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990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

| Δ Fo | or the | 2011 calendar year, or tax year beginning , 2011, and | ending | , 20 | | | | | |
|--------------------------------------|--|---|----------------------|--|--|--|--|--|--|
| | | applicable C Name of organization NOPEC INC | - Inding | D Employer identification no. | | | | | |
| _ | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| = | | <u> </u> | T | 26-1476549 | | | | | |
| \equiv | ame ch | | Room/surte | E Telephone number | | | | | |
| = | itial ret | ···· | | (440)248-1992 | | | | | |
| ∐ Te | rminat | | | 0 | | | | | |
| An | nende | ireturn Solon, OH 44139 | | G Gross recelpts \$ | | | | | |
| ☐ Ap | plicati | on pending F Name and address of principal officerCHARLES KEIPER | 11(-) 1- 45 | | | | | | |
| | Same as C above H(a) Is this a group retu | | | | | | | | |
| I Ta | | | | | | | | | |
| J W | ebsite | N/A | If "No," at | filiates included? Yes No ttach a list (see instructions) emption number | | | | | |
| | | organization 🐰 Corporation 🗌 Trust 📗 Association 📗 Other 🕟 L. Year of formation | | e of legal domicile OH | | | | | |
| Par | | Summary | 2007 m 3tat | e of regardoffliche Off | | | | | |
| 1 41 | 1 | * | | | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities PROCURING ELECT | | | | | | | |
| Α | | RELATED PRODUCTS AND SERVICES FOR SALE TO ELECTRIC AND NATURAL | | | | | | | |
| c G t o | | POLITICAL SUBDIVISIONS THAT ARE MEMBERS OF NORTHEAST OHIO PUBL | LIC ENERGY C | COUNCIL | | | | | |
| iv | 1 | | | | | | | | |
| Vе ir | 2 | Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25 | % of its net assets | s | | | | | |
| t n | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 2 | | | | | |
| la en | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 2 | | | | | |
| s c | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | | 5 0 | | | | | |
| 8. | 6 | Total number of volunteers (estimate if necessary) | | 6 | | | | | |
| _ | l _ | · | | | | | | | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a 0 | | | | | |
| | Þ | Net unrelated business taxable income from Form 990-T, line 34 | | 7b 0 | | | | | |
| R | | | Prior Year | Current Year | | | | | |
| e | 8 | Contributions and grants (Part VIII, line 1h) | | 0 | | | | | |
| V | 9 | Program service revenue Part Wilh line 20) | | 0 | | | | | |
| n | 10 | Investment income (Pan VIII) column (At lines 3, 14 and 7d) | | 0 | | | | | |
| u e | 11 | Other revenue (PartiVIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | | | | | |
| e | 12 | Total revenue - add lines & Proggn 12 Chrust equal Part VIII, column (A), line 12) | | | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0 | | | | | |
| <u> </u> | | | | 0 | | | | | |
| 2013 E * | 14 | Benefits paid to or for members (Part IX, column (A) line 4) | | 0 | | | | | |
| SS P | 15 | Salaries, other compensation employee benefits (Part IX, column (A), lines 5-10) | | 0 | | | | | |
| bacot U 6 | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | | | | | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | | | | | | |
| Å. | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 76,882 | | | | | |
| عي _د | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 76,882 | | | | | |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | | (76,882) | | | | | |
| Net Assets Cor Fund Bal- | T | | Beginning of Currer | | | | | | |
| Assets | 20 | Total assets (Part X, line 16) | | | | | | | |
| ec⊑or €∬Fund | 21 | Total liabilities (Part X, line 26) | | 273,727 | | | | | |
| Bal- | 21 | | | 15,155 | | | | | |
| <u> </u> | | Net assets or fund balances Subtract line 21 from line 20 | | 258,572 | | | | | |
| Par | | Signature Block | | | | | | | |
| true, co | penalti orrect | es of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to i and complete. Declaration of preparer (either than of feet) is based on all information of which preparer has any kno | he best of my knowle | edge and belief, it is | | | | | |
| | | | <u>.</u> | 1 | | | | | |
| | | CHARLES KEIPER LANGE W. Teige | | 12-24-2012 | | | | | |
| Sign | 1 | Signature of officer | | Date | | | | | |
| Here | • | CHARLES KEIPER, PRESIDENT | | | | | | | |
| | • | Type or print name and title | | | | | | | |
| | | Print/Type preparer's name Preparer's signature Pate | Check | 7T | | | | | |
| D-11 | J If PTIN | | | | | | | | |
| Paid | | Jim Honsberger Jim Honsberger 12-24-2012 | self-empl | oyed P01337730 | | | | | |
| Prep | | | Firm's EIN | | | | | | |
| Use | Only | Firm's address 22 Leonard Ave | Phone no | | | | | | |
| | | Northfield OH 44067 | | 330-468-5081 | | | | | |
| May t | he IR | S discuss this return with the preparer shown above? (see instructions) | | ∇ Voc. □ No. | | | | | |

