### Form 8879-TF

#### IRS E-file Signature Authorization for a Tax Exempt Entity

calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

For

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN REGIONAL GREENHOUSE GAS INITIATIVE, INC. 35-2316710 Name and title of officer or person subject to tax Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ...... b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) \_\_\_\_\_\_\_ **2b** 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b b Balance due (Form 8868, line 3c) Form 8868 check here ..... 5a Form 990-T check here ..... **b Total tax** (Form 990-T, Part III, line 4) 6a 6b 7a Form 4720 check here ..... b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here ..... Form 5330 check here ..... **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize CONDON O'MEARA MCGINTY & DONNELLY LLP 12345 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 13812307777 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. CONDON O'MEARA MCGINTY & DONNELLY Alexand 10/2/2024 ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023)

LHA 302521 01-05-24

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

**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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
0000
2023
Open to Public
Inspection

Α	For the	2023 calendar year, or tax year beginning and	ending		
	Check if applicable	C Name of organization		D Employer identi	fication number
	Addres				
	Name change	Doing business as		35-231671	0
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	per
	Final return/	90 CHURCH STREET, 4TH FLOOR		212-417-732	29
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,416,457.
	Amend return	NEW YORK, NY 10007		H(a) Is this a group	return
	Applica tion	F Name and address of principal officer: KATIE DYKES		for subordinate	es? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates	
ī	Tax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527		a list. See instructions
	Websit			H(c) Group exempt	
K	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2007	M State of legal domicile: DE
		Summary			V
	1	Briefly describe the organization's mission or most significant activities: PROVIDE	ES TECHNI	CAL AND	
Governance	:	CCIENTIFIC ADVISORY SERVICES TO STATES OF THE U.S.			
E C	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net a	ssets.
ē	3	Number of voting members of the governing body (Part VI, line 1a)		3	22
		Number of independent voting members of the governing body (Part VI, line 1b)			22
φ V	5	otal number of individuals employed in calendar year 2023 (Part V, line 2a)			6
Activities &	6	otal number of volunteers (estimate if necessary)			22
Zi	7 a			7	a 0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			b 0.
				Prior Year	Current Year
ď	8	Contributions and grants (Part VIII, line 1h)		0	0.
Ž	9 1	Program service revenue (Part VIII, line 2g)		2,096,117	2,408,343.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,417	8,114.
ď	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	. 0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,097,534	2,416,457.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0.
v,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		745,312	. 899,204.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.
ē	b	otal fundraising expenses (Part IX, column (D), line 25)	0.		
û	i 17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,350,805	1,509,139.
	18	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,096,117	2,408,343.
		Revenue less expenses. Subtract line 18 from line 12		1,417	. 8,114.
50	g		Ве	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		1,854,924	. 2,123,831.
t As	21	Total liabilities (Part X, line 26)		1,799,788	. 2,060,581.
		let assets or fund balances. Subtract line 21 from line 20		55,136	. 63,250.
P	art II	Signature Block			
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of r	my knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
He	re	To a constitution of the			
		Type or print name and title		244	DTIN
		Print/Type preparer's name Preparer's signature		Date Check if	PTIN
Pai	- h	ALEXANDER LAZZARUOLO Alexander Lazza	ruolo 1	0/2/2024 self-emp	
	parer	Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP		Firm's EIN	13-3628255
Use	Only	Firm's address ONE BATTERY PARK PLAZA, 7TH FL.			
		NEW YORK, NY 10004		Phone no. 21	.2-661-7777
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			Yes No
IН	A For	Panerwork Reduction Act Notice see the senarate instructions 222001 1	0 01 00		Form <b>990</b> (2023)

Pa	Statement of Program Service Accomplishments	T.
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:	X
•	SEE SCHEDULE O	
_	Did the constant of the control of t	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?  If "Yes." describe these new services on Schedule O.	Yes _ANO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	100110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a		350,000.
	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 \$ 310 ,000 . including grants of \$ ) (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.	
	273 129	273,129.)
4c	(Code:) (Expenses \$273,129. including grants of \$) (Revenue \$) (Revenue \$	273,123.
	GUIDE, AND PUBLIC REPORTING CAPABILITY TO TRACK EMISSIONS AND ALLOWANCE	
	TRANSFERS. THIS SYSTEM IS AVAILABLE AT WWW.RGGI.ORG	
	IANTAILIYUUTI	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 1,117,565. including grants of \$ ) (Revenue \$ 1,475,214	1.)
4e	Total program service expenses 2,050,694.	
		Form <b>990</b> (2023)

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? See instructions	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	8		x
0	Schedule D, Part III	<b>├°</b>		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
		18		х
19	1c and 8a? If "Yes," complete Schedule G, Part II  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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	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		x
	Gordon Gordon Correction, Gordon (7,9) and 11 11 165. Complete Schedule I, Faits I and II			

332003 12-21-23

Form 990 (2023) REGIONAL GREENHOUSE GAS IN Part IV Checklist of Required Schedules (continued)

