CONDON
O'MEARA
MCGINTY &
DONNELLY LLP
Certified Public Accountants

One Battery Park Plaza
New York, NY 10004-1405
Tel: (212) 661 - 7777
Fax: (212) 661 - 4010

February 6, 2024

Mr. James Finch
Director of Finance & Administration
Regional Plan Association, Inc.
One Whitehall Street, 16th Floor
New York, NY 10004

Dear Mr. Finch:

Enclosed are the tax returns. We will submit, on the organization's behalf, the federal Form 990 and New Jersey Form CRI-300 tax returns electronically. Please sign, date and fax to us Form 8879-TE and the Renewal Registration/Verification Statement to permit the electronic filings, provided the returns meet with your approval. The enclosed federal and state tax returns are your copy. Electronic authorization forms may be faxed to 646-438-6248 or emailed to gramos@comdcpa.com.

Also, the New Jersey Form CRI-300 requires a payment, in the amount of $250.00

The Connecticut Charitable Organization Renewal Form can be filed via paper, as per the attached instructions, or electronically via www.ct.gov/dcp by selecting "Renew a License," along with a payment of $50.00.

We will not submit the New York State Form CHAR500 electronically. The Form CHAR500 is now required to be submitted directly by the organization via the New York State Charities website, along with the payment of $275.00 as indicated on the instructions.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

Alexander Lazzaruolo

Alexander Lazzaruolo, CPA, Esq.
Partner

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
JUNE 30, 2023

PREPARED FOR:

REGIONAL PLAN ASSOCIATION, INC.
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

PREPARED BY:

CONDON O'MEARA MCGINTY & DONNELLY LLP
ONE BATTERY PARK PLAZA, 7TH FL.
NEW YORK, NY 10004

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2024

TAXPAYER COPY

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

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

OMB No. 1545-0047

2022

Name of filer
REGIONAL PLAN ASSOCIATION, INC.

EIN or SSN
13-1624154

Name and title of officer or person subject to tax

Part I Type of Return and Return Information

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.

1a	**Form 990** check here	X	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	6,265,077.
2a	**Form 990-EZ** check here		**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here		**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here		**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a	**Form 8868** check here		**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here		**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here		**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here		**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here		**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here		**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

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 of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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] I authorize CONDON O'MEARA MCGINTY & DONNELLY LLP to enter my PIN 07777

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 2022 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.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13601807777

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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.

ERO's signature CONDON O'MEARA MCGINTY & DONNELLY Alexander Lazzaruolo Date **2/6/2024**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO MAY 15, 2024

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 **and ending** JUN 30, 2023

B Check if applicable:
Address change
Name change
Initial return
Final return/ terminated
Amended return
Application pending

C Name of organization
REGIONAL PLAN ASSOCIATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
ONE WHITEHALL STREET, 16TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10004

F Name and address of principal officer: THOMAS K. WRIGHT
SAME AS C ABOVE

D Employer identification number
13-1624154

E Telephone number
212-420-6613

G Gross receipts $ 9,133,201.

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.RPA.ORG

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 1929

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROMOTE IMPROVEMENT OF QUALITY OF LIFE/ECONOMY IN THE NEW YORK, NEW JERSEY & CONNECTICUT TRI-STATE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	103
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	103
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	47
6	Total number of volunteers (estimate if necessary)	6	103
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,169,922.	5,316,058.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	332,329.	53,680.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	501,482.	895,339.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,003,733.	6,265,077.

Expenses

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.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,466,049.	3,861,665.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 593,425.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,539,277.	2,253,227.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,005,326.	6,114,892.
19	Revenue less expenses. Subtract line 18 from line 12	998,407.	150,185.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,316,976.	7,982,756.
21	Total liabilities (Part X, line 26)	730,344.	2,064,631.
22	Net assets or fund balances. Subtract line 21 from line 20	5,586,632.	5,918,125.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer | Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ALEXANDER LAZZARUOL | Preparer's signature: Alexander Lazzaruol | Date: 2/6/2024 | Check if self-employed | PTIN: P01775353

Firm's name: CONDON O'MARA MCGINN & DONNELLY LLP | Firm's EIN: 13-3628255

Firm's address: ONE BATTERY PARK PLAZA, 7TH FL.
NEW YORK, NY 10004 | Phone no. 212-661-7777

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 433,092. including grants of $) (Revenue $)
HEALTHY REGIONS - RPA LAUNCHED THE HEALTHY REGIONS PLANNING EXCHANGE TO BRING TOGETHER PLANNERS, PUBLIC HEALTH OFFICIALS, AND COMMUNITY ADVOCATES TO SHARE KNOWLEDGE AND BEST PRACTICES ON REGIONAL PLANNING AND HEALTH. THE CURRENT COHORT HAILS FROM 11 REGIONS ACROSS THE COUNTRY, SF / BAY AREA, CA, LOS ANGELES, CA, MULTNOMAH COUNTY, OR, TWIN CITIES, MN, NASHVILLE, TN, NEW ORLEANS, LA, BUFFALO, NY, PITTSBURGH, PA, PINE RIDGE RESERVATION, SD, AND THE NEW YORK REGION. TOGETHER, WE AIM TO EXCHANGE METHODS AND IDEAS WHICH PROMOTE HEALTH EQUITY INTO REGIONAL PLANNING WORK. WE CONVENED THIS GROUP WITH A SYMPOSIUM IN APRIL 2019 AND FOLLOWED THAT WITH A WEBINAR SERIES FOCUSED ON PLANNING ISSUES RELATED TO TRANSIT EQUITY, CLIMATE JUSTICE, AND HOUSING AFFORDABILITY. OUR CLOSING SYMPOSIUM IS TENTATIVELY SET FOR EARLY MARCH

4b (Code:) (Expenses $ 236,166. including grants of $) (Revenue $)
BUILD GATEWAY NOW COALITION - RPA LAUNCHED THE BUILD GATEWAY NOW COALITION FIVE YEARS AGO, BRINGING TOGETHER OVER 40 CIVIC, BUSINESS AND LABOR PARTNERS TO SUPPORT THE NATION'S MOST CRITICAL INFRASTRUCTURE PROJECT: THE GATEWAY PROGRAM. THROUGH ORIGINAL RESEARCH, COMMUNICATION EFFORTS (SOCIAL MEDIA,OP/EDS, DIGITAL PUBLIC ENGAGEMENT TOOLS, REGULAR CONTACT WITH THE MEDIA), ADVOCACY EFFORTS (TESTIFYING AT GATEWAY DEVELOPMENT COMMISSION BOARD MEETINGS, LOBBYING IN WASHINGTON DC, HOSTING PRESS CONFERENCES AND OTHER RALLIES), OUR COALITION HAS HELPED MOVE THE PROJECT ALONG AND MADE IT CLEAR IN THE PUBLIC EYE THAT THE GATEWAY PROGRAM MUST BE BUILT. OUR WORK IS SUPPORTED BY AMTRAK. WE RECEIVED A $350,000 GRANT FOR 18 MONTHS STARTING JANUARY 2022. OUR GRANT WAS RECENTLY RENEWED AND INCREASEDBY $500,000 FOR 18 MONTHS

4c (Code:) (Expenses $ 286,384. including grants of $) (Revenue $)
DESEGREGATE CONNECTICUT - FOUNDED IN 2020, DESEGREGATECT HAS BEEN A PROGRAM OF RPA SINCE FEBRUARY 2022 AND IS DEDICATED TO ENACTING LAND USE REFORM AT THE LOCAL AND STATE LEVEL IN CONNECTICUT TO ENCOURAGE ECONOMIC GROWTH, RACIAL EQUITY, AND ENVIRONMENTAL SUSTAINABILITY. IT OPERATES AS A COALITION OF NEARLY 80 NONPROFIT AND NEIGHBORHOOD GROUPS AND PROVIDES ORIGINAL RESEARCH, EDUCATIONAL OUTREACH, AND ADVOCACY TO PASS LOCAL AND STATE LEGISLATION TO ENCOURAGE MORE DIVERSITY OF HOUSING OPTIONS, PARTICULARLY NEAR TRANSIT HUBS. IT IS SUPPORTED BY OPEN PHILANTHROPY AND SEVERAL LOCALLY BASED COMMUNITY FOUNDATIONS INCLUDING THE HARTFORD FOUNDATION FOR PUBLIC GIVING.

4d Other program services (Describe on Schedule O.)
(Expenses $ 4,208,745. including grants of $) (Revenue $)

4e Total program service expenses 5,164,387.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 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, 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? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," 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 (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, 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*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
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*	28c		X
29	Did the organization receive more than $25,000 in non-cash 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
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		X
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*	37		X
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	38	X	

Part V 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	1a	95		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				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	47		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
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			X
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			X
c	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			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
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?	8	N/A		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/A		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/A		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
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? If "Yes," complete Form 6069.	17	N/A		

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

Section 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	1a	103		
	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	1b	103		
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		X	
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			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CT,NJ,NY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