| Form | 990 (2011) NOPEC INC |
|------|--|
| Pai | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response to any question in this Part III |
| 1 | Briefly describe the organization's mission |
| | PROCURING ELECTRICITY AND NATURAL GAS AND RELATED PRODUCTS AND SERVICES FOR SALE TO ELECTRIC |
| | AND NATURAL GAS CUSTOMERS IN THOSE POLITICAL SUBDIVISIONS THAT ARE MEMBERS OF NORTHEAST OHIO |
| | PUBLIC ENERGY COUNCIL |
| _ | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | 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? |
| | 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 and section 4947(a)(1) trusts 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 \$ |
| | From a utility. Expenses incurred in developing and administering a grant program for |
| | eligible municipalities and political subdivisions in Northeast Ohio to encourage and support |
| | energy efficiencies in communities. |
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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4~1 | Other program services (Describe in Schedule O) |
| -TU | (Expenses \$ including grants of \$) (Revenue \$) |
| 40 | Total program service expenses b 71 165 |

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 X Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 Did the organization report an amount in Part X, line 21, 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," 9 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more 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 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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, XII, and XIII X 12a 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, XII, and XIII is optional X 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? Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investmetnt, and program service activities outlisde the United States, or aggregate Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 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 its audited financial statements to this return?

Part IV

Checklist of Required Schedules (continued)

No Yes 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 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 24a X Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X Did the organization receive any payment from or engage in any transaction with a controlled entity within the 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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. X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and X 38

| Form | n 990 (2011) NOPEC INC 26-14765 | 549 | Р | age 5 |
|------|---|--------------|-----|-------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response to any question in this Part V | | | . 🗆 |
| | · · | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | , | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1 1 | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | x | |
| 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 | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2ь | х | |
| - | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | - 25 | Α. | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | | 3b | | |
| _ | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 30 | | |
| 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 |
| ь | If "Yes," enter the name of the foreign country | | | |
| _ | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible? | 6a | | X |
| Ь | 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 | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | i i | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. | 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | 1 | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | х |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | f 1 | Х |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | X |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| Ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 1 | | |
| 11 | Section 501(c)(12) organizations. Enter | - | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | - | | |
| - | against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12- | | |
| b | if "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | - | | |
| | | 1 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | ļļ | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| Ь | 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 |] | | |
| C | Enter the amount of reserves on hand | $oxed{oxed}$ | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | X |
| Ь | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 1 14b | | |

| Form | 990 (2011) NOPEC INC 26-14765 | 49 | P | age 6 |
|--------|--|---------------|-----|--------------|
| Pa | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction | ns | | |
| | Check if Schedule O contains a response to any question in this Part VI | | | . X |
| Sec | tion A. Governing Body and Management | | | |
| | · · | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | ĺ |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | If the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1 | | ł |
| 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, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 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 |
| ь | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| • | stockholders, or persons other than the governing body? | 7ь | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | ĺ |
| _ | the year by the following | | | ĺ |
| a L | The governing body? | 8a | X | |
| 0 | 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 | | | 37 |
| Sec | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | <u>X</u> |
| 560 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 100 | Yes | No X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 10a | | <u> </u> |
| _ | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | Х |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | IIa | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | х |
| | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | <u> </u> |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 125 | | - |
| _ | describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | $\overline{}$ | | Х |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | х |
| ь | Other officers or key employees of the organization | 15b | _ | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | | | | |
| | 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 | | X |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply | | | |
| | Own website | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, | | | |
| | and financial statements available to the public during the tax year | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |
| | organization ► LEIGH HERINGTON (440)248-1992 31320 Solon Rd STE 20 Solon, OH 441 | 39 | | |

