 7                  | _        | ,           |
|      | on Form 990, Part X?  |                        |                |              |                  |             |            | L            | <b>」Yes</b>        |          | No          |
| b    | If "Yes," explain the arrangement in Part XIII  | and complete the fo    | llowing tab    | ole:         |                  |             |            |              |                    |          |             |
|      |   |                        |                |              |                  |             |            |              | Amoun <sup>*</sup> | [        |             |
|      | Beginning balance   |                        |                |              |                  |             | 1c         |              |                    |          |             |
| d    | Additions during the year   |                        |                |              |                  |             | 1d         |              |                    |          |             |
| е    | Distributions during the year   |                        |                |              |                  |             | 1e         |              |                    |          |             |
|      | Ending balance  |                        |                |              |                  |             | 1f         |              |                    | —        |             |
|      | Did the organization include an amount on Fo  |                        |                |              |                  |             | /?         | L            | Yes                | <u> </u> | No          |
|      | If "Yes," explain the arrangement in Part XIII.  TY Endowment Funds. Complete in  |                        |                |              |                  |             |            |              |                    |          |             |
| Fai  | rt V Endowment Funds. Complete i  |                        |                |              |                  |             |            |              |                    |          |             |
|      |   | (a) Current year       | <b>(b)</b> Pri | or year      | (c) Two year     | s back (c   | d) Three y | ears back    | (e) Four           | years    | <u>back</u> |
|      | Beginning of year balance   |                        |                |              |                  |             |            |              |                    |          |             |
| b    | Contributions   |                        |                |              |                  |             |            |              |                    |          |             |
|      | Net investment earnings, gains, and losses  |                        |                |              |                  |             |            |              |                    |          |             |
| d    | Grants or scholarships  |                        |                |              |                  |             |            |              |                    |          |             |
| е    | Other expenditures for facilities   |                        |                |              |                  |             |            |              |                    |          |             |
|      | and programs  |                        |                |              |                  |             |            |              |                    |          |             |
|      | Administrative expenses   |                        |                |              |                  |             |            |              |                    |          |             |
| g    | End of year balance   |                        |                | l (-         | \\               |             |            |              |                    |          |             |
| 2    | Provide the estimated percentage of the curr  | ent year end balanc    |                | column (a    | )) rieid as.     |             |            |              |                    |          |             |
| a    | Board designated or quasi-endowment   Permanent endowment   | 0/                     | %              |              |                  |             |            |              |                    |          |             |
| b    |   | %<br>%                 |                |              |                  |             |            |              |                    |          |             |
| С    | Term endowment ►  The percentages on lines 2a, 2b, and 2c should be considered as the constant of the | , -                    |                |              |                  |             |            |              |                    |          |             |
| 32   | Are there endowment funds not in the posses   | •                      | ation that a   | re held ar   | nd administer    | ed for the  | organiza   | ation        |                    |          |             |
| Ja   | by:   | ssion of the organiza  | ation that a   | ile lielu ai | iu auriii iistei | ed for the  | Organiza   | ation        | ſ                  | Yes      | No          |
|      |   |                        |                |              |                  |             |            |              | 3a(i)              | 163      | 140         |
|      | (ii) Unrelated organizations  |                        |                |              |                  |             |            |              | 3a(ii)             |          |             |
| h    | If "Yes" on line 3a(ii), are the related organiza   | tions listed as requir | red on Sch     | edule R?     |                  |             |            |              | 3b                 |          |             |
| 4    | Describe in Part XIII the intended uses of the  |                        |                |              |                  |             |            |              | _ OD _             |          |             |
|      | rt VI Land, Buildings, and Equipm   |                        | WITICITE TUI   |              |                  |             |            |              |                    |          |             |
|      | Complete if the organization answered   |                        | ). Part IV. I  | ine 11a. S   | See Form 990     | Part X. lir | ne 10.     |              |                    |          |             |
|      | Description of property   | (a) Cost or o          |                |              | t or other       |             | cumulate   | ed           | (d) Boo            | k valu   | <del></del> |
|      | becompared of property  | basis (investr         |                |              | (other)          |             | eciation   | -            | , 4, 500           | · value  | -           |
|      | Land  | ,                      | - +            |              |                  | <u> </u>    |            |              |                    |          |             |
|      | Buildings   |                        |                |              |                  |             |            |              |                    |          |             |
|      | Leasehold improvements  |                        |                |              |                  |             |            |              |                    |          |             |
|      | Fauipment   |                        |                |              | 28,121.          |             | 22.        | 173.         |                    | 5.       | 948.        |

Schedule D (Form 990) 2020

5,948.