JAMES FINCH, THE ASSOCIATION - 212-420-6613

ONE WHITEHALL STREET, 16TH FLOOR, NEW YORK, NY 10004

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.
- 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS K. WRIGHT	40.00									
PRESIDENT & CEO		X		X				338,178.	0.	55,644.
(2) KATE SLEVIN	40.00									
EXECUTIVE VP						X		197,000.	0.	27,580.
(3) JULIE TRUAX	40.00									
VP OF DEVELOPMENT						X		139,243.	0.	43,773.
(4) ROBERT FREUDENBERG	40.00									
VP FOR ENERGY & ENVIRONMENT						X		137,669.	0.	26,256.
(5) MOSES GATES	40.00									
VP OF HOUSING AND NEIGHBOR						X		137,219.	0.	22,596.
(6) JAMES FINCH	40.00									
VP FOR FINANCE AND ADMINISTRATION						X		129,199.	0.	22,174.
(7) RAYMOND J. MCGUIRE	3.00									
CHAIRMAN		X		X				0.	0.	0.
(8) DAVID HUNTINGTON	3.00									
COUNCIL		X		X				0.	0.	0.
(9) THOMAS WRIGHT	3.00									
PRESIDENT & CEO		X		X				0.	0.	0.
(10) DOUGLAS DURST	3.00									
VICE CHAIR		X		X				0.	0.	0.
(11) SARAH FITTS	3.00									
VICE CHAIR		X		X				0.	0.	0.
(12) MATTHEW KISSNER	3.00									
VICE CHAIR		X		X				0.	0.	0.
(13) TOKUMBO SHOBOWALE	3.00									
VICE CHAIR		X		X				0.	0.	0.
(14) JUN CHOI	3.00									
CO-CHAIR		X		X				0.	0.	0.
(15) BLAIR DUNCAN	3.00									
CO-CHAIR		X		X				0.	0.	0.
(16) PAUL JOSEPHSON	3.00									
CO-CHAIR		X		X				0.	0.	0.
(17) KATHLEEN KNIGHT	3.00									
CO-CHAIR		X		X				0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID KOORIS	3.00									
CO-CHAIR		X		X				0.	0.	0.
(19) JUDITH LAGANO	3.00									
CO-CHAIR		X		X				0.	0.	0.
(20) ANGELA PINSKY	3.00									
CO-CHAIR		X		X				0.	0.	0.
(21) ANTHONY SHORRIS	3.00									
CO-CHAIR		X		X				0.	0.	0.
(22) TRAVIS TERRY	3.00									
CO-CHAIR		X		X				0.	0.	0.
(23) SOL MARIE ALFONSO-JONES	3.00									
DIRECTOR		X		X				0.	0.	0.
(24) ALIX ANFANG	3.00									
DIRECTOR		X		X				0.	0.	0.
(25) JOSEPH BARILE	3.00									
DIRECTOR		X						0.	0.	0.
(26) STEPHEN BECKWITH	3.00									
DIRECTOR		X						0.	0.	0.
1b Subtotal								1,078,508.	0.	198,023.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,078,508.	0.	198,023.

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 6

		Yes	No
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*	3		X
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*	4	X	
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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT BILLINGSLEY	3.00									
DIRECTOR		X						0.	0.	0.
(28) EUGENIE BIRCH	3.00									
DIRECTOR		X						0.	0.	0.
(29) ROBERT BLUMENTHAL	3.00									
DIRECTOR		X						0.	0.	0.
(30) ANTHONY BORELLI	3.00									
DIRECTOR		X						0.	0.	0.
(31) JO IVEY BOUFFORD	3.00									
DIRECTOR		X						0.	0.	0.
(32) TONIO BURGOS	3.00									
DIRECTOR		X						0.	0.	0.
(33) AXEL CARRIN	3.00									
DIRECTOR		X						0.	0.	0.
(34) VINCENT CASSANO	3.00									
DIRECTOR		X						0.	0.	0.
(35) VISHAAN CHAKRABARTI	3.00									
DIRECTOR		X						0.	0.	0.
(36) ALI CHAUDHRY	3.00									
DIRECTOR		X						0.	0.	0.
(37) HENRY CISNEROS	3.00									
DIRECTOR		X						0.	0.	0.
(38) FRANK COHEN	3.00									
DIRECTOR		X						0.	0.	0.
(39) ANTHONY COSCIA	3.00									
DIRECTOR		X						0.	0.	0.
(40) PETER D'ARCY	3.00									
DIRECTOR		X						0.	0.	0.
(41) STEVEN DENNING	3.00									
DIRECTOR		X						0.	0.	0.
(42) NICK DHIMITRI	3.00									
DIRECTOR		X						0.	0.	0.
(43) EVA DURST	3.00									
DIRECTOR		X						0.	0.	0.
(44) LEECIA EVE	3.00									
DIRECTOR		X						0.	0.	0.
(45) WINSTON FISHER	3.00									
DIRECTOR		X						0.	0.	0.
(46) KATHLEEN FRANGIONE	3.00									
DIRECTOR		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JANICE FULLER	3.00									
DIRECTOR		X						0.	0.	0.
(48) MIGUEL GAMIO	3.00									
DIRECTOR		X						0.	0.	0.
(49) PAUL GERTNER	3.00									
DIRECTOR		X						0.	0.	0.
(50) PETER GLUS	3.00									
DIRECTOR		X						0.	0.	0.
(51) MAXINE GRIFFITH	3.00									
DIRECTOR		X						0.	0.	0.
(52) CHRISTOPHER HAHN	3.00									
DIRECTOR		X						0.	0.	0.
(53) RICHARD HARAY	3.00									
DIRECTOR		X						0.	0.	0.
(54) LINDA HARRISON	3.00									
DIRECTOR		X						0.	0.	0.
(55) PETER HERMAN	3.00									
DIRECTOR		X						0.	0.	0.
(56) DYLAN HIXON	3.00									
DIRECTOR		X						0.	0.	0.
(57) KERRY HUGHES	3.00									
DIRECTOR		X						0.	0.	0.
(58) BRIAN HUGHES	3.00									
DIRECTOR		X						0.	0.	0.
(59) SHARI HYMAN	3.00									
DIRECTOR		X						0.	0.	0.
(60) JERRY JANNETTI	3.00									
DIRECTOR		X						0.	0.	0.
(61) MARY MARGARET JONES	3.00									
DIRECTOR		X						0.	0.	0.
(62) SABRINA KANNER	3.00									
DIRECTOR		X						0.	0.	0.
(63) ANAITA KASAD	3.00									
DIRECTOR		X						0.	0.	0.
(64) MICHAEL KEENAN	3.00									
DIRECTOR		X						0.	0.	0.
(65) GREGORY KELLY	3.00									
DIRECTOR		X						0.	0.	0.
(66) KYLE KIMBALL	3.00									
DIRECTOR		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) BARRY LANGER	3.00									
DIRECTOR		X						0.	0.	0.
(68) SUE LEE	3.00									
DIRECTOR		X						0.	0.	0.
(69) JILL LERNER	3.00									
DIRECTOR		X						0.	0.	0.
(70) TRENT LETHCO	3.00									
DIRECTOR		X						0.	0.	0.
(71) CHRISTOPHER LEVENDOS	3.00									
DIRECTOR		X						0.	0.	0.
(72) MARK MARCUCCI	3.00									
DIRECTOR		X						0.	0.	0.
(73) ANDREW MATHIAS	3.00									
DIRECTOR		X						0.	0.	0.
(74) CHERYL MCKISSACK	3.00									
DIRECTOR		X						0.	0.	0.
(75) JAN NICHOLSON	3.00									
DIRECTOR		X						0.	0.	0.
(76) RICHARD ORAM	3.00									
DIRECTOR		X						0.	0.	0.
(77) HERMINIA PALACIO	3.00									
DIRECTOR		X						0.	0.	0.
(78) SETH PINSKY	3.00									
DIRECTOR		X						0.	0.	0.
(79) CLINT PLUMMER	3.00									
DIRECTOR		X						0.	0.	0.
(80) JOHN PORCARI	3.00									
DIRECTOR		X						0.	0.	0.
(81) DAVID QUART	3.00									
DIRECTOR		X						0.	0.	0.
(82) SCOTT RECHLER	3.00									
DIRECTOR		X						0.	0.	0.
(83) MICHAEL REGAN	3.00									
DIRECTOR		X						0.	0.	0.
(84) GERRY ROSBERG	3.00									
DIRECTOR		X						0.	0.	0.
(85) JAMES RUBIN	3.00									
DIRECTOR		X						0.	0.	0.
(86) JANETTE SADIK-KHAN	3.00									
DIRECTOR		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) LYNNE SAGALYN	3.00									
DIRECTOR		X						0.	0.	0.
(88) ELLIOT SANDER	3.00									
DIRECTOR		X						0.	0.	0.
(89) ADITYA SANGHVI	3.00									
DIRECTOR		X						0.	0.	0.
(90) SAMUEL SCHWARTZ	3.00									
DIRECTOR		X						0.	0.	0.
(91) TODD SCHWARTZ	3.00									
DIRECTOR		X						0.	0.	0.
(92) NADIR SETTLES	3.00									
DIRECTOR		X						0.	0.	0.
(93) PEGGY SHEPARD	3.00									
DIRECTOR		X						0.	0.	0.
(94) H. CLAUDE SHOSTAL	3.00									
DIRECTOR		X						0.	0.	0.
(95) RYAN SIMONETTI	3.00									
DIRECTOR		X						0.	0.	0.
(96) GAGANDEEP SINGH	3.00									
DIRECTOR		X						0.	0.	0.
(97) MONICA SLATER STOKES	3.00									
DIRECTOR		X						0.	0.	0.
(98) MARSHA SMITH	3.00									
DIRECTOR		X						0.	0.	0.
(99) SUSAN SOLOMON	3.00									
DIRECTOR		X						0.	0.	0.
(100) ROBERT STEEL	3.00									
DIRECTOR		X						0.	0.	0.
(101) MICHAEL SWEENEY	3.00									
DIRECTOR		X						0.	0.	0.
(102) MARILYN TAYLOR	3.00									
DIRECTOR		X						0.	0.	0.
(103) REUBEN TEAGUE	3.00									
DIRECTOR		X						0.	0.	0.
(104) RICHARD THIGPEN	3.00									
DIRECTOR		X						0.	0.	0.
(105) ERNEST TOLLERSON	3.00									
DIRECTOR		X						0.	0.	0.
(106) JANE VERON	3.00									
DIRECTOR		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) CLAIRE WEISZ	3.00									
DIRECTOR		X						0.	0.	0.
(108) LATOYA WILSON	3.00									
DIRECTOR		X						0.	0.	0.
(109) KATE WITTELS	3.00									
DIRECTOR		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	175,875.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	658,844.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,481,339.			
	g Noncash contributions included in lines 1a-1f	1g	$ 9,859.			
	h **Total.** Add lines 1a-1f		5,316,058.			
Program Service Revenue		**Business Code**				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		113,882.			113,882.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	2,025,684.				
	b Less: cost or other basis and sales expenses 7b	2,085,886.				
	c Gain or (loss) 7c	-60,202.				
	d Net gain or (loss)		-60,202.			-60,202.
	8a Gross income from fundraising events (not including $ 175,875. of contributions reported on line 1c). See Part IV, line 18	8a	1,674,542.			
	b Less: direct expenses	8b	782,238.			
	c Net income or (loss) from fundraising events		892,304.			892,304.
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		**Business Code**				
	11a MISCELLANEOUS	900099	3,035.			3,035.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		3,035.			
	12 **Total revenue.** See instructions		6,265,077.	0.	0.	949,019.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
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, trustees, and key employees	441,415.	370,486.	15,947.	54,982.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,619,822.	2,206,429.	90,065.	323,328.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	148,494.	121,702.	7,137.	19,655.
9 Other employee benefits	429,153.	351,724.	20,626.	56,803.
10 Payroll taxes	222,781.	158,280.	41,307.	23,194.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	25,500.		25,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,522.		25,522.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,344,217.	1,325,305.	2,212.	16,700.
12 Advertising and promotion	4,728.	4,569.	102.	57.
13 Office expenses	124,795.	91,790.	13,859.	19,146.
14 Information technology	77,852.	54,093.	10,630.	13,129.
15 Royalties				
16 Occupancy	500,254.	355,418.	92,753.	52,083.
17 Travel	17,206.	16,558.	415.	233.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	97,605.	82,777.	4,414.	10,414.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,548.	25,256.	6,591.	3,701.
23 Insurance				
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 O.)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	6,114,892.	5,164,307.	357,080.	593,425.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,727,844.	2	1,990,985.
	3	Pledges and grants receivable, net	728,375.	3	918,828.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	56,896.	9	73,271.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,469,338.			
	b	Less: accumulated depreciation — 10b: 1,343,980.	158,141.	10c	125,358.
	11	Investments - publicly traded securities	2,645,720.	11	3,183,839.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	1,690,475.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	6,316,976.	16	7,982,756.
Liabilities	17	Accounts payable and accrued expenses	560,729.	17	237,380.
	18	Grants payable		18	
	19	Deferred revenue	169,615.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	1,827,251.
	26	**Total liabilities.** Add lines 17 through 25	730,344.	26	2,064,631.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	1,863,391.	27	1,828,620.
	28	Net assets with donor restrictions	3,723,241.	28	4,089,505.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	5,586,632.	32	5,918,125.
	33	Total liabilities and net assets/fund balances	6,316,976.	33	7,982,756.