| Form | 990 | (2011) | |
|------|-----|--------|--|
| | | | |

NOPEC INC

26-1476549

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

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

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

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

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

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

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|---------------------|--|---|------------------------|----------------|--------|---|---------------|---|---|--|
| Name and Title | Average hours per week (describe | box, | unles | eck n s per | son ı | than on s both a | an | Reportable compensation from the | Reportable compensation from related organizations | Estimated amount of other compensation |
| | hours for related organizations in Schedule O) | office I t d nri d s e v t c i e t d e o u r a o I r | I t nr su t s | Office | K e | r/truster H c e m g n p l o n e s n s e t e d | F | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) LEIGH HERINGTON | 2.00 | x | | x | | | | 0 | 0 | • |
| (2) CHARLES KEIPER | 2.00 | A . | - | _^ | - | | | | 0 | 0 |
| PRESIDENT | 4.00 | | | Х | | | | 0 | 0 | 0 |
| (3) | | | | | | | | | | |
| (4) | | | | - | | | | | | |
| (5) | | | | | | | | | ' | |
| (6) | | | - | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | - | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | - | |
| (12) | | | | | | | | | | |
| (13) | | | | - | | | | | | |
| (14) | | | | | | | | | | |
| | | | | | Ь | لـــــــــــــــــــــــــــــــــــــ | $ldsymbol{-}$ | | | |

