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990 Form

Return of Organization Exempt From Income Tax

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	e 2013 calend	dar year, or tax year begi	nning		, 2013, and e	ndina			, 20
		applicable	C Name of organization NOPE			, ,	- 3		П	Employer Identification no.
	Address	` '	Doing Business As				<u> </u>			26-1476549
$\overline{}$	Name ch	-		x if mail is not delivered to street	addraee)	-	Room/si	Room/suite		Telephone number
二	Initial ret	-	31360 Solon Rd		200,0337		1100111100	1100111130110		(440) 248-1992
二	Terminat			, country, and ZIP or foreign post	al code			1,101,500		
=			Solon, OH 4413		ai Coue					Gross receipts \$
=	Amende				PT DED		_			Gross receipts \$
ш	Applicati	on pending	F Name and address of princi	,	BIFER		H(a)	Is this a gre subordinate	oup retur	n for Yes X No
			Same as C above		7/-3/4)		⊢			
		npt status	501(c)(3) X 501(c) (4) (insert no) 494.	7(a)(1) or 5	527	H(b)	If "No," atta	ordinates ich a list	(see instructions)
_		: ► N/A	<u> </u>		<u>.</u>	·	H(c)	Group exe		
				ociation U Other		. Year of formation 2	007	M State	of legal (domicile OH
Pě	ırt I	Summar								
	1	•	ribe the organization's mis	-						
9			PRODUCTS AND SERV							
Activities & Governance		POLITICA	L SUBDIVISIONS TH	AT ARE MEMBERS	P NORTHEAS	T OHIO PUBL	IC EN	RGY C	OUNC:	IL .
ē					$-\Delta$					
Š	2		oox▶ ☐ if the organization			of more than 25%	% of its n	et assets		_
ಷ	3		oting members of the gov						3	2
ies	4		ndependent voting membe			<u>)</u>			4	2
₹	5		er of individuals employed		art V, line 2a)	×			5	0
Act	6	Total number	er of volunteers (estimate i	f necessary)	· · · · · /›	<u></u>			6	
-	7a	Total unrela	ted business revenue fron	n Part VIII, còlumn (C), lir	e 12 ²				7a	0
	b	Net unrelate	ed business taxable incom	e from Form 990-T, line	34 ./.	<u> </u>	<u></u>		7b	0
Revenue				1 1 40	100		P	rior Year		Current Year
	8	Contribution	s and grants (Part VIII, line	ə 1h) \ \\\\\\\\\\\\\\\\\\\\\\\\\\\						<u> </u>
	9	•	rvice revenue (Part VIII, lin	•	J			300	,000	1,101,500
×e	10	Investment	income (Part VIII, column ((A), lines 3, 4, and 7d) .	/					0
ž	11		ue (Part VIII, column (A), I) —				0
	12	Total revenu	ue - add lines 8 through 11	(must equal Part VIII, co	lumn (A), line 1	2)		300	,000	1,101,500
	13	Grants and	similar amounts paid (Part	IX, column (A), lines 1-3)					0
	14	Benefits par	d to or for members (Part	X, column (A), line 4) .						0
s	15	Salaries, oth	ner compensation, employ	ee benefits (Part IX, colu	mn (A), lines 5-	10) [_				0
nses	16a	Professiona	I fundraising fees (Part IX,	column (A), line 11e) .		[0
र्चः द्व	l b	Total fundra	ising expenses (Part IX, c	olumn (D), line 25) ▶		0				
₽₩	17	Other exper	nses (Part IX, column (A), i	lines 11a-11d, 11f-24e)		[198	,116	779,638
t.	18	Total expen	ses. Add lines 13-17 (mus	st equal Part IX, column (A), line 25)			198	,116	779,638
-	19	Revenue le	ss expenses Subtract line	18 from line 12	<u> </u>			101	,884	321,862
Net Assets or	2						Beginning	of Current	Year	End of Year
Set	20	Total assets	s (Part X, line 16)			[360	,456	794,603
¥ ¥	21	Total liabiliti	es (Part X, line 26)							112,283
•		Net assets of	or fund balances. Subtrac	t line 21 from line 20	<u> <u></u></u>			360	,456	682,320
	art II		ire Block							
∡Unde	r penalti	es of религу, I dec	clare that I have examined this retu claration of preparer (other than offi	m, including accompanying sche	dules and statement	s, and to the best of my l	knowledge	and belief,	ıt ıs	
<u> </u>	COITECL, E	I Complete Det	Jaration of preparer (other transcrip	gy) is basely on all illigination g	AQ -	any knowledge			I	1 15 111
ĔÉ		Char	les Keiper $\bigcup \mathscr{V}$	and Cox	enforce	20			1/	1-13-14
Sig	jn	Signatu	re of officer						Date	
He	re	Char	les Keiper, Presi	dent	<u> </u>					
_		Type or	pnnt name and title							
		Print/Type pr	eparer's name	Preparer's signature		Date		Check	ıf P	TIN
Pa	id	Jim Ho	nsberger _	Jim Honsberger		11-13-2014		self-employ	ed	P01337730
Pre	epare	Firm's name	▶ J HONSBI	RGER AND COMPAN	7		Firm's E	IN ▶	34-	1910433
	e Onl					•	Phone n	0		
				eld OH 44067					30-46	58-5080
May	the IF	RS discuss this	s return with the preparer :		uctions)					🗓 Yes 🗌 No