Part 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	6,265,077.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,114,892.
3	Revenue less expenses. Subtract line 2 from line 1	3	150,185.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,586,632.
5	Net unrealized gains (losses) on investments	5	181,308.
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	5,918,125.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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	X	
	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

2022

Open to Public Inspection

Name of the organization	Employer identification number
REGIONAL PLAN ASSOCIATION, INC.	13-1624154

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,616,776.	3,639,380.	5,084,663.	6,169,922.	5,316,058.	23,826,799.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,616,776.	3,639,380.	5,084,663.	6,169,922.	5,316,058.	23,826,799.
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)						2,432,904.
6 **Public support.** Subtract line 5 from line 4.						21,393,895.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3,616,776.	3,639,380.	5,084,663.	6,169,922.	5,316,058.	23,826,799.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55,384.	50,157.	58,112.	73,468.	113,882.	351,003.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	45,231.	28,713.	29,186.	8,950.	3,035.	115,115.
11 **Total support.** Add lines 7 through 10						24,292,917.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	88.07 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	84.85 %

16a **33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2021** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
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.*	3c		
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.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*	7		
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).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined 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.**	9b		
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.**	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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**		
c	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**		

Section 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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 supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **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.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	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 these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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**		

Section 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**		
e **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**		

Section 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-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (*describe in* **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2018 AMOUNT: $ 45,231.

2019 AMOUNT: $ 28,713.

2020 AMOUNT: $ 29,186.

2021 AMOUNT: $ 8,950.

2022 AMOUNT: $ 3,035.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

REGIONAL PLAN ASSOCIATION, INC.

Employer identification number

13-1624154

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

REGIONAL PLAN ASSOCIATION, INC.

Employer identification number

13-1624154

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AECOM TECHNOLOGY CO. P.O. BOX 8518 PHILADELPHIA, PA 19101	$ 436,039.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
2	AMAZON 1515 3RD ST. SAN FRANCISCO, CA 94158	$ 250,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
3	AMERICAN EXPRESS 42 WEST 39TH STREET, 14TH FL NEW YORK, NY 10018-2082	$ 200,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
4	AMTRAK 875 THIRD AVENUE, 29TH FLOOR, NEW YORK, NY 10022 NEW YORK, NY 10022	$ 200,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
5	ASSOCIATION FOR ENERGY AFFORDABILITY 75 ROCKEFELLER PLAZA, SUITE 1400 NEW YORK, NY 10019	$ 200,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
6	ASTM NORTH AMERICA, INC. 211 MAIN STREET SAN FRANCISCO, CA 94105	$ 180,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

REGIONAL PLAN ASSOCIATION, INC.

Employer identification number

13-1624154

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BLACKSTONE HOLDINGS 909 THIRD AVENUE NEW YORK, NY 10022	$ 175,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
8	BOINGO WIRELESS, INC 1 LIBERTY PLAZA 10TH FL. NEW YORK, NY 10006	$ 170,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
9	BROOKFIELD PROPERTIES 377PINE TREE ROAD ITHICA, NY 14850	$ 156,850.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
10	CON EDISON 33 KNIGHTSBRIDGE ROAD, 1ST FL., EAST WING PISCATAWAY, NJ 08854	$ 146,960.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
11	CORNELL UNIVERSITY 55 SECOND STREET, SUITE 2400 SAN FRANCISCO, CA 95105	$ 140,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
12	CROWN CASTLE 100 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10013	$ 125,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization: REGIONAL PLAN ASSOCIATION, INC.

Employer identification number: 13-1624154

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CUSHMAN & WAKEFIELD 9400 AMBERGLEN BLVD, BLDG C AUSTIN, TX 78729-1100	$ 110,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

REGIONAL PLAN ASSOCIATION, INC.

Employer identification number

13-1624154

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: REGIONAL PLAN ASSOCIATION, INC.

Employer identification number: 13-1624154

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2022

Open to Public Inspection

Name of the organization
REGIONAL PLAN ASSOCIATION, INC.

Employer identification number
13-1624154

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included in (a) 2c	
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,096,307.	5,479,015.	4,140,114.	4,664,683.	4,545,564.
b Contributions	3,266,241.	2,954,478.	3,152,681.	1,562,697.	1,834,968.
c Net investment earnings, gains, and losses	201,677.	-282,817.	526,233.	72,314.	90,001.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,993,364.	3,054,369.	2,340,013.	2,159,580.	1,805,850.
f Administrative expenses					
g End of year balance	5,570,861.	5,096,307.	5,479,015.	4,140,114.	4,664,683.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 26.5910 %
b Permanent endowment 27.3370 %
c Term endowment 46.0720 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		209,976.	155,629.	54,347.
d Equipment		1,259,362.	1,188,351.	71,011.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				125,358.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 or 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, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSET	1,690,475.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*	1,690,475.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	1,827,251.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	1,827,251.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	6,420,863.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	181,308.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	181,308.
3	Subtract line **2e** from line **1**			3	6,239,555.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,522.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	25,522.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	6,265,077.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	6,089,370.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	6,089,370.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,522.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	25,522.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	6,114,892.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

INTENDED USE OF QUASI-ENDOWMENT FUNDS: TO PROVIDE THE ASSOCIATION WITH A FINANCIAL CUSHION DURING PERIODS WHEN THE ASSOCIATION'S OUTSIDE SOURCES OF FUNDING MY FALL OFF. INTENDED USE OF PERMANENTLY RESTRICTED FUNDS:

1) PETER HERMAN TRANSPORTATION CHAIR -TO SUPPORT THE FUNDING FOR A TRANSPORTATION POSITION AT RPA AND THE

2) RICHARD KAPLAN CHAIR FOR REGIONAL DESIGN - TO SUPPORT THE FUNDING FOR A DESIGN POSITION AT RPA.

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

REGIONAL PLAN ASSOCIATION, INC.

Employer identification number

13-1624154

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 FALL GALA (event type)	(b) Event #2 ASSEMBLY (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,386,960.	463,457.		1,850,417.
	2 Less: Contributions	97,087.	78,788.		175,875.
	3 Gross income (line 1 minus line 2)	1,289,873.	384,669.		1,674,542.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	328,891.	214,318.		543,209.
	8 Entertainment	2,000.			2,000.
	9 Other direct expenses	112,837.	124,192.		237,029.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				782,238.
	11 Net income summary. Subtract line 10 from line 3, column (d)				892,304.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

REGIONAL PLAN ASSOCIATION, INC.

Employer identification number

13-1624154

Part I Questions Regarding Compensation

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

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS K. WRIGHT	(i)	313,178.	25,000.	0.	21,350.	34,294.	393,822.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATE SLEVIN	(i)	197,000.	0.	0.	13,790.	13,790.	224,580.	0.
EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIE TRUAX	(i)	139,243.	0.	0.	9,747.	34,026.	183,016.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERT FREUDENBERG	(i)	137,669.	0.	0.	9,637.	16,619.	163,925.	0.
VP FOR ENERGY & ENVIRONMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MOSES GATES	(i)	137,219.	0.	0.	9,605.	12,991.	159,815.	0.
VP OF HOUSING AND NEIGHBOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES FINCH	(i)	129,199.	0.	0.	9,044.	13,130.	151,373.	0.
VP FOR FINANCE AND ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
REGIONAL PLAN ASSOCIATION, INC.