| | Section A. Officers, Directors, Trustees | ,, _ p | ,, | <u> </u> | 3 | | COIII | P C | saled Employees | (| , | | |
|-------------------------|---|--|--|---|--------------------------------|--------------------------------------|-------------------|--------------------------|--|------------------------------|--------------|---------------------|--------|
| | · (A) | (B) | ł | | |) | | | (D) | (E) | | (F) | |
| | ' Name and Title | Average | (do r | ot ch | | ition more | than or | ne l | Reportable | Reportable | 1 | stimate | |
| | week box (describe off | | | (do not check more than one box, unless person is both an | | | | | compensation from | compensation from related | a | mount o | ÞΥ |
| | | | | | _ | | tor/trustee) | | the | organizations | | npensa | |
| | | hours for related | l t d | l t | | е | Hce ıom | F | organization (W-2/1099-MISC) | (W-2/1099-MISC) | 1 | from th ganızati | |
| | | organizations | dur | | f | У | g mp h p l | r m | , | | a | nd relate | ed |
| | | in Schedule O) | v t c | i t | c e | m | e e o s n y | e r | | | or | ganızatı | ons |
| | | -/ | de o u r | u e t | r | | t s e | | | | | | |
| | | | a o | i | | y | t e | | | | | | |
| | | | | n a | | e | ď | | | | | | |
| (15) | | | | <u> </u> | \vdash | _ | | _ | | | ┼ | | |
| (13) | | | | | | | | | | | | | |
| (16) | | | | | - | ┢ | | | | · | | | |
| , | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | 1 | | |
| | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| | | <u> </u> | ļ | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| <u> </u> | | ļ | | ļ | | | | | | | ļ | | |
| (21) | | | | | | | | | | | | | |
| (aa) | | | | _ | | | | _ | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | ļ | | | _ | _ | | | _ | | ╂—— | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | - | | | | | | | | | | |
| (- 7) | | | | | | | | | | | | | |
| (25) | | | | | - | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b | Sub-total | | | • • | | • | • • • | | | | | | |
| c | Total from continuation sheets to Part VII, Section | 1 A | | | | | | | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | | 0 | 0 | | | 0 |
| 2 | Total number of individuals (including but not limited | to those liste | d abo | ve) ı | who | rocc | eived r | more | than \$100,000 in | | | | |
| | , 5 | | a abo | •0, | | 160 | | | , | | | | |
| | reportable compensation from the organization | | -G abo | •0, | | 160 | | | , | 0 | | | |
| | reportable compensation from the organization | | | | | | | | · | 0 | | Yes | No |
| 3 | reportable compensation from the organization | r trustee, key | empl | oyee | e, or | hıgh | nest co | mpe | ensated | 0 | | Yes | · · · |
| 3 | reportable compensation from the organization Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J | r trustee, key or such indiv | empl | oyee | e, or | hıgh | nest co | mpe | ensated | | 3 | Yes | |
| 3 | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J. For any individual listed on line 1a, is the sum of reports. | r trustee, key or such indiv ortable comp | emploidual | oyee | e, or | high | nest comp | mpe | ensated | | 3 | Yes | |
| 3 | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the sum of reprorganization and related organizations greater than \$ | r trustee, key for such indiv ortable comp 150,000? If " | emploidual ensation | oyee | e, or | high | nest comp | mpe | ensated | | | Yes | х |
| 3 | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of reprorganization and related organizations greater than \$ individual | or trustee, key for such indiv pritable comp 150,000? If " | emple ridual ensation Yes," o | oyee | e, or · · nd o | high · · other · Sch | nest concernedule | ens | ensated ation from the or such | | 3 | Yes | х |
| 3 4 | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J if For any individual listed on line 1a, is the sum of reprorganization and related organizations greater than \$ individual | or trustee, key for such indiversable compensable to the compensable to the compensable of the compensable o | rempleridual ensation | oyee on a comp | e, or nd o plete | high other Sch | nest co | ens ens J fo | ensated | | 4 | Yes | x |
| 3 4 | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J (For any individual listed on line 1a, is the sum of reprogranization and related organizations greater than \$100 individual | or trustee, key for such indiversable compensable to the compensable to the compensable of the compensable o | rempleridual ensation | oyee on a comp | e, or nd o plete | high other Sch | nest co | ens ens J fo | ensated | | | Yes | х |
| 3 4 Sec | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J (For any individual listed on line 1a, is the sum of reportanization and related organizations greater than sindividual | r trustee, key for such indiv ortable comp 150,000? If " mpensation formplete Sche | emple ridual ensation Yes," o from a ridule J | oyee on a comp ny u | nd o | high ther Sch tated | nest co | ompe oens J fo | ensated ation from the or such on or individual | | 4 | Yes | x |
| Sec | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule Jif "Yes," complete this stable for your five highest compensate | r trustee, key for such indivertable compensation for the such that is the | rempli ridual ensation Yes," of from a ridule J | oyee on a comp ny u for | nd colete | high other Sch | nest co | ed n | ensated ation from the or such on or individual more than \$100,00 | | 4 | Yes | x |
| 3 4 5 Sec | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J (For any individual listed on line 1a, is the sum of reportanization and related organizations greater than sindividual | r trustee, key for such indivertable compensation for the such that is the | rempli ridual ensation Yes," of from a ridule J | oyee on a comp ny u for | nd colete | high other Sch | nest co | ed n | ensated ation from the or such on or individual more than \$100,00 | | 4 | Yes | x |
| s s Sec | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J if For any individual listed on line 1a, is the sum of reprorganization and related organizations greater than sindividual | r trustee, key for such indivertable compensation for the such that is the | rempli ridual ensation Yes," of from a ridule J | oyee on a comp ny u for | nd colete | high other Sch | nest co | ed n | ensated ation from the or such on or individual more than \$100,00 | | 4 | Yes (C) | x |
| s Sec | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J (For any individual listed on line 1a, is the sum of reprorganization and related organizations greater than sindividual | or trustee, key for such indivertable composition of the composition of the composition of the composition for the composition | rempli ridual ensation Yes," of from a ridule J | oyee on a comp ny u for | nd colete | high other Sch | nest co | ed n | ensated ation from the or such on or individual onore than \$100,000 r within the organi | 0 of zation's tax | 5 | | x x |
| 3 4 5 Sec | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J (For any individual listed on line 1a, is the sum of reprogranization and related organizations greater than findividual | or trustee, key for such indivertable composition of the composition of the composition of the composition for the composition | rempli ridual ensation Yes," of from a ridule J | oyee on a comp ny u for | nd colete | high other Sch ated n pe | nest co | ed n | ensated ation from the or such on or individual more than \$100,00 r within the organi | 0 of zation's tax | 5 | (C) | x x |
| 3 4 5 Sec | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J (For any individual listed on line 1a, is the sum of reprogranization and related organizations greater than findividual | or trustee, key for such indivertable composition of the composition of the composition of the composition for the composition | rempli ridual ensation Yes," of from a ridule J | oyee on a comp ny u | nd colete | high other Sch ated n pe | nest co | ed n | ensated ation from the or such on or individual more than \$100,00 r within the organi | 0 of zation's tax | 5 | (C) | x x |
| 3 4 5 Sec 1 | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J (For any individual listed on line 1a, is the sum of reprogranization and related organizations greater than findividual | or trustee, key for such indivertable composition of the composition of the composition of the composition for the composition | rempli ridual ensation Yes," of from a ridule J | oyee on a comp ny u | nd colete | high other Sch ated n pe | nest co | ed n | ensated ation from the or such on or individual more than \$100,00 r within the organi | 0 of zation's tax | 5 | (C) | x x |
| 3 4 5 Sec | Did the organization list any former officer, director of employee on line 1a? If "Yes," complete Schedule J (For any individual listed on line 1a, is the sum of reprogranization and related organizations greater than findividual | or trustee, key for such indivertable composition of the composition of the composition of the composition for the composition | rempli ridual ensation Yes," of from a ridule J | oyee on a comp ny u | nd colete | high other Sch ated n pe | nest co | ed n | ensated ation from the or such on or individual more than \$100,00 r within the organi | 0 of zation's tax | 5 | (C) | x x |