22 I X				Yes	No
Did the organization answer "Yes" to Part VII, Section A, Ilen 3, 4, 0 if 3, about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the size divergence of the part I and the part of the section of the size of the part I and the part of the section of the size of the part of the part of the section of the size of the part of the part of the section of the part of	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, fusdees, key employees, and highest compensated employees? If "Yes, compete Schedule I. Part IV.  24a Old 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 240 through 24d and complete Schedule K. If "No." go to line 25a  Did the organization minetal any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  Did the organization minetal any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  Did the organization minetal any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  Did the organization minetal any another of "issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  25d  Did the organization may are as an 'on behalf of "issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  Did the organization with a disqualified person of the agent of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any aff if it was presented to the organization provide a part of the organization provides Schedule I. Part II "es," complete Schedule II. Part II		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
Schedule / Late or 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.  b Dot the organization misses any proceeds of tax-exempt bonds beyond a temporary period exception?  c Dot the organization misses any proceeds of tax-exempt bonds beyond a temporary period exception?  d Dot the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds?  d Dot the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?  d Dot the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?  d Dot the organization access benefit transaction with a disqualified person out outside the standard that the transaction has not been reported on any of the organization spinor Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I.  5 Dot the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officier, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persone? If "Yes," complete Schedule L, Part II.  25 Dot the organization provide agrant or other assistance to any current or forms officier, director, trustee, key employee, creator or founder, substantial contributor or any officient provided and provided entity or family member of any of these persone? If "Yes," complete Schedule L, Part II.  26 Dot the organization provide agrant or other assistance to any current or forms officier, divided, key for any officient provided entity (including an employee thereof) or family member of any of these persone? If "Yes," complete Schedule L, Part III.  27 Dot the organization organization provide agrant or other assistance to any current or	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Die 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 23a through 24d and complete Schedule K. If "No," go to he me 25a.  b Did the organization missinal man escrow account other than a returning escrow at any time during the year to defease any tax exempt bonds?  24d Did the organization missinal in an escrow account other than a returning escrow at any time during the year to defease any tax exempt bonds?  25a Section 501c(3), 501c(4), and 501c(4)28) organizations. Did the organization engage in an excess benefit transaction with a disqualided poss of during the year?  25a In the organization avaise that it engaged in an excess benefit transaction with a disqualided poss of during the year?  b is the organization aware that it engaged in an excess benefit transaction with a disqualided person their given Year? "I "Yea," complete Schedule I., Part I  25b Did the organization sport any amount on Part X. line 5 or 22, for receivables from or payables to any current or former officer, derector, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons? If "Yea," complete Schedule I., Part II  27b Did the organization a party to a business transaction with one of the following parties? (See the Schedule I., Part II)  28b Was the organization a party to a business transaction with one of the following parties? (See the Schedule I., Part II)  27c Visc, "complete Schedule I., Part II"  28d Vas the organization or event person of the part of the selection organization or septice the first of the part of the selection organization or selection or paylicable first person organization selection organization organizat		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
schedule K. If "No." go to line 25a.  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization mest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization mest any proceeds of tax exempt bonds beyond a temporary period exception?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d			23	X	
Schedule K. If "No." go to fine 25a	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25a Section 50(16)3, b01(46)4, and 501(1/29) organizations. Did the organization eagus the transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I 25a X 5 better 50(16)3, b01(46)4 tile gragation are excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I 25a X 5 better 50(16)3, b01(46)4 tile gragation are 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? "#Yes," complete Schedule L, Part I 25b X 5 bid 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% controlled entity or family member of any of these persons? "#Yes," complete Schedule L, Part IV 27 bid the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV 27 bid A animal properties of the properties of the following parties? (See the Schedule L, Part IV 28a X 27 bid the organization active the properties of the following parties? (See the Schedule L, Part IV 28b X 27 bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? #Yes," complete Schedule II 27 bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation sontributions? #Yes," complete Schedule II 27 bid the organization related to any tax-exempt or treasure more than 255,000 in noncash cont					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a					<u> </u>
d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   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 1, Part I   25a   X    25a			24b		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?  255 Section 501(XS), 501(Cly), 4m, 501(Cly) 4m, 501(Cly) 2m, 501(Cly), 4m, 501(Cly) 4m, 501(Cly) 2m, 501(Cly), 501(Cly), 4m, 501(Cly) 4m, 501(Cly) 5m, 501(Cly), 501(Cly), 4m, 501(Cly), 501(	С		04-		
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? #"Yes," complete Schedule I, 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 spice Forms 990 or 990-E27   #"Yes," complete Schedule I, Part I   25b   X    25 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 former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons?   #"Yes," complete Schedule I, Part II   26					<del>                                     </del>
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 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% controlled entity or family member of any of these persons? If *Yes,* complete Schedule L, Part II			<b>24</b> 0		
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-E27 // 1/95," complete Schedule L, Part II  25 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% controlled entity or family member of any of these persons? // 1/95, "complete Schedule L, Part II 26 X  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 or family member of any of these persons? // 1/95, "complete Schedule L, Part IV 27 X  28 Was the organization and employee thereof) or family member of any of these persons? // 1/95, "complete Schedule L, Part IV 27 X  29 Was the organization for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 28a X  30 Did the organization report on a more individuals and/or organizations described in line 28a? // 1/95, "complete Schedule L, Part IV 28a X  31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // 1/95, "complete Schedule M. 29 X  31 Did the organization level, exchange, dispose of, or transfer more than 25% of its net assets? // 1/95, "complete Schedule N, Part II 31 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701.2 and 301,7701.37 if 1/95, "complete Schedule R, Part I, III, or IV, and Part V, Iiin e 1  33 Did the organization own formation and the organization make an	<b>2</b> 5a	· · · · · · · · · · · · · · · · · · ·	252		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I	h		ZJa		
Schedule L, Part I  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 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  28 Was the organization or period 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 IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, each affail with a substantial contributor? If "Yes," complete Schedule L, Part IV and a substantial contributor? If "Yes," complete Schedule L, Part IV and a substantial contributor? If "Yes," complete Schedule L, Part IV and a substantial contributor? If "Yes," complete Schedule L, Part IV and a substantial contributors? If "Yes," complete Schedule L, Part IV and a substantial contributors? If "Yes," complete Schedule M. and a substantial contributors? If "Yes," complete Schedule M. and a substantial contributors? If "Yes," complete Schedule M. and a substantial contributors? If "Yes," complete Schedule M. and a substantial contributors? If "Yes," complete Schedule M. and a substantial contributors? If "Yes," complete Schedule M, Part I II and a substantial contributors? If "Yes," complete Schedule M, Part I II	D				
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or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X 28 Was 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 the Schedule L, Part IV.  28 A Carment or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 A Same Controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  31 Did the organization one on t00% 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 II, III, or IV, and Part V, line 1  33 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Did the organization have a controlled entity within the meaning of section 512(b)(3) organization. Did the o	26	,			
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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 I., Part II.  28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L., Part IV. Instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L., Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L., Part IV.  28			26		х
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? // "Yes," complete Schedule L, Part II.	27				
Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b					
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #  "Yes," complete Schedule L, Part IV  28a		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 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 II, III, or IV, and Part V, line 1  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and 15 III	28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
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b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28b X  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 In a section Sol, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 Did the organization one notive of an entity disregarded as separate from the organization under Regulations sections 301.7701-30 If "Yes," complete Schedule R, Part I  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  28 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  29 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to com	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
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contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34  Was the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  35  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any line in this Part V  The the number of Forms W-2G included on line 1a. Enter-0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter-0- if not applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winning			29		<u> </u>
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Statements Regarding Other IRS Filings and Tax Compliance 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 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
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  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  Yes No  Yes No  1a 5  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0  The No  1c X	Par				
1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       5         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	_			Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X		Enter the number reported in box 5 of Form 1050. Enter 10-11 not applicable			
(gambling) winnings to prize winners?		Effect the flumber of Forms w-2d included of time 1a. Effect -0- if flot applicable			
	С		4.	¥	
	333004				(2023)