Employer identification number
13-1624154

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

REGION.

PART III - LINE 1

REGIONAL PLAN ASSOCIATION, INC. (THE "ASSOCIATION") IS AMERICA'S OLDEST AND MOST DISTINGUISHED INDEPENDENT URBAN RESEARCH AND ADVOCACY GROUP. THE ASSOCIATION PREPARES LONG RANGE PLANS AND POLICIES TO GUIDE THE GROWTH AND DEVELOPMENT OF THE NEW YORK - NEW JERSEY - CONNECTICUT METROPOLITAN REGION. THE ASSOCIATION ALSO PROVIDES LEADERSHIP ON NATIONAL INFRASTRUCTURE, SUSTAINABILITY, AND COMPETITIVENESS CONCERNS. THE ASSOCIATION ENJOYS BROAD SUPPORT FROM THE REGION'S AND NATION'S BUSINESS, PHILANTHROPIC, CIVIC AND PLANNING COMMUNITIES. THE NATION'S MOST INFLUENTIAL INDEPENDENT REGIONAL PLANNING ORGANIZATION SINCE 1922, THE ASSOCIATION HAS A STORIED HISTORY BUT IS MORE RELEVANT THAN EVER IN THE 21ST CENTURY. THE ASSOCIATION'S FIRST PLAN IN 1929 PROVIDED THE BLUEPRINT FOR THE TRANSPORTATION AND OPEN SPACE NETWORKS THAT WE TAKE FOR GRANTED TODAY. THE SECOND PLAN, COMPLETED IN 1968, WAS INSTRUMENTAL IN RESTORING OUR DETERIORATED MASS TRANSIT SYSTEM, PRESERVING THREATENED NATURAL RESOURCES AND REVITALIZING OUR URBAN CENTERS. RELEASED IN 1996, THE ASSOCIATION'S THIRD REGIONAL PLAN, "A REGION AT RISK," WARNED THAT NEW GLOBAL TRENDS HAD FUNDAMENTALLY ALTERED NEW YORK'S NATIONAL AND GLOBAL POSITION. THE PLAN CALLED FOR BUILDING A SEAMLESS 21ST CENTURY MASS TRANSIT SYSTEM, CREATING A THREE-MILLION-ACRE GREENSWARD NETWORK OF PROTECTED NATURAL RESOURCE SYSTEMS, MAINTAINING HALF THE REGION'S EMPLOYMENT IN URBAN CENTERS, AND ASSISTING MINORITY AND IMMIGRANT COMMUNITIES TO FULLY PARTICIPATE IN

Name of the organization
REGIONAL PLAN ASSOCIATION, INC.

Employer identification number
13-1624154

THE ECONOMIC MAINSTREAM. THE ASSOCIATION'S CURRENT WORK IS AIMED LARGELY AT IMPLEMENTING THE IDEAS PUT FORTH IN THE THIRD REGIONAL PLAN, WITH EFFORTS FOCUSED IN FIVE PROJECT AREAS: COMMUNITY DESIGN, OPEN SPACE, TRANSPORTATION, WORKFORCE AND THE ECONOMY, AND HOUSING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

2020. THIS IS PART OF A BROADER EFFORT AT RPA TO DO MORE TO PROMOTE SOCIAL AND RACIAL EQUITY WITHIN OUR ORGANIZATION AND IN THE POLICIES AND PROJECTS, WE PROMOTE ACROSS THE REGION. IT IS MADE POSSIBLE THROUGH GENEROUS FUNDING FROM THE ROBERT WOOD JOHNSON FOUNDATION AND BLOOMBERG PHILANTHROPIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

BEGINNING JANUARY 2024.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INCLUDED IN OTHER PROGRAM SERVICES ARE THE FOLLOWING PROJECTS:

REGIONAL PLANNING EXCHANGE, PETER HERMAN/RICHARD KAPLAN CHAIRS, CONGESTION PRICING NJ COMMITTEE, SANDY 10 RESILIENCE, DESEGREGATE CONNECTICUT, CORNELL ATKINSON, MUNICIPAL IMPACTS OF BUYOUTS, GATEWAY/AMTRAK, HUDSON VALLEY HOUSING, NYS HOUSING CAMPAIGN, STREETS AND PARKS , OPEN STREETS, TAUB CIVIC ENGAGEMENT, EQUITABLE ENERGY, LEIDOS, BROOKLYN GREENWAY USER STUDY, CEQR MAS, FCCHO COMMUNICATIONS, EASTERN CONNECTICUT CHEO, CT URBAN CENTERS COALITION, FAIRFIELD CONNECTICUT COMMUNITY, TRANSFORMING CITIES, CONNECTING CHILDREN TO NATURE, SUFFOLK ON CALL - BRENTWOOD, LICF AFFORDABLE HOUSING, NEW CITY PARKS, NYS HEALTH

Name of the organization: REGIONAL PLAN ASSOCIATION, INC.

Employer identification number: 13-1624154

EXPENSES $ 4,208,745. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 2:

DOUGLAS DURST, VICE CHAIR IS THE FATHER-IN-LAW OF EVA DURST, DIRECTOR. SETH PINSKY, DIRECTOR AND ANGELA PINSKY, CO-CHAIR ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WILL BE PRESENTED TO THE AUDIT AND FINANCE COMMITTEE FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISCUSSED WITH THE BOARD AT THE ANNUAL MEETING WHEN THE FORMS ARE DISTRIBUTED. BOARD MEMBERS MUST SIGN COI STATEMENTS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

A REVIEW OF FORM 990 OF SIMILAR NONPROFIT ORGANIZATIONS OF A SIMILAR SIZE AND BUDGET TO THE ASSOCIATION WAS DONE BY THE TREASURER. THE EXECUTIVE COMMITTEE DELIBERATED AND MADE THE FINAL DECISION ON THE PRESIDENT'S SALARY.

THE AUDIT AND FINANCE COMMITTEE DISCUSSES AND APPROVES THE PRESIDENT AND EXECUTIVE DIRECTOR'S SALARY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization
REGIONAL PLAN ASSOCIATION, INC.

Employer identification number
13-1624154

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,325,305.
MANAGEMENT AND GENERAL EXPENSES	2,212.
FUNDRAISING EXPENSES	16,700.
TOTAL EXPENSES	1,344,217.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,344,217.

Form **8868**
(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	REGIONAL PLAN ASSOCIATION, INC.	13-1624154
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE WHITEHALL STREET, 16TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10004	

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 Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ▶ JAMES FINCH, THE ASSOCIATION
ONE WHITEHALL STREET, 16TH FLOOR - NEW YORK, NY 10004

Telephone No. ▶ 212-420-6613 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 box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning JUL 1, 2022, and ending JUN 30, 2023.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**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.	**3c**	$	0.

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 instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2022)

CONDON O'MEARA MCGINTY & DONNELLY LLP
ONE BATTERY PARK PLAZA
NEW YORK, NY 10004-1405

****

INSTRUCTIONS FOR FILING
REGIONAL PLAN ASSOCIATION, INC.
CHARITABLE ORGANIZATION RENEWAL NOTICE
ANNUAL CHARITY REGISTRATION APPLICATION
FOR THE PERIOD ENDED JUNE 30, 2023

****

SIGNATURE…

THE RENEWAL APPLICATION MUST BE SIGNED BY TWO AUTHORIZED OFFICERS OF THE ORGANIZATION.

FILING…

THE SIGNED RETURN SHOULD BE FILED AS SOON AS POSSIBLE

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
PUBLIC CHARITIES
165 CAPITOL AVENUE
HARTFORD, CT 06106-1630

PAYMENT OF FILING…

A FILING FEE OF $50 PAYABLE TO TREASURER, STATE OF CONNECTICUT MUST ACCOMPANY THIS RENEWAL APPLICATION.

THE RETURN SHOULD BE SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

****

CHR Ren Rev 8/23 Web Form

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
450 Columbus Blvd, Ste 801
Hartford, CT 06103
Email: dcp.publiccharities@ct.gov

For Official Use Only

Charitable Organization Renewal Notice

To Be Eligible For Renewal Financials Must Be Current:

1) The current year's IRS 990 report must be completed and filed with the IRS.
2) Charitable organizations with gross revenue between $500,000 and $1,000,000 as indicated on your current year's 990 or business tax return, must have an independent audit report or review report completed by an independent certified public accountant. Charitable organizations with gross revenue greater than $1,000,000 as indicated on your current year's 990 or business tax return, must have an independent audit report completed by an independent certified public accountant.

Charitable organizations **must** retain financials for 3 years.

Copies of IRS 990 reports and audits will no longer need to be provided to the Department of Consumer Protection, unless audited.

To Renew Online:

- Visit **www.ct.gov/dcp** and select "Renew a License." This link will provide information on how to renew online.

To Renew by Mail: Complete this renewal notice and send the following:

- A non-refundable fee of $50.00.
- Add an additional $25.00 for each month the renewal notice is received after the expiration date.
- Checks must be made payable to *"Treasurer, State of Connecticut."*
- Make address and/or email changes on this form.

Public Charity Registration Number to be Renewed	Expiration Date of Registration
	05/31/2024

Organization Information

Name of Charitable Organization			
REGIONAL PLAN ASSOCIATION, INC.			
Street Address	City	State	Zip Code
ONE WHITEHALL STREET, 16TH FL.	NEW YORK	NY	10004
FEIN	Fiscal Year End	Email Address *Notifications and certificates are emailed only*	
13-1624154	06/30/2023	JIM@RPA.ORG	

Renewal Questions: **Answer each of the mandatory questions below.**

1. Did your organization file the current year's IRS 990, 990 EZ, 990N, 990PF with the IRS? ☑ Yes ☐ No

2. Select the range that best describes the total gross revenue the organization received in whole dollar amounts on their last IRS 990 form.
   - ☐ Less than $500,000
   - ☐ Between $500,000 and $1,000,000
   - ☑ Greater than $1,000,000

3. If gross revenue are greater than $500,000, did the organization complete an independent audit report for this renewal period? ☑ Yes ☐ No

Certification

One authorized person from the organization **must** sign this renewal notice and attestation on behalf of the organization.