Form	990 (2013) NOPEC INC 26-1476549 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line 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 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	
	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.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
_	(Code de la Companya
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program continue (Describe in Schedule O.)
4d	Other program services. (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 753,192
40	TOTAL DIOUIGIII SELVICE EXDENSES F /33, 134

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," X 2 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) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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 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 X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 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 Х debt negotiation services? If "Yes," complete Schedule D, Part IV 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 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 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X 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 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

26-1476549 Page 4 Form 990 (2013) NOPEC INC Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior vear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Х 26 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 X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"

 X

31

Х

31

32

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
1a`	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	;		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	•	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
_	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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	4-		x
	account)?	4a	ļ	<u> </u>
b	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.			
-		i	[x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	-	X
b		5c		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- 04		1
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
_	and services provided to the payor?	7a	1 1	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
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			
е	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		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			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	i	1	
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X
0	Section 501(c)(7) organizations. Enter:	İ	1	
а	Initiation fees and capital contributions included on Part VIII, line 12	i	Ī	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ł	
1	Section 501(c)(12) organizations. Enter:		Ī	
a	Gross income from members or shareholders		Ī	
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
_	against amounts due or received from them)		1	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ĺ	1	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	 	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
L	Note. See the instructions for additional information the organization must report on Schedule O.	İ	1	
þ	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	ĺ	1	
С	Enter the amount of reserves on hand	ĺ	1	
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
h	The state of the s	14a	+	+^

om	990 (2013) NOPEC INC 26-1476	549	F	age
Pai	TVI 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 in Schedule O. See instruction	ns		
	Check if Schedule O contains a response or note to any line in the Part VI			. 🛛
Sec	tion A. Governing Body and Management			
			Yes	No
ia	Enter the number of voting members of the governing body at the end of the tax year 1a 2			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2	1	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
5	Did the organization have members or stockholders?	6	-	X
'a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>		-
-	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
3	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		<u> </u>
•				
_	the year by the following: The governing hady?		х	
a	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	١.		١,,
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		r —	_
_			Yes	N
	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,			ĺ
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
la	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 in Schedule O the process, if any, used by the organization to review this Form 990.		-	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	X
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		_
3	Did the organization have a written whistleblower policy?	13		X
4	Did the organization have a written document retention and destruction policy?	14		X
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		[
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ŧ	
	with a taxable entity during the year?	16a	İ	x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1-
_	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	Ī	X
-	tion C. Disclosure	100		
7				
	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an erganization to make its Forms 1022 (or 1024 if applicable), 900, and 900 T (Section 504(a)(2)) and 900 T (Section 504(a)(2)) and 900 T (Section 504(a)(2)) and 900 T (Section 504(a)(2)) and 900 T (Section 504(a)(2)) and 900 T (Section 504(a)(2)) and 900 T (Section 504(a)(2)) and 900 T (Section 504(a)(2)) and 900 T (Section 504(a)(2)) and 900 T (Section 504(a)(2)(2)) and 900 T (Section 504(a)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)			
8	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 made these available. Check all that apply.			
_	Own website Another's website Upon request Other (explain in Schedule O)			
9	Describe in 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.			
0	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n:		
	▶CHARLES KEIPER (440)248-1992, 31360 Solon Rd STE 33, Solon, OH 44139			
EΑ		Form	990	201

Form 990 (201	3) NOPEC INC	26-1476549 Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, I	lighest Compensated Employees, and						
	Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	rees						

- 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.