**e** Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| Part VII Investments - Other Securities.  | n Form 000 Part IV line    | 11h Soo Form 000 Part V line 12              |                        |
|---|----------------------------|--|------------------------|
| Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security) | (b) Book value             | (c) Method of valuation: Cost or end         | d-of-vear market value |
| (A) =:  | (a) Doon raide             | (c) montes of reliable in order of order     | . or your marner raids |
| (1) Financial derivatives (2) Closely held equity interests   |                            |  |                        |
| (3) Other   |                            |  |                        |
| (A)   |                            |  |                        |
| (B)   |                            |  |                        |
| (C)   |                            |  |                        |
| (D)   |                            |  |                        |
| (E)   |                            |  |                        |
| (F)   |                            |  |                        |
| (G)   |                            |  |                        |
| (H)   |                            |  |                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  |                            |  |                        |
| Part VIII Investments - Program Related.  |                            |  |                        |
| Complete if the organization answered "Yes" o   | n Form 990. Part IV. line  | 11c. See Form 990. Part X. line 13.          |                        |
| (a) Description of investment   | (b) Book value             | (c) Method of valuation: Cost or end         | d-of-year market value |
| (1)   |                            |  |                        |
| (2)   |                            |  |                        |
| (3)   |                            |  |                        |
| (4)   |                            |  |                        |
| (5)   |                            |  |                        |
| (6)   |                            |  |                        |
| (7)   |                            |  |                        |
| (8)   |                            |  |                        |
| (9)   |                            |  |                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  |                            |  |                        |
| Part IX Other Assets.   |                            |  |                        |
| Complete if the organization answered "Yes" o   | n Form 990, Part IV, line  | 11d. See Form 990, Part X, line 15.          |                        |
| (a) [   | Description                |  | (b) Book value         |
| (1)   |                            |  |                        |
| (2)   |                            |  |                        |
| (3)   |                            |  |                        |
| (4)   |                            |  |                        |
| (5)   |                            |  |                        |
| (6)   |                            |  |                        |
| (7)   |                            |  |                        |
| (8)   |                            |  |                        |
| (9)   |                            |  |                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.                            | ,                          |  |                        |
| Complete if the organization answered "Yes" o   | n Form 990, Part IV, line  | 11e or 11f. See Form 990, Part X, line 25    |                        |
| 1. (a) Description of liability   |                            |  | (b) Book value         |
| (1) Federal income taxes  |                            |  |                        |
| (2) DEFERRED RENT   |                            |  | 39,365.                |
| (3)   |                            |  |                        |
| (4)   |                            |  |                        |
| (5)   |                            |  |                        |
| (6)   |                            |  |                        |
| (7)   |                            |  |                        |
| (8)   |                            |  |                        |
| (9)   |                            |  |                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line   |                            |  | 39,365.                |
| 2. Liability for uncertain tax positions. In Part XIII, provide t   | he text of the footnote to | o the organization's financial statements t  | nat reports the        |
| organization's liability for uncertain tax positions under F  | ASB ASC 740. Check h       | ere if the text of the footnote has been pro | ovided in Part XIII    |