I hereby certify under penalty of false statement that I am authorized to sign this document for the organization and that the information provided is true and complete to the best of my knowledge.

_____ Signature

_____ Printed Name

_____ Date

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING
JUNE 30, 2023

PREPARED FOR:

REGIONAL PLAN ASSOCIATION, INC.
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

PREPARED BY:

CONDON O'MEARA MCGINTY & DONNELLY LLP
ONE BATTERY PARK PLAZA, 7TH FL.
NEW YORK, NY 10004

AMOUNT OF TAX:

BALANCE DUE OF $250

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW JERSEY FORM FORM CRI-300R SHOULD BE FILED VIA THE WEB AT:
HTTPS://NJCONSUMERAFFAIRS.STATE.NJ.US/SIGN-IN/

RETURN MUST BE MAILED ON OR BEFORE:

JULY 1, 2024

SPECIAL INSTRUCTIONS:

TAXPAYER COPY

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ *Name* _____ *Title* _____ *Date* _____

Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ *Name* _____ *Title* _____ *Date* _____

TAXPAYER COPY

New Jersey Office of the Attorney General
Division of Consumer Affairs Office of Consumer Protection
Charities Registration Section 124 Halsey Street, 7th Floor, P.O. Box 45021 Newark, NJ 07101 (973) 504-6215

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this copy is for informational purposes only.

Form CRI-300R
Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 06/30/2023 (month day year)

2. Federal ID Number (EIN) 13-1624154 2a. N.J. Charities Registration Number: CH- 0575300

3. **Full legal name of the registering organization:** REGIONAL PLAN ASSOCIATION, INC.
In care of: (if necessary, otherwise leave this line blank)

4. **Mailing Address:** ONE WHITEHALL STREET, 16TH FLOOR, NEW YORK, NY 10004 (Street Address / City / State / ZIP Code) ☐ **Change of Address**

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization _____ (Street Address / City / State / ZIP Code)
☒ **Same as Mailing Address**

6. Does the organization have any offices in New Jersey in addition to the one listed above? ☐ Yes ☒ No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
JAMES FINCH, THE ASSOCIATION ONE WHITEHALL STREET, 16TH FLOOR, NEW YORK, (Contact person / Street address / City / State / ZIP Code)

_____ (Telephone number (include area code)) _____ (Fax number (include area code))

7. Organization's contact information:
212-420-6613 (Telephone number (include area code)) 212-253-5666 (Fax number (include area code))

JFINCH@RPA.ORG (E-mail address) WWW.RPA.ORG (Web site)

8. Type of organization (check one):

☒ Nonprofit corporation ☐ Foundation ☐ Individual ☐ Association ☐ Society
☐ Partnership ☐ Trust ☐ Other (Specify) _____

12220125 152490 8BC0AH 2022.05030 REGIONAL PLAN ASSOCIATION 8BC0AH_1

9. Where and when was the organization legally established? Date: 01/01/1929 State: NY
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? ☐ Yes ☒ No
If "Yes," indicate all of the other names used:

11. Does the organization intend to solicit contributions from the general public? ☒ Yes ☐ No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? ☒ Yes ☐ No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.
CONNECTICUT & NEW YORK

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? ☐ Yes ☒ No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
A NON-PROFIT REGIONAL PLANNING ORGANIZATION THAT PROMOTES THE IMPROVEMENT OF THE QUALITY OF LIFE AND ECONOMY IN THE NEW YORK, NEW JERSEY, AND CONNECTICUT TRI-STATE REGION.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration. SEE STATEMENT 1

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? ☐ Yes ☒ No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? ☐ Yes ☒ No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? ☐ Yes ☒ No
If "Yes," please explain:

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? ☒ Yes ☐ No
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. ☐ Yes ☒ No
b. Has a tax exemption been granted under another I.R.S. code? ☐ Yes ☒ No
If "Yes," advise which one:
c. Has an I.R.S. tax exemption been refused, changed or revoked? ☐ Yes ☒ No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? ☐ Yes ☒ No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.

19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? ☐ Yes ☒ No
If "Yes," please attach to this registration the relevant document.

20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.

21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. ☐ Yes ☒ No

22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. ☐ Yes ☒ No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
SEE STATEMENT 2				

CRI-300R Long-Form Registration Renewal Financial Statement

Note: *If the financial value of a line item = 0, place a zero in the space provided.*
Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: REGIONAL PLAN ASSOCIATION, INC.

Fiscal year-end being reported: 06/30/2023 (month day year) Federal ID Number (EIN) 13-1624154

Mailing address:
ONE WHITEHALL STREET, 16TH FLOOR, NEW YORK, NY 10004
Mailing Address | P.O. Box Number or Suite | City | State | ZIP Code

Street address of the registering organization: _____
Street Address | City | State | ZIP Code

New Jersey Charities Registration number: CH 0575300 -00 Telephone number: 212-420-6613 *(include area code)*

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of $500,000. **Note:** If the organization received gross revenue of less than $500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

[X] In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail	
(2)	Telephone solicitation	
(3)	Commercial co-venture	
(4)	Gross receipts from fund-raising events	
(5)	Canisters, counter cards, door to door etc	
(6)	Corporations and other businesses	
(7)	Foundations and trusts	
(8)	Donated land, buildings, property, equipment and materials	
(9)	Legacies and bequests	
(10)	Membership dues solely resulting from solicitations	
(11)	Other support (specify)	

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) .....

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization	
(2)	From an affiliated organization	
(3)	From another fund-raising organization	

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) .....

Line A1e. Total Gross Contributions (add lines A1b and A1d) .....

Line A2. Government grants including purchase of service contracts (specify agency)

a. _____ ..... _____
b. _____ ..... _____
c. _____ ..... _____
d. _____ ..... _____

Line A2e. Total Government Grants (add lines 2a thru 2d) ..... _____

Line A3. Other Support

a. Bona fide membership ..... _____
b. Program service revenue ..... _____
c. Professional services rendered by volunteers ..... _____
d. Miscellaneous income (specify) ..... _____

Line A3e. Total Other Support (add the total of lines A3a thru A3d) ..... _____

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) ..... _____

B. Expenses

Line B1. Program expenses ..... _____
Line B2. Management and general expenses ..... _____
Line B3. Fund-raising expenses ..... _____
Line B4. Payments to state/national affiliates (if applicable) ..... _____
Line B5. **Total Expenses** (add the totals of line B1 thru B4) ..... _____

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4) ..... _____

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year ..... _____
Line D2. Other changes in net assets or fund balances (attach explanation) ..... _____
Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) ..... _____

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than $10,000. Further information for charity registrants may be found on our Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information

Organization's Name: REGIONAL PLAN ASSOCIATION, INC.

N.J. Charities Registration Number: CH- 0575300 -00 Federal ID Number (EIN) 13-1624154

Fiscal Year-End being reported: 06/30/2023 (month day year)

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

a. each other? [X] Yes [ ] No

b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? [ ] Yes [X] No

c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? [ ] Yes [X] No

d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships. SEE STATEMENT 3

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? [ ] Yes [X] No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name _____ Title _____ Date _____

Signature _____ Name _____ Title _____ Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

FORM CRI-300R SPECIFIC PROGRAMS AND CHARITABLE PURPOSES STATEMENT 1
PAGE 2, LINE 14A

PROGRAMS/CHARITABLE PURPOSE

ALREADY EXISTS-TO DEVELOP A COMPREHENSIVE LONG RANGE PLAN FOR THE NY
-METRO REGION. EXAMINES THE ECONOMY, LAND USE, TRANSPORTATION,
-OTHER INFRASTRUCTURE, GOVERNMENT, ENVIRONMENT AND THE INTER-
-RELATIONSHIPS.