EEA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) (F) Name and Title Average Position Reportable Reportable Estimated hours per compensation compensation from amount of (do not check more than one veek (list any from related other hours for box, unless person is both an compensation the organizations (W-2/1099-MISC) related organization from the officer and a director/trustee) (W-2/1099-MISC) organizations organization Individual trustee or director below dotted and related organizations (1) LEIGH HERINGTON SECRETARY 0 (2) CHARLES KEIPER X (3) (5) (9) (10)(11) (12)(13)_ (14)

Form 990 (2013)

•	(A) Name and trile	(B) Average hours per week (list any hours for	box, u office	nless and	pers direct	tion ore th on is or/tru			(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) imated ount of other pensation	1
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization I related nizations	
15)													
16)													
17)							·						
18)						•							
19)													
20)													
[21)													
22)													
23)													
[24)													
(25)													
С	Sub-total	ion A .						>		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization								ore than \$100,000) of 0	<u> </u>		
3	Did the organization list any former officer, director			•	-		_		·		3	Yes	No X
4	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of re organization and related organizations greater that	eportable cor	npens	atior	n an	d ot	her co	mpe	ensation from the				
5	Individual	compensation	on fron	n an	y un	rela	ted or	•			5		X X
Section	on B. Independent Contractors												
1	Complete this table for your five highest compens compensation from the organization. Report compyear												
	(A) Name and business address								(B) Description of			C) ensation	
	. auto una saunosa dunosa								2223				

Form 99	0 (20	13) NOPEC IN	C					26-14765	49 Page 9
Part \		Statement of Revenu	le				 		104
•	<u>_</u>	Check if Schedule O contai	ns a respons	e or r	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
ts s	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	[1b	<u>-</u> .	[]	-		
ລັ <u>ເ</u> ອັ <u>ເ</u>	С	Fundraising events	[1c			1		
ar.	d	Related organizations	[1d]	1		
S.E.	е	Government grants (contributions) 1e]			
Sign	f	All other contributions, gifts, g	rants,]	- [
the		and similar amounts not inclu	ded above	1f			ŧ		
E G	g	Noncash contributions includ	ed in lines 1a	1-1f ⁻ \$]			
äÖ	h	Total. Add lines 1a-1f			. •]]			
					Business Code				
Đ.	2a	ADMINISTRATIVE FEE			900099	1,101,500	1,101,500		
646	b					1			-
Program Service Revenue	c								-
	d								
	A								
ogra	f	All other program service reve	nue		- ***				
ď	1	Total. Add lines 2a-2f				1,101,500			
	i —	Investment income (including							
	3	and other similar amounts) .							
	4	Income from investment of tax							
	5	Royalties							
	•	Noyalido	(ı) Real	•••	(ii) Personal				
	6a	Gross rents	(i) real		(ii) i cisoriai	† 1			
	1	Less. rental expenses				1			
	1	Rental income or (loss)	-			1	Ī		
	1	Net rental income or (loss) .				1 1	ţ		Ì
	1		(ı) Secuntie		(II) Other	-			
	/ a	Gross amount from sales of assets other than inventory	(i) decume		(ii) Outer				
	b	Less: cost or other basis and sales expenses]			
	1	Gain or (loss)]			
_	d	Net gain or (loss)							
Other Revenue	8a	Gross income from fundraising	9			1			
Ş.		events (not including \$		_		1			
æ		of contributions reported on lin	ne 1c)						
	ļ	See Part IV, line 18]	1		
ō		Less: direct expenses]			
	C	Net income or (loss) from fund	Iraising even	ts .					
	9a	Gross income from gaming ac							
		See Part IV, line 19]	1		
	b	Less: direct expenses		. b]	†		
	С	Net income or (loss) from gam	ing activities		<u> </u>				
	10a	Gross sales of inventory, less returns and allowances		. а			:		
	h	Less: cost of goods sold				1	‡		
	1	Net income or (loss) from sale			L	† 1			
	—	Miscellaneous Revenue		,	Business Code		· · · · · · · · · · · · ·		
	11a	MISCENARIEOUS REVENUE			Dusiless Code	-	†		İ
	b					+			1
						 			
	d	All other revenue				 			
	l d	All other revenue			L	<u></u>			1

1,101,500

1,101,500

e Total. Add lines 11a-11d . . 12 Total revenue. See instructions

Form 990 (201	NOPEC INC	26-1476549	Page 1
Part IX	Statement of Functional Expenses		
Section 501(c)	ust complete column (A)		