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Form 990 (2023)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continu
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			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 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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)?	4a		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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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	٠.		
_	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?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
d		76		**
e		7e		х
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		х
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 organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?  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?N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 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	Is the organization licensed to issue qualified health plans in more than one state?N/A	13a		
h	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			
c	Enter the amount of reserves on hand			
14a		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 the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

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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			
	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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	v	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b>_</b>		x
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
a	The governing body?	8a 8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	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 on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on 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	16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filedNY, 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	onlv)	availal	ole
.0	for public inspection. Indicate how you made these available. Check all that apply.	J. 11y)		
	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	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DAVID TERRIO - 212-901-2500			
	BTQ FINANCIAL, 115 BROADWAY, 19TH FL., NEW YORK, NY 10006			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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.

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

Name and title	(A)	(B)	J. ga		((	C)			(D)	(E)	(F)
Nourse   Nour   Nour	Name and title	Average	(do					one	Reportable	Reportable	Estimated
Company   Comp		1 :	box	, unle	ss per	rson is	s both	n an	· ·	•	
ANDREW MCKEON						1	1711 43	100)			
ANDREW MCKEON		1 '	directo				_			•	•
ANDREW MCKEON			e or (	stee			ısatec		-	•	
ANDREW MCKEON		1	trust	al tru		oyee	od uic		,	,	_
ANDREW MCKEON		below	vidual	tution	Je.	empl	loyee	ner			organizations
X		line)	Indi	Insti	0#ic	Key	High	Forn			
C2	(1) ANDREW MCKEON	40.00									
BUSINESS MANAGER	EXECUTIVE DIRECTOR				Х				214,579.	0.	47,547.
SATIE DYKES	(2) PETER J. RENNEE	40.00									
BOARD CHAIR	BUSINESS MANAGER						Х		110,077.	0.	25,560.
(4) SERENA MCILWAIN   5.00   X	(3) KATIE DYKES	5.00									
VICE CHAIR			Х		Х				0.	0.	0.
SECRETARY	(4) SERENA MCILWAIN	5.00									
X			Х		Х				0.	0.	0.
Columb   C		5.00									
TREASURER			Х		Х				0.	0.	0.
The state of the	(6) PHILIP BARTLETT	5.00									
BOARD MEMBER	TREASURER		Х		Х				0.	0.	0.
S		5.00									
BOARD MEMBER			Х						0.	0.	0.
SOURCE   S		5.00									
BOARD MEMBER			Х						0.	0.	0.
South   Sout		5.00									
BOARD MEMBER			Х						0.	0.	0.
Columbde   Columbde		5.00									
BOARD MEMBER			Х						0.	0.	0.
Columbia   Columbia		5.00									
BOARD MEMBER			Х						0.	0.	0.
Solution   Solution		5.00									
BOARD MEMBER			Х						0.	0.	0.
Column		5.00	1								
BOARD MEMBER			Х						0.	0.	0.
Column	, ,	5.00	1								
BOARD MEMBER         X         0.         0.         0.           (16) CHRISTINE GUHL-SADOVY         5.00         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.	BOARD MEMBER		X						0.	0.	0.
(16) CHRISTINE GUHL-SADOVY     5.00       BOARD MEMBER     X       (17) MICHAEL ROLBAND     5.00       BOARD MEMBER     X       0.     0.       0.     0.       0.     0.		5.00	Ι,	V	-		H	7	('(')	V	
BOARD MEMBER         X         0.         0.         0.           (17) MICHAEL ROLBAND         5.00         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.			X		L				0.	0.	0.
(17) MICHAEL ROLBAND         5.00           BOARD MEMBER         X           0.         0.		5.00	-								
BOARD MEMBER X 0. 0. 0.		1	Х						0.	0.	0.
		5.00	-								
	BOARD MEMBER		Х						0.	0.	L