Part IX Statement of Functional Expenses

| Section $501(c)(3)$ and $501(c)(4)$ organization | s must complete all columns | All other organizations r | must complete c | olumn (A) bu | t are not |
|--|-----------------------------|---------------------------|-----------------|--------------|-----------|
| required to complete columns (B), (C), and (| D) | | | | |

| | Check if Schedule O contains a response to any que | stion in this Part IX . | | | |
|----------|---|-------------------------|------------------------|---------------------------------------|--------------------|
| Do n | ot include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) | (D) Fundraising |
| 8b, 9 | b, and 10b of Part VIII. | Total expenses | expenses | Management and general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States See Part IV, line 21. | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | · | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | · · · · · | | |
| 5 | Compensation of current officers, directors, | | | - | |
| | trustees, and key employees | | | | |
| 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 | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | - | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 28,233 | 28,233 | | |
| C | Accounting | 5,717 | | 5,717 | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17. | | ; | | |
| f | Investment management fees | | | | |
| 9 | Other | 40,034 | 40,034 | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 2,898 | 2,898 | | |
| 14 | Information technology | | , , , , | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | i | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings | | | | |
| | Interest | | | | |
| 21 22 | Payments to affiliates | | | | |
| 23 | Insurance | | | | |
| 23 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | (1) amount has time the expenses of schedule of | | | | |
| ь | | | | | |
| c | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 76,882 | 71,165 | 5,717 | 0 |
| 26 | Joint costs. Complete this line only if the | 70,002 | ,1,103 | 3,117 | <u> </u> |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and fundraising solicitation. Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |
| | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | · |

| | | | | 1 | (-) |
|------------|----------|---|-------------------|-----|-------------|
| | | • | (A) | | (B) |
| | <u> </u> | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | 1 | 265,111 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | | employees, and highest compensated employees. Complete Part II of | | | |
| | | Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section | | 1 | |
| Α | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| s | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| s | | employees' beneficiary organizations (see instructions) | | 6 | |
| e t | 7 | Notes and loans receivable, net | | 7 | |
| S | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or | | | |
| | | other basis Complete Part VI of Schedule D 10a 8,616 | | 1 1 | |
| i | b | Less accumulated depreciation 10b | | 10c | 8,616 |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 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 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 0 | 16 | 273,727 |
| | 17 | Accounts payable and accrued expenses | | 17 | 15,155 |
| | 18 | Grants payable | | 18 | |
| L | 19 | Deferred revenue | | 19 | |
| ī | 20 | Tax-exempt bond liabilities | | 20 | |
| a h | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| ĭ | 22 | Payables to current and former officers, directors, trustees, key | | | |
| ! | | employees, highest compensated employees, and disqualified persons | | 1 1 | |
| i | | Complete Part II of Schedule L | | 22 | |
| i | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| e s | 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 | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 15,155 |
| | | Organizations that follow SFAS 117, check here ▶ ☒ and complete | | | |
| NF | | lines 27 through 29, and lines 33 and 34. | | | |
| e u t n | 27 | Unrestricted net assets | | 27 | 258,572 |
| d | 28 | Temporarily restricted net assets | | 28 | |
| A s B | 29 | Permanently restricted net assets | | 29 | |
| s a | | Organizations that do not follow SFAS 117, check here ▶ ☐ and | | | |
| e I ta | | complete lines 30 through 34. | | | |
| ta sn | 30 | Capital stock or trust principal, or current funds | | 30 | |
| С | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| o e rs | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| rs | 33 | Total net assets or fund balances | 0 | 33 | 258,572 |
| | 34 | Total liabilities and net assets/fund balances | 0 | 34 | 273,727 |