	Check if Schedule O contains a response or note to ar	y line in this Part IX	<u> </u>		<u> </u>
	ot include amounts reported on lines 6b, 7b, b, 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 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			111111111111111111111111111111111111111	• • • • • • • • • • • • • • • • • • • •
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	6,204	6,204		
С	Accounting	15,567		15,567	
d	Lobbying				•
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				1
	(A) amount, list line 11g expenses on Schedule O.)	646,791	646,791		
12	Advertising and promotion				
13	Office expenses	7,442	3,742	3,700	
14	Information technology	479		479	
15	Royaltes				
16	Occupancy				
17	Travel	10,824	10,824		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,630	23,630		
20	Interest				<u>-</u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered	•		<u> </u>	
	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	SPONSORSHIPS AND OTHER	4,100		4,100	
b	MARKET RESEARCH	34,370	34,370		
C	MEMBERSHIP	25,000	25,000		
d	TELEPHONE AND INTERNET	5,231	2,631	2,600	
6	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	779,638	753,192	26,446	0_
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				1
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)			<u> </u>	L

Part X

Balance Sheet

(A) (B) Beginning of year End of year 1 351,840 1 480,002 2 2 3 3 4 4 300,000 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 7 7 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a Less: accumulated depreciation 10b 8,616 10c 14,601 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 360,456 794,603 17 17 112,283 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 Secured mortgages and notes payable to unrelated third parties 23 23 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 25 26 26 0 112,283 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 360,456 27 682,320 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 360,456 33 682,320 360,456 34 794,603

Form	990 (2013) NOPEC INC 2	5-147654	9	Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	<u> </u>	<u>. X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,1	101,	500
2	Total expenses (must equal Part IX, column (A), line 25)	2		779,	538_
3	Revenue less expenses. Subtract line 2 from line 1	3		321,8	362
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	- 3	360,4	156
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		582,S	320
Pa	t 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 in				
	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:			ŀ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	
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.			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
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 in Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		
EEA			Form	990 (2013)

SCHEDULE D . (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013

OMB No 1545-0047

Inspection

Employer Identification number

Open to Public

NOPEC INC 26-1476549 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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. If the organization elected, as permitted under SFAS 116 (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. 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 SFAS 116 (ASC 958) relating to these items:

Schedu	ule D (Form 990) 2013 NOPEC INC					26-14765		Page 2
Par	t III Organizations Maintaining Co	ollections of	Art, Histo	orical Treasu	ıres, or Ot	her Similar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession,	and other record	ds, check ar	y of the followin	g that are a si	gnificant use of its		
	collection items (check all that apply):							
a	Public exhibition	d ∐ L	oan or exch	ange programs				
b	Scholarly research	e 🗌 C	ther					
С	Preservation for future generations							
4	Provide a description of the organization's collection	ctions and explai	n how they	further the organ	nization's exe	mpt purpose in Part		
	XIII.	·	•	•				
5	Dunng the year, did the organization solicit or re	ceive donations	of art, histor	rical treasures, o	r other similar	r		
	assets to be sold to raise funds rather than to be						. Tyes	□No
Par	t IV Escrow and Custodial Arrange			3		<u> </u>		
t	Complete if the organization and		to Form 9	990. Part IV. I	ine 9. or re	ported an amoun	t on Form	
	990, Part X, line 21.				,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for con	tributions or oth	er assets not			
	included on Form 990, Part X?		-				. Tyes	□No
ь	If "Yes," explain the arrangement in Part XIII and						. 🔲 163	I40
	ii roo, oxplain the arrangement in rate xiii arx	a complete are is	mowing tabl	C		Amo	unt	
С	Beginning balance				<u> </u>	1c	unt	
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance							
2a	Did the organization include an amount on Form					1f		<u>Г</u>
b	If "Yes," explain the arrangement in Part XIII. Ch							
71 -171	t V Endowment Funds.	ieck fiele ii iiie e	xpianauon r	ias been provide	ed in Part Alli	• • • • • • • • • • • • • • • • • • • •		<u>· ⊔ _</u>
1 621	Complete if the organization ans	wered "Vec"	to Form 0	000 Part IV/ I	ine 10			
	Complete if the organization and					1		
1-	Pogunaina of year halanea	(a) Current year	(b) Pr	nor year (c)	Two years back	(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance		 -					
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
a	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
T	Administrative expenses							
g	End of year balance		<u> </u>					
2	Provide the estimated percentage of the current		ce (line 1g, c	column (a)) held	as.			
a	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
С	Temporarily restricted endowment >	%						
	The percentages in lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possession	on of the organiz	ation that ar	e held and admi	inistered for th	ne		
	organization by						Ye	s No
	(i) unrelated organizations	• • • • • • • •					3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(II), are the related organizations list	sted as required	on Schedule	R?		· · · · · · · · · · · · · · · · · · ·	3b	
4	Describe in Part XIII the intended uses of the or		owment fund	ds.				
Par	t VI Land, Buildings, and Equipme							
	Complete if the organization ans	wered "Yes"	to Form 9	90, Part IV, I	ine 11a. Se	ee Form 990, Parl	X, line 10	Э.
	Description of property	(a) Cost or	other basis	(b) Cost or other	basis (d	:) Accumulated	(d) Book val	ue
		(inves	tment)	(other)		depreciation		
1a	Land							
b	Buildings	[
С	Leasehold improvements			5,	985		5	,985
d	Equipment			 	616			,616
0	Other							<u> </u>
Total	Add lines 1a through 1e (Column (d) must equ	al Form 990 Pa	rt X. column	(B) line 10(c))	<u> </u>		1.4	601