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Form 990 (2023) REGIONAL GREI	CNUOUSE GAS	TIM	111	чтт	٧Ŀ,	TIM	٠.		35-231671	<sup>0</sup> Page <b>₹</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	pmpensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below	tee or director go	not ci	ss per d a di	more rson i irecto	than o	an tee)	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	Estimated amount of other compensation from the organization and related organizations
	line)	Indivi	Instit	Officer	Key er	Highe	Former			
(18) RORY CHRISTIAN	5.00									
BOARD MEMBER		х						0.	0.	0.
(19) JEHMAL HUDSON	5.00									
BOARD MEMBER		х						0.	0.	0
(20) CHRISTOPHER KEARNS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(21) MEGAN O'TOOLE	5.00									
BOARD MEMBER		Х						0.	0.	0
(22) RILEY ALLEN	5.00									
BOARD MEMBER		Х						0.	0.	0
(23) ELIZABETH MAHONY	5.00									
EXECUTIVE COMMITTEE MEMBER AT LARGE		Х						0.	0.	0
(24) TERRY GRAY	5.00									
EXECUTIVE COMMITTEE MEMBER AT LARGE		Х						0.	0.	0.
		-								
1b Subtotal	1				<u> </u>			324,656.	0.	73,107
c Total from continuation sheets to Part VI								0.	0.	0
d Total (add lines 1b and 1c)								324,656.	0.	73,107

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 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

4 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

5 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

5 X

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

1 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.

the organization. Report compensation for the calendar year ending with or within	n the organization's tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
ICF RESOURCES	TECHNICAL ANALYSIS AND	
9300 LEE HIGHWAY, FAIRFAX, VA 22031	EVALUATION	340,736.
WORLD ENERGY SOLUTIONS, INC.		
100 FRONT STREET, WORCESTER, MA 01608	AUCTION SERVICES	310,000.
POTOMAC ECONOMICS, LTD., 9900 FAIRFAX		
BLVD., SUITE 560, FAIRFAX, VA 22030	MARKET MONITORING/CONSULTING	282,985.
SYSTEMS RESEARCH AND APPLICATIONS, INC.		
4300 FAIR LAKES COURT, FAIRFAX VA 22033	ALLOWANCE TRACKING	273,129.
IAMPAILI	COPI	
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 4		

Form 990 (2023) REGIONAL G

			Check if Schedule O contains a	response	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains a	response	or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1 1					Sections 512 - 514
nts tts	1	а	Federated campaigns	1a					
irai our		b	Membership dues	1b					
A, G		С	Fundraising events	1c					
ar iji		d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions)	1e					
S.S.			All other contributions, gifts, grants, and	ı					
ber her			similar amounts not included above	1f					
ĕ₹		a	Noncash contributions included in lines 1a-1f	1g \$					
S P		•	Total. Add lines 1a-1f	·31+					
<u> </u>		<u> </u>	Total / Idd iii loo Ta Ti		Business Code				
	_	_	STATE REVENUE		541900	2,408,343.	2,408,343.		
<u>i</u>	2	_			341300	2,400,345.	2,400,545.		
er.		b							
n S		С							
rar 3ev		d							
Program Service Revenue		е							
Ē		f	All other program service revenue						
		g	Total. Add lines 2a-2f			2,408,343.			
	3		Investment income (including divide	ends, intere	st, and				
			other similar amounts)			8,114.			8,114.
	4		Income from investment of tax-exer						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	a	Gross rents 6a		.,				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)	Securities	(ii) Other				
	′	а	(7	securities .	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
her Revenue			and sales expenses						
Ver		С	Gain or (loss) 7c						
Be		d	Net gain or (loss)	<u></u>					
Jer	8	а	Gross income from fundraising events	not					
ᅙ			including \$	_ of					
			contributions reported on line 1c). S	See					
			Part IV, line 18	8a					
		b	Less: direct expenses						
			Net income or (loss) from fundraisir						
			Gross income from gaming activitie						
			Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming a						
	10	а	Gross sales of inventory, less return	- 1					
			and allowances						
			Less: cost of goods sold						
-		С	Net income or (loss) from sales of ir	ventory	I				
S			<b>—</b> A		Business Code				
on e	11	а		$\mathbf{X}$	$\Lambda V$		(1)		
Miscellaneous Revenue		b							
eve		С							
lisc B		d	All other revenue	_ <del></del>					
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			2,416,457.	2,408,343.	0.	8,114.