FORM CRI-300R LIST OF OFFICERS, DIRECTORS, TRUSTEES AND FIVE MOST HIGHLY PAID EMPLOYEES STATEMENT 2

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
KATE SLEVIN	EXECUTIVE VP	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JULIE TRUAX	VP OF DEVELOPMENT	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ROBERT FREUDENBERG	VP FOR ENERGY & ENVIRONMENT	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MOSES GATES	VP OF HOUSING AND NEIGHBOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JAMES FINCH	VP FOR FINANCE AND ADMINISTRAT	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
THOMAS K. WRIGHT	PRESIDENT & CEO	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
RAYMOND J. MCGUIRE	CHAIRMAN	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DAVID HUNTINGTON	COUNCIL	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
THOMAS WRIGHT	PRESIDENT & CEO	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DOUGLAS DURST	VICE CHAIR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SARAH FITTS	VICE CHAIR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MATTHEW KISSNER	VICE CHAIR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
TOKUMBO SHOBOWALE	VICE CHAIR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JUN CHOI	CO-CHAIR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
BLAIR DUNCAN	CO-CHAIR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
PAUL JOSEPHSON	CO-CHAIR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
KATHLEEN KNIGHT	CO-CHAIR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DAVID KOORIS	CO-CHAIR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JUDITH LAGANO	CO-CHAIR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ANGELA PINSKY	CO-CHAIR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ANTHONY SHORRIS	CO-CHAIR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
TRAVIS TERRY	CO-CHAIR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SOL MARIE ALFONSO-JONES	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ALIX ANFANG	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JOSEPH BARILE	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
STEPHEN BECKWITH	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ROBERT BILLINGSLEY	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
EUGENIE BIRCH	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ROBERT BLUMENTHAL	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ANTHONY BORELLI	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JO IVEY BOUFFORD	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
TONIO BURGOS	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
AXEL CARRIN	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
VINCENT CASSANO	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
VISHAAN CHAKRABARTI	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ALI CHAUDHRY	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
HENRY CISNEROS	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
FRANK COHEN	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ANTHONY COSCIA	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
PETER D'ARCY	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
STEVEN DENNING	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
NICK DHIMITRI	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
EVA DURST	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
LEECIA EVE	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
WINSTON FISHER	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
KATHLEEN FRANGIONE	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JANICE FULLER	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MIGUEL GAMIO	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
PAUL GERTNER	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
PETER GLUS	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MAXINE GRIFFITH	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
CHRISTOPHER HAHN	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
RICHARD HARAY	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
LINDA HARRISON	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
PETER HERMAN	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DYLAN HIXON	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
KERRY HUGHES	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
BRIAN HUGHES	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SHARI HYMAN	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JERRY JANNETTI	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MARY MARGARET JONES	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SABRINA KANNER	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ANAITA KASAD	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MICHAEL KEENAN	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
GREGORY KELLY	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
KYLE KIMBALL	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
BARRY LANGER	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SUE LEE	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JILL LERNER	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
TRENT LETHCO	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
CHRISTOPHER LEVENDOS	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MARK MARCUCCI	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ANDREW MATHIAS	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
CHERYL MCKISSACK	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JAN NICHOLSON	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
RICHARD ORAM	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
HERMINIA PALACIO	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SETH PINSKY	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
CLINT PLUMMER	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JOHN PORCARI	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DAVID QUART	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SCOTT RECHLER	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MICHAEL REGAN	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
GERRY ROSBERG	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JAMES RUBIN	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JANETTE SADIK-KHAN	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
LYNNE SAGALYN	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ELLIOT SANDER	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ADITYA SANGHVI	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SAMUEL SCHWARTZ	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
TODD SCHWARTZ	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
NADIR SETTLES	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
PEGGY SHEPARD	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
H. CLAUDE SHOSTAL	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
RYAN SIMONETTI	DIRECTOR	

ADDRESS
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY
0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
GAGANDEEP SINGH	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MONICA SLATER STOKES	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MARSHA SMITH	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SUSAN SOLOMON	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ROBERT STEEL	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MICHAEL SWEENEY	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MARILYN TAYLOR	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
REUBEN TEAGUE	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
RICHARD THIGPEN	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ERNEST TOLLERSON	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JANE VERON	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
CLAIRE WEISZ	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
LATOYA WILSON	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
KATE WITTELS	DIRECTOR	

ADDRESS

ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

SALARY

0.

FORM CRI-300RC EXPLANATION OF RELATIONSHIP STATEMENT 3
PAGE 6, LINE 24

DOUGLAS DURST, VICE CHAIR IS THE FATHER-IN-LAW OF EVA DURST, DIRECTOR. SETH PINSKY, DIRECTOR AND ANGELA PINSKY, CO-CHAIR ARE HUSBAND AND WIFE.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING
JUNE 30, 2023

PREPARED FOR:

REGIONAL PLAN ASSOCIATION, INC.
ONE WHITEHALL STREET, 16TH FLOOR
NEW YORK, NY 10004

PREPARED BY:

CONDON O'MEARA MCGINTY & DONNELLY LLP
ONE BATTERY PARK PLAZA, 7TH FL.
NEW YORK, NY 10004

AMOUNT OF TAX:

BALANCE DUE OF $275

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT:
HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2024

SPECIAL INSTRUCTIONS:

TAXPAYER COPY

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2022

Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2022 and Ending (mm/dd/yyyy) 06/30/2023

Check if Applicable:
- ☐ Address Change
- ☐ Name Change
- ☐ Initial Filing
- ☐ Final Filing
- ☐ Amended Filing
- ☐ Reg ID Pending

Name of Organization: REGIONAL PLAN ASSOCIATION, INC.

Employer Identification Number (EIN): 13-1624154

Mailing Address: ONE WHITEHALL STREET, 16TH FLOOR

NY Registration Number: 00-43-24

City / State / ZIP: NEW YORK, NY 10004

Telephone: 212 420-6613

Website: WWW.RPA.ORG

Email: JFINCH@RPA.ORG

Check your organization's registration category: ☐ 7A only ☐ EPTL only ☒ DUAL (7A & EPTL) ☐ EXEMPT*

Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer: _____
Signature | Print Name and Title | Date

Chief Financial Officer or Treasurer: _____
Signature | Print Name and Title | Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

☐ 3b. EPTL filing exemption: Gross receipts did not exceed $25,000 and the market value of assets did not exceed $25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

☐ Yes ☒ No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☒ Yes ☐ No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order payable to:
	$ 25.	$ 250.	$ 275.	**"Department of Law"**

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

CHAR500
Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

☐ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
☒ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
☒ All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
☐ Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded $25,000 and/or our assets exceeded $25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

☐ Review Report if you received total revenue and support greater than $250,000 and up to $1,000,000
☒ Audit Report if you received total revenue and support greater than $1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than $750,000
☐ No Review Report or Audit Report is required because total revenue and support is less than $250,000
☐ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

☐ $0, if you checked the 7A exemption in Part 3a
☒ $25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

☐ $0, if you checked the EPTL exemption in Part 3b
☐ $25, if the NET WORTH is less than $50,000
☐ $50, if the NET WORTH is $50,000 or more but less than $250,000
☐ $100, if the NET WORTH is $250,000 or more but less than $1,000,000
☒ $250, if the NET WORTH is $1,000,000 or more but less than $10,000,000
☐ $750, if the NET WORTH is $10,000,000 or more but less than $50,000,000
☐ $1500, if the NET WORTH is $50,000,000 or more

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:
- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

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

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

TAXPAYER COPY

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2022

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.
Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
REGIONAL PLAN ASSOCIATION, INC.	00-43-24

2. Government Grants

Name of Government Agency	Amount of Grant
1. CITY OF NEW YORK - BROOKLYN BOROUGH PRESIDENT	1. 40,000.
2. CITY OF HARTFORD	2. 5,000.
3. AMTRAK	3. 350,000.
4. NATIONAL ARCHIVES	4. 65,470.
5. NEW HAVEN PARKING AUTHORITY	5. 20,000.
6. NEW YORK CITY SMALL BUSINES SERVICES	6. 170,000.
7. SUFFOLK COUNTY	7. 11,678.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 662,148.

REGIONAL PLAN ASSOCIATION, INC.

Financial Statements
for the year ended
June 30, 2023

CONDON
O'MEARA
MCGINTY &
DONNELLY LLP

Certified Public Accountants

One Battery Park Plaza
New York, NY 10004-1405
Tel: (212) 661 - 7777
Fax: (212) 661 - 4010

Independent Auditor's Report

Board of Directors of
Regional Plan Association, Inc.

Opinion

We have audited the accompanying financial statements of Regional Plan Association, Inc. (the "Association"), which comprise the statement of financial position as of June 30, 2023 and the related statements of activities, functional expenses and cash flows for the year then ended and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Association as of June 30, 2023 and the result of its activities and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Association and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Change in Accounting Principle

As discussed in Note 2 to the financial statements, the Association has changed its method of accounting for operating leases as of July 1, 2022 due to the adoption of ASU 2016-02, Leases (Topic 842). Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Report on Summarized Comparative Information

We have previously audited the Association's 2022 financial statements, and our report dated September 21, 2022, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2022, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Condon O'Meara McGinty & Donnelly LLP

September 21, 2023

REGIONAL PLAN ASSOCIATION, INC.

Statement of Financial Position

Assets

	June 30 2023	June 30 2022
Cash	$ 1,990,985	$ 2,727,844
Investments, at fair value	3,183,839	2,645,720
Pledges receivable	918,828	728,375
Prepaid expenses and deposits	73,271	56,896
Sub-total	6,166,923	6,158,835
Property and equipment, at cost		
Leasehold improvements	209,976	209,976
Furniture, fixtures and equipment	1,259,362	1,256,597
Total property and equipment	1,469,338	1,466,573
Less accumulated depreciation and amortization	1,343,980	1,308,432
Net property and equipment	125,358	158,141
Right-of-use asset, net – operating lease	1,690,475	-
Total assets	**$ 7,982,756**	**$ 6,316,976**

Liabilities and Net Assets

Liabilities		
Accounts payable, accrued expenses and other	$ 90,516	$ 423,237
Accrued employee benefits	146,864	137,492
Deferred rent	-	169,615
Operating lease liability	1,827,251	-
Total liabilities	2,064,631	730,344
Net assets		
Without donor restrictions		
Operating	347,264	490,325
Board-designated	1,481,356	1,373,066
Total without donor restrictions	1,828,620	1,863,391
With donor restrictions	4,089,505	3,723,241
Total net assets	5,918,125	5,586,632
Total liabilities and net assets	**$ 7,982,756**	**$ 6,316,976**

See notes to financial statements.

REGIONAL PLAN ASSOCIATION, INC.

Statement of Activities
Year Ended June 30, 2023
(with Summarized Comparative Information for the Year Ended June 30, 2022)

	2023				2022
	Without Donor Restrictions				
	Operating	Board-Designated	With Donor Restrictions	Total	Total
Public support and revenue					
Public support					
Grants and contributions	$ 1,873,942	$ -	$ 3,266,241	$ 5,140,183	$ 6,071,397
Special events (net of direct expenses of $782,238 in 2023 and $448,071 in 2022)	1,068,179	-	-	1,068,179	591,057
Net assets released from restrictions	2,993,364	-	(2,993,364)	-	-
Total public support	5,935,485	-	272,877	6,208,362	6,662,454
Revenue					
Investment return, net	7,789	108,290	93,387	209,466	(307,826)
Other	3,035	-	-	3,035	8,950
Total revenue	10,824	108,290	93,387	212,501	(298,876)
Total public support and revenue	5,946,309	108,290	366,264	6,420,863	6,363,578
Expenses					
Program services					
Research	4,895,429	-	-	4,895,429	4,677,724
Public affairs	268,958	-	-	268,958	340,680
Supporting activities					
Management and general	331,558	-	-	331,558	342,028
Fundraising	593,425	-	-	593,425	619,042
Total expenses	6,089,370	-	-	6,089,370	5,979,474
Increase (decrease) in net assets	**(143,061)**	**108,290**	**366,264**	**331,493**	**384,104**
Net assets, beginning of year	**490,325**	**1,373,066**	**3,723,241**	**5,586,632**	**5,202,528**
Net assets, end of year	**$ 347,264**	**$ 1,481,356**	**$ 4,089,505**	**$ 5,918,125**	**$ 5,586,632**

See notes to financial statements.