Part VII	Investments - Other Securities	ed "Ves" to Form 990 Pa	rt IV, line 11b. See Form 990, Part X, line 12.	
		(b) Book value		
•	(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 d	lenvatives			
(2) Closely-he	ld equity interests			_
(3) Other				
(A)				
(B)				
(C)				
(D)				_
(E)				_
(F)				_
(G)				_
(H)				
	must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.		<u> </u>	
Tart vini		ed "Yes" to Form 990. Pa	rt IV, line 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation	_
	(a) Description of investment	(b) book value	Cost or end-of-year market value	
(1)				
(2)				
(3)		-		
(4)				
(5)				
(6)				_
(7)				_
(8)				_
(9)				_
	must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.	<u> </u>	<u> </u>	-
* arc ix		ed "Ves" to Form 990. Pa	rt IV, line 11d. See Form 990, Part X, line 15.	
				_
(1)	(a)	Description	(b) Book value	
(1)				
(2)				
(3)				_
(4)				_
(5)		·		
(6)		<u> </u>		
(8)				
(9)				
	in (b) must equal Form 990, Part X, col. (B) line	15.)	· · · · · · · · · · · · · · · · · · ·	_
Part X	Other Liabilities.			
		ed "Yes" to Form 990, Pa	rt 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)				
(3)				
(4)				
(5)				
(6)				
(7)			-	
(8)		 	-	
(9)		 	-	
) must equal Form 990. Part X, col (B) line 25)		_	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sched	lule D (Form 990) 2013 NOPEC INC	26-1476549	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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	Recovenes of prior year grants		
ď	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
·	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	- 	
c	Add lines 4a and 4b	_{4c}	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	per Keturri.	
_	Total expenses and losses per audited financial statements		
1	, ·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	_	
d	Other (Describe in Part XIII.)	-	
8	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	rt XIII Supplemental Information		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line	4; Part X, line	
2, Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
			· · · · · · · · · · · · · · · · · · ·
			-
	•		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

NOPEC INC 26-1476549 01. Amended return infomation ATTEMPTING TO HAVE FORM 990 EFILED FOR 2012. ORGANIZATION HAD TAX EXEMPT STATUS REVOKED UNTIL JULY 19, 2011 AND HAVE NOT BEEN ABLE TO EFILE A FORM 990 SINCE. HAVE CALLED AND TALKED WITH IRS EFIN AND ALSO WITH OTHER IRS REPRESENTATIVES TO ENSURE THAT THE CALENDAR YEAR PRIOR TO THE REVOCATION IS THE SAME STATUS AS AFTER REINSTATEMENT. 02. Form 990 governing body review (Part VI, line 11) NO REVIEW AT THIS TIME 03. Governing documents, etc, available to public (Part VI, line 19) UNDER REVIEW BY THE ORGANIZATION 04. Explanation of other changes in net assets or fund balances (Part XI, line BEGINNING FUND BALANCE AFTER REINSTATEMENT OF FEDERAL EXEMPT STATUS AS OF JULY 20 2011 ROUNDING FOR 2013 05. List of other fees for services expenses (Part IX, line 11g) VARIOUS FEES AND EXPENSES RELATING TO DEMAND SIDE ENERGY PROGRAMS AND OTHER OPERATIONAL COSTS

990	Overflow Statement		2013 Page 1
Name(s) as shown on return		F	EIN O.C. 145.510
NOPEC INC			26-1476549
Description			Amount
PROGRAM COSTS MYNOPE MUNICIPAL	<u>C</u>		\$ 563,716 33,075
PROGRAM GRANTS			50,000
		Total:	50,000 \$ 646,791
Description			Amount
OFFICE POSTAGE			\$ 7,369 73
ALLOCATED TO MGMT			(3,700)
		Total:	(3,700) \$ 3,742
Description			Amount
ENTERTAINMENT			\$ 2,970
MEETINGS			10,660
REGISTRATION FEES			10,000
		Total:	\$ 23,630
Description ACCOUNTS PAYABLE			Amount \$ 107,954
CHASE CARD			4,329
		Total:	\$ 112,283