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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	(A)	(B)	(C)	(D)
7b, i	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
2	· · · · · · · · · · · · · · · · · · ·				
3	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,	262,126.	201,843.	60,283.	
6	trustees, and key employees  Compensation not included above to disqualified	202,120.	201,013.	00,203.	
6					
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	459,309.	353,668.	105,641.	
7	Other salaries and wages Pension plan accruals and contributions (include	435,305.	333,000.	103,041.	
8	section 401(k) and 403(b) employer contributions)	46,220.	35,595.	10,625.	
9	Other employee benefits	91,665.	70,595.	21,070.	
9 10	B ".	39,884.	30,716.	9,168.	
i0  1	Fees for services (nonemployees):	33,001.	30,710.	5,100.	
	Management				
a b		16,634.	13,307.	3,327.	
D	Legal Accounting	84,000.	20,007.	84,000.	
d	I	02,000.		02,000.	
e	Lobbying  Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A), amount, list line 11g expenses on Sch O.)	28,100.		28,100.	
12	Advertising and promotion	,		,	
13	Office expenses	7,697.	6,157.	1,540.	
14	Information technology	21,899.	17,519.	4,380.	
15	Royalties	,	,	,	
16	Occupancy	62,219.	49,775.	12,444.	
17	Travel	8,843.	7,074.	1,769.	
18	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,889.	14,857.	4,032.	
20	Interest	·	·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,731.		3,731.	
23	Insurance	14,255.	11,404.	2,851.	
24	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.)				
а	TECH. ANALYSIS & EVAL.	350,000.	350,000.		
b	AUCTIONS  WARREN MONTEODING	310,000.	310,000.		
С	MARKET MONITORING	298,446.	298,446.		
d	EMISSIONS ALLOWANCE	273,129.	273,129.	4.600	
е	All other expenses	11,297.	6,609.	4,688.	
25	Total functional expenses. Add lines 1 through 24e	2,408,343.	2,050,694.	357,649.	
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Part X Balance Sheet

		Check if Schedule O contains a response or	note to any line	in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			287,969.	1	339,228
:	2	Savings and temporary cash investments			1,277,823.	2	1,535,579
;	3					3	
.	4	Accounts receivable, net			4,596.	4	3,112
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial contri	butor, or 35%			
		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 descril	•	`		6	
"I.	7	Notes and loans receivable, net				7	
#	8	Inventories for sale or use				8	
As:	9	Prepaid expenses and deferred charges			28,226.	9	38,695
		Land, buildings, and equipment: cost or othe	1 1		, , , , , , , , , , , , , , , , , , , ,		
"	va	basis. Complete Part VI of Schedule D		39,313.			
	h	Less: accumulated depreciation		37,126.	5,918.	10c	2,187
-   4	1			· · · · · ·	0,520.	11	2,207
	2	Investments - publicly traded securities				12	
		Investments - other securities. See Part IV, lin		1			
1:		Investments - program-related. See Part IV, lin				13	
14		Intangible assets	250,392.	14	205,030		
15		Other assets. See Part IV, line 11			1,854,924.	15	2,123,831
	6	Total assets. Add lines 1 through 15 (must e			225,640.	16	183,281
1		Accounts payable and accrued expenses		225,040.	17	103,201	
18		Grants payable	1,277,391.	18	1,625,374		
19		Deferred revenue		1,211,391.	19	1,025,574	
20		Tax-exempt bond liabilities		1		20	
2		Escrow or custodial account liability. Comple				21	
<u>se</u>   2	2	Loans and other payables to any current or fo					
┋ │		trustee, key employee, creator or founder, su					
	_	controlled entity or family member of any of t			22		
2.		Secured mortgages and notes payable to uni				23	
2		Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax,	• •				
		parties, and other liabilities not included on li	nes 17-24). Cor	mplete Part X	006 858		051 006
		of Schedule D		·····	296,757.	25	251,926
20	6	Total liabilities. Add lines 17 through 25		]	1,799,788.	26	2,060,581
<b>ω</b>		Organizations that follow FASB ASC 958, or	heck here	X			
ğ		and complete lines 27, 28, 32, and 33.			55.406		62.050
<u> </u>	7				55,136.	27	63,250
<u>n</u>   2	8	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC	C 958, check h	ere 🔲 📗			
Net Assets or Fund Balances		and complete lines 29 through 33.					
၀   2	9	Capital stock or trust principal, or current fun				29	
18   30	0	Paid-in or capital surplus, or land, building, or				30	
8   3	1	Retained earnings, endowment, accumulated				31	
ē   3	2	Total net assets or fund balances		L	55,136.	32	63,250
3	3	Total liabilities and net assets/fund balances			1,854,924.	33	2,123,831

# TAXPAYER COPY

Pai	t 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	2	,416,	457.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,408,	343.
3	Revenue less expenses. Subtract line 2 from line 1	3			114.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		55,	136.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		63,	250.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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 Sch	edule O	).		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