032053 12-01-20

Schedule D (Form 990) 2020

| Pa                |  |   |                 |            |
|-------------------|--|---|-----------------|------------|
|                   | Complete if the organization answered "Yes" on Form 990, Part IV, li   | ne 12a.                                       |                 |            |
| 1                 | Total revenue, gains, and other support per audited financial statements   |   | 1               | 1,923,261. |
| 2                 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |   |                 |            |
| а                 | Net unrealized gains (losses) on investments   | 2a  |                 |            |
| b                 | Donated services and use of facilities   |   |                 |            |
| С                 | Recoveries of prior year grants  |   |                 |            |
| d                 | Other (Describe in Part XIII.)   |   |                 |            |
| е                 | Add lines 2a through 2d  |   | 2e              | 0.         |
| 3                 | Subtract line 2e from line 1   |   | 3               | 1,923,261. |
| 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   | 4a  |                 |            |
| b                 | Other (Describe in Part XIII.)   | 4b  |                 |            |
| С                 | Add lines 4a and 4b  |   | 4c              | 0.         |
| 5                 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12  | <u>,)                                    </u> | 5               | 1,923,261. |
| Pa                | rt XII Reconciliation of Expenses per Audited Financial St   | atements With Expen                           | ses per Return. |            |
|                   | Complete if the organization answered "Yes" on Form 990, Part IV, li   | ne 12a.                                       |                 |            |
| 1                 | Total expenses and losses per audited financial statements   |   | 1               | 1,919,427. |
| 2                 | Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1 1   |                 |            |
| а                 | Donated services and use of facilities   | 2a  |                 |            |
| b                 | Prior year adjustments   | 2b  |                 |            |
| С                 | Other losses   | 2c  |                 |            |
| d                 | Other (Describe in Part XIII.)   | 2d  |                 |            |
| е                 | Add lines 2a through 2d  |   |                 | 0.         |
| 3                 | Subtract line 2e from line 1   |   | 3               | 1,919,427. |
| 4                 | Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 1 1   |                 |            |
| а                 | Investment expenses not included on Form 990, Part VIII, line 7b   |   |                 |            |
| b                 | Other (Describe in Part XIII.)   | 4b  |                 |            |
| С                 |  |   |                 | 0.         |
| 5                 |  |   |                 |            |
| Da                | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  | 8.)   | 5               | 1,919,427. |
| Pa                | rt XIII Supplemental Information.  |   |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information.  | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |
| <b>Pa</b><br>Prov | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; F                |                 |            |

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

Employer identification number 35-2316710

| Pa | art I Questions Regarding Compensation   |       |     |    |
|----|--|-------|-----|----|
|    |  |       | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |       |     |    |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |       |     |    |
|    | First-class or charter travel Housing allowance or residence for personal use  |       |     |    |
|    | Travel for companions Payments for business use of personal residence  |       |     |    |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                               |       |     |    |
|    | Discretionary spending account  Personal services (such as maid, chauffeur, chef)                                      |       |     |    |
|    |  |       |     |    |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |       |     |    |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b    |     |    |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       |       |     |    |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                  | 2     |     |    |
|    |  |       |     |    |
| 3  | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |       |     |    |
|    | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |       |     |    |
|    | establish compensation of the CEO/Executive Director, but explain in Part III.   |       |     |    |
|    | Compensation committee   X Written employment contract   |       |     |    |
|    | Independent compensation consultant  X Compensation survey or study  |       |     |    |
|    | Form 990 of other organizations  X Approval by the board or compensation committee                                     |       |     |    |
|    |  |       |     |    |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |       |     |    |
|    | organization or a related organization:  |       |     |    |
| а  | Receive a severance payment or change-of-control payment?  | 4a    |     | х  |
| b  | Participate in or receive payment from a supplemental nonqualified retirement plan?                                    | 4b    |     | Х  |
| С  | Participate in or receive payment from an equity-based compensation arrangement?                                       | 4c    |     | Х  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.          |       |     |    |
|    |  |       |     |    |
|    | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |       |     |    |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |       |     |    |
|    | contingent on the revenues of:   |       |     |    |
| а  | The organization?  | 5a    |     | Х  |
| b  | Any related organization?  | 5b    |     | Х  |
|    | If "Yes" on line 5a or 5b, describe in Part III.   |       |     |    |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |       |     |    |
|    | contingent on the net earnings of:   |       |     |    |
| а  | The organization?  | 6a    |     | Х  |
| b  | Any related organization?  | 6b    |     | Х  |
|    | If "Yes" on line 6a or 6b, describe in Part III.   |       |     |    |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |       |     |    |
|    | not described on lines 5 and 6? If "Yes," describe in Part III   | 7     |     | Х  |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        |       |     |    |
|    | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8     |     | Х  |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 |       |     |    |
|    | Regulations section 53 4958-6/c)?  | l a l |     | 1  |

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

Schedule J (Form 990) 2020

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

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

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

|                    |             | (B) Breakdown of         | W-2 and/or 1099-MI                  | SC compensation                           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation   |  |
|--------------------|-------------|--------------------------|-------------------------------------|---|--------------------------------|----------------|----------------------|--|--|
| (A) Name and Title |             | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | in column (B)<br>reported as deferred<br>on prior Form 990 |  |
| (1) ANDREW MCKEON  | (i)         | 185,594.                 | 0.                                  | 0.  | 17,875.                        | 27,383.        | 230,852.             | 0.   |  |
| EXECUTIVE DIRECTOR | (ii)        | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)<br>(ii) |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      |  |  |
|                    | (i)         |                          |                                     |   |                                |                |                      |  |  |
|                    | (ii)        |                          |                                     |   |                                |                |                      | 1 1/5 200) 2000  |  |

| Part III   Supplemental Information  |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

#### 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.

Go to www.irs.gov/Form990 for the latest information.