REGIONAL PLAN ASSOCIATION, INC.

Statement of Functional Expenses
Year Ended June 30, 2023
(with Summarized Comparative Information for the Year Ended June 30, 2022)

	2023					2022
	Program Services*		Supporting Activities			
	Research	Public Affairs	Management and General	Fund-Raising	Total	Total
Salaries and wages	$2,416,883	$ 113,795	$ 103,301	$ 370,843	$3,004,822	$2,729,466
Payroll taxes	151,163	7,117	41,307	23,194	222,781	203,334
Employee health and welfare benefits	493,859	25,804	30,474	83,925	634,062	533,249
Professional fees	1,226,030	99,275	27,712	16,700	1,369,717	1,764,650
Office	64,380	2,225	12,730	7,463	86,798	84,192
Occupancy	339,436	15,982	92,753	52,083	500,254	475,755
Travel	16,487	71	415	233	17,206	4,913
Conferences and meetings	82,016	761	4,414	10,414	97,605	18,504
Printing and publications	20,047	928	1,051	7,252	29,278	20,295
Information technology	52,261	1,832	10,630	13,129	77,852	67,692
Advertising	4,551	18	102	57	4,728	13,583
Bank charges and fees	4,196	14	78	4,431	8,719	13,646
Uncollectible accounts	-	-	-	-	-	8,264
Catering, facilities and other	-	-	-	782,238	782,238	448,071
Sub-total	4,871,309	267,822	324,967	1,371,962	6,836,060	6,385,614
Depreciation and amortization	24,120	1,136	6,591	3,701	35,548	41,931
Total expenses by function	4,895,429	268,958	331,558	1,375,663	6,871,608	6,427,545
Less: direct expenses of special events net with revenue on the statement of activities	-	-	-	782,238	782,238	448,071
Total	**$4,895,429**	**$ 268,958**	**$ 331,558**	**$ 593,425**	**$6,089,370**	**$5,979,474**

* For the 2023 fiscal year, the program services expense percentage to overall expenses was approximately 85%.

See notes to financial statements.

REGIONAL PLAN ASSOCIATION, INC.

Statement of Cash Flows

	Year Ended June 30	
	2023	2022
Cash flows from operating activities		
Increase in net assets	$ 331,493	$ 384,104
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities		
Depreciation and amortization	35,548	41,931
Net realized and unrealized (gain) loss on investments	(121,106)	355,442
Contributed securities	(9,859)	(10,329)
Proceeds from sale of contributed securities	9,859	10,329
Loan forgiveness	-	(1,033,845)
Contributions with perpetual donor restrictions	(86,239)	(60,000)
(Increase) decrease in assets		
Pledges receivable	(190,453)	474,827
Prepaid expenses and deposits	(16,375)	(49,523)
Increase (decrease) in liabilities		
Accounts payable, accrued expenses and other	(332,721)	79,345
Accrued employee benefits	9,372	1,449
Net change in opening lease liability	(32,839)	-
Deferred rent	-	890
Net cash (used in) provided by operating activities	(403,320)	194,620
Cash flows from investing activities		
Expenditures for furniture, fixtures and equipment	(2,765)	(10,009)
Purchases of investments	(2,432,838)	(1,957,841)
Proceeds from sale of investments	2,015,825	1,865,250
Net cash (used in) investing activities	(419,778)	(102,600)
Cash flows from financing activities		
Contributions with perpetual donor restrictions	86,239	60,000
Net increase (decrease) in cash	**(736,859)**	**152,020**
Cash, beginning of year	**2,727,844**	**2,575,824**
Cash, end of year	**$ 1,990,985**	**$ 2,727,844**
Supplemental disclosure of cash flow information:		
ROU assets, net, implemented under operating lease	$ 2,144,517	-

See notes to financial statements.

REGIONAL PLAN ASSOCIATION, INC.

Notes to Financial Statements
June 30, 2023

Note 1 – Nature of organization

Regional Plan Association, Inc. (the "Association") is a nonprofit regional planning organization that promotes the improvement of the quality of life and economy in the New York, New Jersey and Connecticut tri-state region.

Note 2 – Summary of significant accounting policies

Financial reporting

The Association reports information regarding its financial position and activities in two classes of net assets, which are as follows:

Without donor restrictions

- Operating net assets are used to account for the general activity of the Association.
- Board-designated net assets consist of contributions in connection with the capital campaign and it is the intent of the Association to preserve the principal; however, the donors have granted the Association the flexibility to use the principal at the discretion of the Board of Directors.

With donor restrictions

Net assets with donor restrictions represent expendable gifts and grants received, which are restricted by the donor or pertain to future periods. When the funds are spent, they are released from their restriction. Included in this category are net assets subject to donor-imposed restrictions to be maintained in perpetuity by the Association. However, the Association is permitted to expend the revenue derived from the assets.

Cash equivalents

The Association considers highly liquid assets with original maturities of 90 days or less to be cash equivalents. The Association did not have any cash equivalents as of June 30, 2023 and June 30, 2022.

Investments and investment return

Investments are carried at fair value, which are based on publicly quoted prices. Realized gains and losses on investments and the change in the unrealized value of the investments (unrealized gains or losses) are reflected in the statement of activities. Dividends are recorded on the ex-dividend date.

REGIONAL PLAN ASSOCIATION, INC.

Notes to Financial Statements (continued)
June 30, 2023

Note 2 – Summary of significant accounting policies (continued)

Fair value measurements

Fair value refers to the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The fair value hierarchy gives the highest priority to quoted market prices in active markets and the lowest priority to unobservable data. Fair value measurements are required to be separately disclosed by level within the fair value hierarchy. The Association's investments are all measured using Level 1 inputs, which is the highest level in the hierarchy. Their fair values are based on quoted prices in active markets.

Contributions and net assets released from restrictions

The Association reports contributions as temporarily donor restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor stipulation expires, that is, when a stipulated time restriction ends or the purpose of the restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Pledges receivable

At June 30, 2023, the pledges receivable are expected to be collected as follows:

Fiscal Year	Amount
2024	$ 829,713
2025	89,115
Total	$ 918,828

Allowance for doubtful accounts

The Association deems all pledges receivable to be collectible and, accordingly, does not have an allowance for doubtful accounts for any potentially uncollectible receivables. Such estimate is based on management's experience, the aging of the receivables, subsequent receipts and current economic conditions.

Property and equipment

Property and equipment expenditures of $1,000 or greater, with an estimated useful life of greater than one year, are recorded at cost and are being depreciated or amortized by the straight-line method over their estimated useful lives of the assets or the life of the lease which range from four to ten years.

REGIONAL PLAN ASSOCIATION, INC.

Notes to Financial Statements (continued)
June 30, 2023

Note 2 – Summary of significant accounting policies (continued)

Concentrations of credit risk

The Association's financial instruments that are potentially exposed to concentrations of credit risk consist primarily of cash, investments and pledges receivable. The Association places its cash with what it believes to be quality financial institutions. At times during the year, the bank balances exceeded the FDIC insurance coverage limit. The Association has not incurred any losses in these accounts to date. The Association's investments are exposed to various risks such as interest rate, market volatility, liquidity and credit. Due to the level of uncertainty related to the aforementioned risks, it is at least reasonably possible that changes in these risks could have a material effect on the amounts reported in the statement of financial position as of June 30, 2023. The Association monitors its pledges receivable on an ongoing basis and management believes all pledges are collectible. The Association believes no significant concentrations of credit risk exist with respect to its cash, investments and pledges receivable.

Use of estimates

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

Comparative financial information

The financial statements include certain prior-year summarized comparative information in total but not by net asset class or functional classification. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Association's financial statements for the year ended June 30, 2022, from which the summarized information was derived.

Functional allocation of expenses

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, certain shared costs have been allocated among the program services and supporting activities benefited. Expenses attributable to more than one functional category are allocated based on time and effort.

REGIONAL PLAN ASSOCIATION, INC.

Notes to Financial Statements (continued)
June 30, 2023

Note 2 – Summary of significant accounting policies (continued)

New Accounting Pronouncement

Effective July 1, 2022, the Association adopted FASB ASC 842, *Leases*. The new standard establishes a right of use ("ROU") model that requires a lessee to record an ROU asset, which represents the right to use a respective asset for the lease term, and a lease liability on the statement of financial position at the present value of the remaining future payments due under the lease. In connection with the adoption of FASB ASC 842, the Association has recognized a net ROU asset of $2,144,517 and an operating lease liability of $2,281,293 during 2023. The Association has elected to use a risk-free rate to discount its office lease to its net present value. The Association's reporting for the comparative period presented in the financial statements is in accordance with previous lease accounting standards. The implementation of the standard did not have an impact on the Association`s operating results and cash flows. The Association has elected not to record leases with an initial term of 12 months or less on the combined statement of financial position.

Subsequent events

The Association has evaluated events and transactions for potential recognition or disclosure through September 21, 2023, which is the date the financial statements were available to be issued.