# TAXPAYER COPY

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Nan	ne of t	the organization							identification number
_				SAS INITIATIVE, INC					35-2316710
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	3.	
The	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)			
1	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	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 co	llege or university owned	d or operat	ed by a go	vernmental un	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	•		Ü				
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	一	An agricultural research org				ed in coniu	unction with a l	land-grant	college
		or university or a non-land-g				_		-	•
		university:	, ,	,		, , ,	,	3	
10	Х	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membershi	p fees. and	d aross receipts from
		activities related to its exem							
		income and unrelated busin		•					-
		See section 509(a)(2). (Con		(,,,,,,					,
11		An organization organized a	. ,	ively to test for public sa	fetv. See	section 50	09(a)(4).		
12	一	An organization organized a	•	•	•			rv out the	purposes of one or
		more publicly supported or	•	•	-			•	
		lines 12a through 12d that	~						
а		Type I. A supporting orga	* *			-		-	aivina
_		the supported organization	· · · · · · · · · · · · · · · · · · ·	·	•	-			
		organization. <b>You must o</b>			inajonty c	in the direct	7.010 01 11 40100		ipporting
b		Type II. A supporting org			tion with it	s sunnorte	ed organization	n(s) by hav	vina
		control or management o					-		-
		organization(s). You mus			ато регоо	110 11101 001	The or Thanky	ic the supp	Jortou
С		Type III functionally inte	- ·		in connect	tion with a	and functionally	v integrate	nd with
·		its supported organization	•			•		y integrate	ou with,
d		Type III non-functionally		•				ed organia	zation(s)
u		that is not functionally int						-	
		requirement (see instructi	-		•		-	an allentiv	7611655
_		Check this box if the orga	•	-				I Typo III	
-		functionally integrated, or					Type I, Type II	i, Type iii	
	Ento	er the number of supported o	rachiana		ng organiz	ation.			
		vide the following information	•	ad organization(s)					
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	No No	support (see in:	structions)	support (see instructions)
				above (see instructions))	163	140			
_					<del>                                     </del>				
				$\Lambda \backslash \Gamma$	<b>D</b>				
_			HAR	<del>/ Y / T   T</del>	<del>                                      </del>	<b>,</b>	<del>J M</del>		
			, ,, ,,	/ · · · · · · ·					
_					<del>                                     </del>				
Tota									
									i

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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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		T		1 , , , , , ,	T	
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
10	business is regularly carried on  Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	nne)			12	
	<b>First 5 years.</b> If the Form 990 is for the			fourth or fifth tax			
	organization, check this box and <b>stor</b>	•		•	•		
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022		•	* * * * * * * * * * * * * * * * * * * *		15	%
	33 1/3% support test - 2023. If the o					nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

#### 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	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 organization's tax-exempt purpose	1,723,634.	1,919,427.	2,158,838.	2,096,117.	2,408,343.	10,306,359.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,723,634.	1,919,427.	2,158,838.	2,096,117.	2,408,343.	10,306,359.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						10,306,359.
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	1,723,634.	1,919,427.	2,158,838.	2,096,117.	2,408,343.	10,306,359.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,542.	1,400.	457.	1,417.	8,114.	12,930.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	1,542.	1,400.	457.	1,417.	8,114.	12,930.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,196.	2,434.	2 452 225	0.005.504	2 446 455	3,630.
	Total support. (Add lines 9, 10c, 11, and 12.)	1,726,372.	1,923,261.	2,159,295.	2,097,534.	2,416,457.	10,322,919.
14	First 5 years. If the Form 990 is for th					)1(c)(3) organizatio	n,
Sa	check this box and stop here ction C. Computation of Publi	c Support Per					<u></u>
	·			aluman (f))		45	99.84 %
	Public support percentage for 2023 (li		•	olumn (t))		15	
-	Public support percentage from 2022 ction D. Computation of Inves					16	99.90 %
	Investment income percentage for 20			ne 13 column (fl)	Т	17	.13 %
	Investment income percentage from			ie 15, Column (ii)		18	.06 %
	a 33 1/3% support tests - 2023. If the			n line 14 and line	15 is more than 33		
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualif	ies as a publicly su	ipported organizat	ion	X
r	33 1/3% support tests - 2022. If the						lu 🖂
	line 18 is not more than 33 1/3%, chec			•		•	H

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Schedule A (Form 990) 2023

. . .

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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
1			
2	2		
3	2		
3	b		
3	С		
4	а		
4	b		
4	С		
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9			
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10	)b		
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Pai	t IV   Supporting Organizations (continued)			
	_		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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 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			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	1		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	<i>y</i> ,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			140
•	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).	4		
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		162	140
•	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	4		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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			
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	ш	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ruction	l '	
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 on 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			
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
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.	За		
b				
	of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( explain in I	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations mus		•			
Sect	Section A - Adjusted Net Income  (A) Prior Year (B) Current Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3_	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6_	Multiply line 5 by 0.035.	6				
_7_	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2023

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Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<b>3</b>	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	·	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

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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** REGIONAL GREENHOUSE GAS INITIATIVE, INC. 35 - 2316710