2020
Open to Public Inspection

**Employer identification number** 

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

535-2316710

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE EXCLUSIVE PURPOSE FOR WHICH THE CORPORATION IS FORMED IS TO PROVIDE

TECHNICAL AND SCIENTIFIC ADVISORY SERVICES TO THE STATES OF THE UNITED

STATES THAT ARE SIGNATORY STATES 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.

MARKET MONITORING: DEVELOPED TECHNIQUES TO MONITOR MARKET ACTIVITY

WHICH RESULTED IN QUARTERLY REPORTS OF MARKET ACTIVITY.

EXPENSES \$ 226,168. INCLUDING GRANTS OF \$ 0. REVENUE \$ 561,702.

FORM 990, 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

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

| Name of the organization  REGIONAL GREENHOUSE GAS INITIATIVE, INC.          | Employer identification number 35-2316710 |
|---|---|
| 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.  |   |
|   |   |
| FORM 990, 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.  |   |
|   |   |
| FORM 990, 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.  |   |
|   |   |
| FORM 990, PART VI, SECTION B, LINE 15:                                      |   |
| 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 AND BOARD        |   |
| MEMBERS KNOWLEDGE OF OTHER COMPARABLE ORGANIZATIONS.                        | _   |

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

instructions

NEW YORK, NY 10007

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print REGIONAL GREENHOUSE GAS INITIATIVE, INC. 35-2316710 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 90 CHURCH STREET, 4TH FLOOR return. See

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Enter the Return Code for the return that this application is for (file a separate application for each return) 1 Return **Application Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069

| OIII  | 1 666 1 (666: 461(a) 61 466(a) 11 461  | 0           | 1 01111 0000                  |                |        |                       |            |  |  |
|---|--|-------------|-------------------------------|----------------|--------|-----------------------|------------|--|--|
| Form 990-T (trust other than above) 06 Form 8870  |  |             |                               | •              |        |                       | 12         |  |  |
|   | DAVID TERRIO   |             |                               |                |        |                       |            |  |  |
| The books are in the care of FINANCIAL, 115 BROADWAY, 19TH FL NEW YORK, NY 10006  |  |             |                               |                |        |                       |            |  |  |
| Te  | elephone No. > 212-901-2500  |             | Fax No.                       |                |        |                       |            |  |  |
| • If  | the organization does not have an office or place of business  | in the Uni  | ted States, check this box    |                |        | <b>&gt;</b>           |            |  |  |
| If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, che |  |             |                               |                |        |                       | check this |  |  |
| оох   | ▶ . If it is for part of the group, check this box   | and atta    | ch a list with the names and  | ITINs of all r | nembe  | ers the extension is  | for.       |  |  |
| 1   | I request an automatic 6-month extension of time until the organization named above. The extension is for the organization or        | inization's | return for:                   | , to file the  | e exem | npt organization retu | urn for    |  |  |
|   | tax year beginning   | , an        | d ending                      |                |        | <u> </u>              |            |  |  |
| 2   | If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period |             |                               |                |        |                       |            |  |  |
| За  | If this application is for Forms 990-BL, 990-PF, 990-T, 4720,  | or 6069, e  | enter the tentative tax, less |                |        |                       |            |  |  |
|   | any nonrefundable credits. See instructions.   |             |                               |                |        | \$                    | 0.         |  |  |
| b   | If this application is for Forms 990-PF, 990-T, 4720, or 6069,   | enter any   | refundable credits and        |                |        |                       |            |  |  |
|   | estimated tax payments made. Include any prior year overpayment allowed as a credit.   |             |                               |                |        | \$                    | 0.         |  |  |
| С   | Balance due. Subtract line 3b from line 3a. Include your pay   | yment with  | n this form, if required, by  |                |        |                       |            |  |  |
|   | using EETPS (Electronic Federal Tax Payment System). See   | instructio  | ns                            |                | 30     | \$                    | 0.         |  |  |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2020)