| Form | 990 (2011) NOPEC INC 26-147654 | 9 | Pa | age 12 |
|------|---|---------|-------|---------------|
| Par | Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response to any question in this Part XI | <u></u> | • • | . X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 76, | 882 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | (76, | 882) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 3 | 35,4 | 454 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, | | | |
| | column (B)) | 2 | 58, | 572 |
| Par | t XII Financial Statements and Reporting | | • | |
| C | Check if Schedule O contains a response to any question in this Part XII | | | . 🗆 |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Cash Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | |
| | Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| Ь | Were the organization's financial statements audited by an independent accountant? | 2b | | Х |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | |
| | issued on a separate basis, consolidated basis, or both | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | ĺ |
| | the Single Audit Act and OMB Circular A-133? | 3a | | X |
| ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3ь | | |
| | EEA | Form | 990 (| 2011) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

| NOI | EC INC | | 26-1476549 |
|-------|--|---|---------------------------------------|
| Pai | Organizations Maintaining Donor Ac | vised Funds or Other Similar Funds o | |
| | the organization answered "Yes" to Form 990, P | | , , , , , , , , , , , , , , , , , , , |
| | - | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | - | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advis | ors in writing that the assets held in donor advised | |
| • | funds are the organization's property, subject to the org | | Yes No |
| 6 | Did the organization inform all grantees, donors, and d | | |
| Ü | used only for charitable purposes and not for the bene | | |
| | purpose conferring impermissible private benefit? . | · · · · · · · · · · · · · · · · · · · | |
| Pa | | f the organization answered "Yes" to Form 990, Part | |
| 1 | ······································ | | iv, line 7. |
| ' | Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation | . — | h |
| | <u> </u> | | |
| | Protection of natural habitat | Preservation of a certified hi | istoric 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 | | F |
| | T. A. L | | Held at the End of the Tax Year |
| a | Total number of conservation easements | | 2a |
| Ь | Total acreage restricted by conservation easements . | | 2b |
| С. | Number of conservation easements on a certified histo | | 2c |
| d | Number of conservation easements included in (c) acq | | |
| | G | • | 2d |
| 3 | Number of conservation easements modified, transferred | ed, released, extinguished, or terminated by the orga | anization during |
| | the tax year | | |
| 4 | Number of states where property subject to conservation | | |
| 5 | Does the organization have a written policy regarding t | - · · · · · · · · · · · · · · · · · · · | |
| _ | violations, and enforcement of the conservation easem | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspe | cting, and enforcing conservation easements during | the year |
| _ | <u> </u> | | |
| 7 | Amount of expenses incurred in monitoring, inspecting | , and enforcing conservation easements during the | year |
| _ | \$ | | |
| 8 | Does each conservation easement reported on line 2(d | · · · · · · · · · · · · · · · · · · · | |
| _ | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIV, describe how the organization reports cons | | |
| | balance sheet, and include, if applicable, the text of the | | hat describes |
| F #70 | the organization's accounting for conservation easeme | | - |
| Pa | | ions of Art, Historical Treasures, or Oth | ner Similar Assets. |
| _ | Complete if the organization answered "Yes" t | | |
| 1a | If the organization elected, as permitted under SFAS 1 | | |
| | art, historical treasures, or other similar assets held for | | ice of public service, |
| | provide, in Part XIV, the text of the footnote to its finance | | |
| b | If the organization elected, as permitted under SFAS 1 | | |
| | historical treasures, or other similar assets held for pub | lic exhibition, education, or research in furtherance of | of public service, |
| | provide the following amounts relating to these items | | |
| | (i) Revenues included in Form 990, Part VIII, line 1. | | |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historic | cal treasures, or other similar assets for financial gail | n, provide the |
| | following amounts required to be reported under SFAS | S 116 (ASC 958) relating to these items | |
| а | Revenues included in Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | · · · · · ▶ \$ |