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		illillai i ulius (	oi Acc	ounts. (	Jornpiete if t	ne
	organization answered Tes off offi 990, Fart IV, line	(a) Donor advise	d funds	(b)	Funds and	l other accou	unts
1	Total number at end of year	(4,7 = 22.		()			
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 wr	riting that the assets he	Id in donor advise	ed funds			
•	are the organization's property, subject to the organization's ex	~				Yes	No
6	Did the organization inform all grantees, donors, and donor adv						
•	for charitable purposes and not for the benefit of the donor or o						
	impermissible private benefit?	*		•	•	Yes	☐ No
Pai							
1	Purpose(s) of conservation easements held by the organization		,				
	Preservation of land for public use (for example, recreation		Preservation of	a historio	ally import	ant land are	а
	Protection of natural habitat		Preservation of		•		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	ution in the form o	of a cons	ervation ea	sement on t	he last
	day of the tax year.					t the End of t	
а	Total number of conservation easements				2a		
b					2b		
С	Number of conservation easements on a certified historic struc				2c		
d	Number of conservation easements included on line 2c acquire	ed after July 25, 2006, a	and not	Г			
	on a historic structure listed in the National Register	•		:	2d		
3	Number of conservation easements modified, transferred, release				tion during	the tax	
	year						
4	Number of states where property subject to conservation ease	ment is located					
5	Does the organization have a written policy regarding the perio	dic monitoring, inspect	ion, handling of				
	violations, and enforcement of the conservation easements it h	nolds?				Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, an	d enforcing conse	ervation (	easements	during the y	ear
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservati	ion easer	ments durir	ng the year	
8	Does each conservation easement reported on line 2d above s	, ,	( )	. , . , . ,			
	and section 170(h)(4)(B)(ii)?					Yes	L No
9	In Part XIII, describe how the organization reports conservation	n easements in its rever	ue and expense s	statemen	t and		
	balance sheet, and include, if applicable, the text of the footno	te to the organization's	financial stateme	nts that	describes t	he	
Do	organization's accounting for conservation easements.	Art Historiaal Tra	acuras ar Oth	or Sin	silor Acc	oto	
Pai	Till Organizations Maintaining Collections of		asures, or Ou	iei Sili	ıllar ASS	eis.	
4.	Complete if the organization answered "Yes" on Form 9						
па	If the organization elected, as permitted under FASB ASC 958,	•				orks	
	of art, historical treasures, or other similar assets held for public				e or public		
	service, provide in Part XIII the text of the footnote to its finance					-4	
D	If the organization elected, as permitted under FASB ASC 958,	•					
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in furthe	erance o	r public ser	vice,	
	provide the following amounts relating to these items.				Ф		
	(i) Revenue included on Form 990, Part VIII, line 1			7.7	,		
•	(ii) Assets included in Form 990, Part X	Y., L., L.		7Y	🌣		
2	If the organization received or held works of art, historical treas			gain, pro	ovide		
_	the following amounts required to be reported under FASB ASI				¢		
	Revenue included on Form 990, Part VIII, line 1				🏺		
Ŋ	Assets included in Form 990, Part X				Ф		

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

Schedule D (Form 990) 2023

Par	t III   Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	asures, or	Other S	Similar Ass	ets <sub>(conti</sub>	nued)
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the f	ollowing that	make sign	nificant use of	its	
	collection items (check all that apply).								
а	Public exhibition	c	ı 🗆	Loan or exc	hange progra	ım			
b	Scholarly research	e		Other					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	n how th	ev further th	ne organizatio	n's exemp	t purpose in P	art XIII	
5	During the year, did the organization solicit of							art 7tm.	
•	to be sold to raise funds rather than to be m							Yes	No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa			organization	, anoworou	00 01110		v,o o, o.	
1a	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII							100	140
	Tes, explain the arrangement in rare xiii	and complete the lo	nowing to	abic.				Amoun	nt
•	Beginning balance						1c	,	
C							1d		
	Additions during the year						1e		
e	Distributions during the year								
f Oo	Ending balance						1f	Vaa	□ No
	Did the organization include an amount on F					•		Yes	No
Par	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds Complete in								
ı uı	Endownient Lands Complete			rior year	(c) Two year		I) Three years ba	nok (a) Fou	r years back
	5	(a) Current year	(D) P	nor year	(C) TWO year	S DACK (U	i) Tillee years be	ick (e) rou	I years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g	ı, column (a)	) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	_%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held ar	nd administer	ed for the			
	organization by:								Yes No
	(i) Unrelated organizations?							3a(i)	
	(m) D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on So	chedule R?				3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment f	unds.					
Par	t VI Land, Buildings, and Equipm	nent							
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990,	Part X, lin	ne 10.		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) Boo	k value
		basis (investr	nent)	basis	(other)	depre	eciation		
1a	Land								
b	Buildings	I							
С	Leasehold improvements								
d	Equipment	I			39,313.		37,126.		2,187.
е	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. line 1	Oc. column	(B))				2,187.
				D		D	Sched	lule D (Forr	n 990) 2023
				-					

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Concadio B (i citii ccc) LoLo	SE GAS INITIATIVE,	INC.	35-2316710	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market	value
(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, line 12, col. (B))  Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r ena-or-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets	- F 000 D-+ IV I'	444 Oc. France 200 Park V. Park 45		
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(h) Daale	
	Description		(b) Book	
(1) RIGHT OF USE ASSET - OPERATING LEASE				205,030.
(2)				
(3)				
(4)			-	
(5)				
(6)				
<u>(7)</u>				
(8)				
<u>(9)</u>			-	205 020
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities			•	205,030.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e i le or i ii. See Form 990, Part X, IIN	(b) Book	valuo
1. (a) Description of liability			(D) BOOK	vaiut
(1) Federal income taxes			-	251 026
(2) OPERATING LEASE PAYABLE				251,926.
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	<del>/////////////////////////////////////</del>			
- : · · · · · · · · · · · · · · · · · ·	(B))	R COPY		251,926.