Note 3 – Financial assets and liquidity resources

As of June 30, 2023 and June 30, 2022, financial assets and liquidity resources available for general expenditures within one year of the statement of financial position date, such as operating expenses, were as follows:

	2023	2022
Financial assets		
Cash	$ 1,990,985	$ 2,727,844
Investments, at fair value	3,183,839	2,645,720
Pledges receivable	918,828	728,375
Less: Board-designated net assets without donor restrictions	(1,481,356)	(1,373,066)
Net assets with temporary donor restrictions not expected to be met within one year	(89,115)	(89,115)
Net assets with perpetual donor restrictions	(1,522,920)	(1,436,681)
Total	$ 3,000,261	$ 3,203,077

Endowment draws are Board approved annually. Cash is drawn as needed within the approved budget with careful consideration of receivables and payables. In addition, as of June 30, 2023, the Association had an additional $1,481,356 in funds functioning as endowment, which are available for general expenditure with Board approval as well as a $500,000 line of credit (see note 6) that the Association can draw on as needed.

REGIONAL PLAN ASSOCIATION, INC.

Notes to Financial Statements (continued)
June 30, 2023

Note 4 – Investments

The following is a summary of the investments at June 30, 2023 and June 30, 2022:

	2023		2022	
	Cost	Fair Value	Cost	Fair Value
U.S. Treasuries	$ 149,938	$ 150,443	$ 210,011	$ 210,163
Mutual funds				
Equities	398,907	390,541	324,167	265,435
Fixed income	553,320	536,446	724,104	703,505
Exchange-traded funds	1,937,320	2,106,409	1,424,392	1,466,617
Total	$ 3,039,485	$ 3,183,839	$ 2,682,674	$ 2,645,720

For the years ended June 30, 2023 and June 30, 2022, net investment return consists of the following:

	2023	2022
Interest and dividends	$ 113,882	$ 73,468
Realized gains (losses)	(60,202)	258,861
Unrealized gains (losses)	181,308	(614,303)
Fees	(25,522)	(25,852)
Total	$ 209,466	$ (307,826)

Note 5 – Retirement plan

The Association maintains a defined contribution plan for all eligible employees, as defined by the plan. Contributions are made to the plan based on a percentage of the participating employees' salaries. The pension expense for the years ended June 30, 2023 and June 30, 2022 was $170,369 and $174,374, respectively.

Note 6 – Line of credit

The Association has available through April 17, 2024, a $500,000 secured line of credit with a bank. Any amounts borrowed under the line, require interest at The Wall Street Journal Prime Rate rounded up to the nearest .125% with a floor of 3.75%. At June 30, 2023, there were no amounts outstanding under the line. The line is secured by the assets of the Association.

Note 7 – Operating leases

During September 2016, the Association entered into a ten-year operating lease, for office space for its headquarters in New York City, which expires August 2027. Under the terms of the lease, the Association received a rent abatement for the first four months of the lease term which was effective May 1, 2017, the date the Association took occupancy of the premises. The Association is required to pay a minimum annual rental of $420,210 for the first five years increasing to $465,885 for the remainder of the lease. The Association is also required to pay its proportionate share of the landlord's operating expenses. In connection with the agreement, the Association obtained a $105,053 irrevocable standby letter of credit from a bank in favor of the landlord.

REGIONAL PLAN ASSOCIATION, INC.

Notes to Financial Statements (continued)
June 30, 2023

Note 7 – Operating leases (continued)

The required minimum annual rental payments under the office lease are as follows:

Fiscal Year	Amount
2024	$ 465,885
2025	465,885
2026	465,885
2027	465,885
2028	77,648
Sub-total	1,941,188
Less: present value discount	113,937
Total lease liability	$ 1,827,251

In addition, the Association leases office space in New Jersey under the terms of a five-year lease, expiring January 31, 2024. The lease requires monthly rent of $1,276 for the first 30 months of the lease, increasing to $1,330 a month for the remainder of the lease. The future minimum payments required under the office space lease is $9,310 for the 2024 fiscal year.

Occupancy expense in connection with these leases totaled $500,254 and $475,755 for the 2023 and 2022 fiscal years, respectively.

REGIONAL PLAN ASSOCIATION, INC.

Notes to Financial Statements (continued)
June 30, 2023

Note 8 – Net assets with temporary donor restrictions

Net assets with temporary donor restrictions activities consist of the following for the year ended June 30, 2023:

Description	Balance at June 30, 2022	Support and Investment Return	Net Assets Released from Restrictions	Balance at June 30, 2023
Regional Planning Exchange	$ 800,579	$ 180,000	$ (433,092)	$ 547,487
Peter Herman/Richard Kaplan Chairs	264,378	93,387	-	357,765
Congestion Pricing	143,654	275,000	(137,390)	281,264
NJ Committee	53,550	192,380	(72,152)	173,778
Sandy 10 Resilience	-	339,475	(182,570)	156,905
Desegregate Connecticut	409,682	32,633	(286,384)	155,931
Cornell Atkinson	-	156,850	(12,023)	144,827
Municipal Impacts of Buyouts	-	146,960	(25,024)	121,936
Gateway/Amtrak	-	350,235	(236,166)	114,069
Hudson Valley Housing	45,181	101,000	(66,725)	79,456
NYS Housing Campaign	-	225,000	(159,429)	65,571
Streets and Parks	75,598	-	(20,822)	54,776
Open Streets	14,161	175,000	(137,886)	51,275
Taub Civic Engagement	-	50,000	(4,039)	45,961
Equitable Energy	18,689	25,000	(10,084)	33,605
Leidos	-	62,444	(37,179)	25,265
Brooklyn Greenway User Study	37,599	-	(12,976)	24,623
CEQR MAS	34,967	1,650	(14,521)	22,096
FCCHO – Communications	7,300	75,516	(60,809)	22,007
Eastern Connecticut CHEO	-	25,000	(3,681)	21,319
CT Urban Centers Coalition	13,083	5,000	(3,245)	14,838
Fairfield Connecticut Community	-	25,000	(11,472)	13,528
Transforming CBD's	-	15,000	(2,192)	12,808
Connecting Children to Nature	21,510	-	(12,050)	9,460
Suffolk on Call - Brentwood	-	59,666	(50,983)	8,683
LICF Affordable Housing	-	25,000	(17,648)	7,352
New City Parks	55,853	-	(55,853)	-
NYS Health	48,315	-	(48,315)	-

REGIONAL PLAN ASSOCIATION, INC.

Notes to Financial Statements (continued)
June 30, 2023

Note 8 – Net assets with temporary donor restrictions (continued)

Net assets with temporary donor restrictions activities consist of the following for the year ended June 30, 2023:

Description	Balance at June 30, 2022	Support and Investment Return	Net Assets Released from Restrictions	Balance at June 30, 2023
Costs of Construction	48,039	-	(48,039)	-
Accessible Dwelling Units	46,671	-	(46,671)	-
Congestion Pricing - Health	26,668	-	(26,668)	-
Parking Studies	18,488	-	(18,488)	-
Zoning Atlas for Long Island	15,998	-	(15,998)	-
Long Island Accessible Dwelling Units	15,000	-	(15,000)	-
Move NJ	14,551	-	(14,551)	-
Hudson Valley Resilience 2	12,939	-	(12,939)	-
E&E NYC Issues	11,786	-	(11,786)	-
Metropolitan Index	8,400	-	(8,400)	-
Tech Equity	8,193	-	(8,193)	-
FCCF – FY22	4,662	-	(4,662)	-
FCCHO – Narrative Change	4,436	-	(4,436)	-
Leon Levy Archivist	3,363	-	(3,363)	-
NJ Issues	3,267	35,000	(38,267)	-
Energy Foundation	-	140,000	(140,000)	-
E-commerce	-	50,000	(50,000)	-
New Jersey Transit On - Call	-	21,445	(21,445)	-
NJ Rent	-	7,500	(7,500)	-
New Jersey Humanities	-	16,200	(16,200)	-
New Haven Union Station	-	20,000	(20,000)	-
Flushing Collaborative	-	5,000	(5,000)	-
Hyde and Watson	-	9,000	(9,000)	-
Energy Affordability	-	110,000	(110,000)	-
National Archives	-	12,048	(12,048)	-
NYC Business Improvement District	-	170,000	(170,000)	-
Brooklyn Comprehensive Planning	-	40,000	(40,000)	-
Total	**$2,286,560**	**$3,273,389**	**$(2,993,364)**	**$2,566,585**

REGIONAL PLAN ASSOCIATION, INC.

Notes to Financial Statements (continued)
June 30, 2023

Note 9 - Endowments

The Association reports its restricted net assets in accordance with accounting standards for Endowments and the New York Prudent Management of Institutional Funds Act in administering and managing its endowment assets.

Interpretations

The Association's endowment includes both donor-restricted funds and funds designated by the Board of Directors. As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds, including funds designated by the Association to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Strategies employed for achieving objectives

To satisfy its long-term rate of return objectives which is to maintain the endowment real purchasing power, the Association relies on a total return strategy in which investments returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). To accomplish the Association's investment objectives an asset allocation that utilizes a mix of fixed income and equities in the 35% to 55% range for each category is employed. In addition, both cash and alternative investments will be utilized up to 15% for each category.

Spending policy

The Association has a policy of spending the investment income generated from its perpetually restricted funds, which is allowable under the donor guidelines. Any unspent investment income is added to the balance of net assets with temporary donor restrictions of the appropriate fund. Any unspent investment income generated in connection with the Board-designated funds, remains within the fund.

Net assets with perpetual donor restrictions

The net assets with perpetual donor restrictions activity consists of the following for the year ended June 30, 2023:

Balance at June 30, 2022	$ 1,436,681
Contributions	86,239
Balance at June 30, 2023	$ 1,522,920

Note 10 – Tax status

The Association is exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code (the "Code"). In addition, the Association has been determined by the Internal Revenue Service to be a publicly supported organization and not a private foundation under the meaning of Section 509(a)(1) of the Code.