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

b

8,616

8,616

8,616

26-1476549

| Part VII | Investments - Other Securities. | See Form 990, Part X, line 12 | | |
|-----------------|--|----------------------------------|--|--|
| ı | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua Cost or end-of-year mar | |
| (1) Financial d | erivatives | | | |
| (2) Closely-he | ld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| <u>(I)</u> | | | | |
| | b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII | Investments - Program Related. | See Form 990, Part X, line 13 | | |
| | (a) Description of investment type | (b) Book value | (c) Method of valua Cost or end-of-year mai | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
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| (7) | | | | |
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| (9) | · · · · · · · · · · · · · · · · · · · | | | |
| (10) | | | | ······································ |
| Part IX | b) must equal Form 990, Part X, col (B) line 13) | 45 | | |
| Fart IA | Other Assets. See Form 990, Part X, line | | | |
| (1) | (a) | Description | | (b) Book value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
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| (10) | · · · · · · | | | · · · · · · · · · · · · · · · · · · · |
| | n (b) must equal Form 990, Part X, cot (B) line | 15) | | |
| Part X | Other Liabilities. See Form 990, Part X, I | | | |
| 1. | (a) Description of liability | (b) Book value | | |
| | ncome taxes | | | |
| (2) | | | | |
| (3) | · · · · · · · · · · · · · · · · · · · | | | |
| (4) | | | | |
| (5) | | | - | |
| (6) | | | - [| |
| (7) | | | - | |
| (8) | | | _ | |
| (9) | | | 1 | |
| (10) | | | | |
| (11) | | | | |
| | b) must equal Form 990, Part X, col (B) line 25) | | _ | |
| | C 740) Footnote In Part XIV, provide the text of | the footnote to the organization | 's financial statements that reports th | e |

| | dule D (Form 990) 2011 NOPEC INC | 26-1476549 | Page 4 |
|--------|---|---------------------------------------|--------|
| Par | rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial | Statements | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | - |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | |
| Pai | Reconciliation of Revenue per Audited Financial Statements With Revenue | per Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | . 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | . 2e | |
| 3 | Subtract line 2e from line 1 | . 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| Ь | Other (Describe in Part XIV) | | |
| С | Add lines 4a and 4b | . 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | . 5 | |
| Pai | rt XIII Reconciliation of Expenses per Audited Financial Statements With Expens | es per Return | |
| 1 | Total expenses and losses per audited financial statements | . 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | . 2e | |
| 3 | Subtract line 2e from line 1 | . 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | . 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | . 5 | |
| Par | T XIV Supplemental Information | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines | | |
| and 2 | 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comple | te | |
| this p | part to provide any additional information | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

| Name of the organization | Employer identification number |
|--|--------------------------------|
| NOPEC INC | 26-1476549 |
| | |
| 01. Form 990 governing body review (Part VI, line 11) | |
| | |
| NO REVIEW AT THIS TIME | . <u> </u> |
| | |
| | |
| | |
| 02. Governing documents, etc, available to public (Part VI, line 19) | |
| | |
| UNDER REVIEW BY THE ORGANIZATION | |
| | |
| | |
| 03. Explanation of other changes in net assets or fund balances (Part XI | 1; 5) |
| os. Explanacion of other changes in het assets of fund balances (Part Al | , line 5) |
| BEGINNING FUND BALANCE AFTER REINSTATEMENT OF FEDERAL EXEMPT STATUS AS O | F .TIII.V 20 2011 |
| | 2 0011 20 2011 |
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| 990 | Overflow Statement | 2011 Page 1 |
|----------------------------|--------------------|-----------------------|
| Name(s) as shown on return | | FEIN |
| NOPEC INC | | 26-1476549 |

| Description | 1 | Amount | |
|--------------------------|----|--------|--|
| GRANT ADMINSTRATION FEES | \$ | 4,437 | |
| GRANT AND OTHER MEETINGS | | 6,007 | |
| PROGRAM COSTS | | 29,057 | |
| OTHER | | 533 | |
| Total: | \$ | 40,034 | |