Schedule D (Form 990) 2023

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

35-2316710

Pai	T XI Reconciliation of Revenue per Audited Financial Sta		ue per Return	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lin			2,416,457.
1			1	2,410,437.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С.	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	2,416,457.
4	Amounts included on Form 990, Part VIII, line 12, 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	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	5	2,416,457.
Pa	T XII Reconciliation of Expenses per Audited Financial St	•	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements		1	2,408,343.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,408,343.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			2,408,343.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			
	TAXPAYE	R COF	γ	

Schedule D (Form 990) 2023

#### 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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

Employer identification number 35-2316710

Pa	art I Questions Regarding Compensation				
	<u> </u>			Yes	No
1a	Check the appropriate box(es) if the organization provided a	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 organizat	tion follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described	d above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimburs	sing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director	r, 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	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				X
b	Participate in or receive payment from a supplemental nonq		4b		Х
С	Participate in or receive payment from an equity-based com		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part III.			
	Out	Para months annulate Para 5 O			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizate				
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:		F-0		х
					x
b	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.		.   30		
6	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:	and the diganization pay of additionally compensation			
а	The organization?		6a		х
					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			
•		and the organization provide any normined payments	7		х
8	Were any amounts reported on Form 990, Part VII, paid or a				
	initial contract exception described in Regulations section 5		. 8		x
9	If "Yes" on line 8, did the organization also follow the rebutt				
			. 9		

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

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Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred benefits	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	n (ii) Bonus & (iii) Other reportable compensation compensation		compensation			reported as deferred on prior Form 990
(1) ANDREW MCKEON	(i)	203,962.	0.	10,617.	21,458.	26,089.	262,126.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

#### SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

REGIONAL GREENHOUSE GAS INITIATIVE, INC.

Inspection
Employer identification number
35-2316710

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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.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MARKET MONITORING (\$298,446): DEVELOPED TECHNIQUES TO MONITOR MARKET
ACTIVITY WHICH RESULTED IN QUARTERLY REPORTS OF MARKET ACTIVITY.
OTHER DIRECT EXPENSE INCLUDING PERSONNEL AND OTPS (\$819,119).
EXPENSES \$ 1,117,565. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,475,214.
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

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization **Employer identification number** REGIONAL GREENHOUSE GAS INITIATIVE, INC. 35-2316710 STATE OFFICIAL OTHER THAN THE AFOREMENTIONED IS THE APPROPRIATE REPRESENTATIVE TO ACT AS A DIRECTOR, THE GOVERNOR OF THAT SIGNATORY STATE SHALL SO NOTIFY THE CHAIR OF THE CORPORATION IN WRITING AND SUCH OTHER OFFICIAL SHALL BE A DIRECTOR FROM THAT SIGNATORY STATE. EACH OF THE AFOREMENTIONED OFFICERS SHALL SERVE AS AN EX OFFICIO DIRECTOR OF THE CORPORATION. EACH SUCH EX OFFICIO DIRECTOR SHALL PROVIDE WRITTEN NOTICE TO THE CHAIR OF HIS OR HER ACCEPTANCE OF THE POSITION OF DIRECTOR OF THE CORPORATION. FORM 990, PART VI, SECTION B, LINE 11B: AUDIT COMMITTEE RECEIVES DRAFT FORM 990 IN ADVANCE FOR REVIEW. AUDITORS PRESENT DRAFT FORM 990 TO AUDIT COMMITTEE. AUDIT COMMITTEE APPROVES DRAFT FORM 990. THE EXECUTIVE COMMITTEE RECEIVES DRAFT FORM 990 IN ADVANCE FOR REVIEW. THE TREASURER REVIEWS DRAFT FORM 990 WITH THE EXECUTIVE COMMITTEE. EXECUTIVE COMMITTEE APPROVES DRAFT 990. THE BOARD RECEIVES DRAFT FORM 990 IN ADVANCE FOR REVIEW. EXECUTIVE DIRECTOR REVIEWS DRAFT FORM 990 WITH BOARD. BOARD APPROVES DRAFT FORM 990. 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

Schedule O (Form 990) 2023

MEMBERS KNOWLEDGE OF OTHER COMPARABLE ORGANIZATIONS.

#### Form **8868**

(Rev. January 2024)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **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 instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10007 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of DAVID TERRIO BTQ FINANCIAL, 115 BROADWAY, 19TH FL. - NEW YORK, NY 10006 Telephone No. 212-901-2500 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this  $\overline{\ \ }$  and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box ..... , 20 24 I request an automatic 6-month extension of time until NOVEMBER 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or \_\_\_\_\_ , 20 \_\_\_\_ , and ending \_\_\_ tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. <u>3</u>a 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 3b 0. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс