For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493309015290

2019

OMB No. 1545-0047

Form **990**

Department of the

Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Open to Public Inspection

		enue Service							Inspection
A F	or th	e 2019 c	alendar year, or tax year begi	nning 01-01-2019 ,and end	ing 12-3	1-2019			
		applicable:	C Name of organization NOPEC INC				D Employe	r identif	fication number
		change					26-1476	549	
□ Na		-	Doing business as				-		
_		n/terminated							
		d return	Number and street (or P.O. box if r 31360 SOLON RD STE 33	nail is not delivered to street address)	Room/su	ite	E Telephone	number	•
□ Ар	plicati	on pending							
			City or town, state or province, cou SOLON, OH 44139	ıntry, and ZIP or foreign postal code					
							G Gross rec	eipts \$ 6	,,767,365
			F Name and address of princip CHARLES KEIPER	al officer:		H(a) Is th	nis a group ret	urn for	
			5.17 W.225 P.21 2.K				ordinates? all subordinate		□Yes ☑No
							uded?	:5	☐ Yes ☐No
I la	x-exer	mpt status:	☐ 501(c)(3) ☑ 501(c)(4) 	(insert no.) \square 4947(a)(1) or	527		lo," attach a li	•	•
J W	ebsit	te: ►				H(c) Grou	up exemption i	านmber	•
						1 V 6 6	2007	M Charles	-611-1
K Forr	n of o	rganization	Corporation Trust Ass	ociation ☐ Other ►		L Year of for		M State OH	of legal domicile:
D	art I	Sum	mary						
1 6			scribe the organization's mission (or most significant activities:					
	1	PROCURIN	IG ELECTRICITY AND NATURAL G	AS AND RELATED PRODUCTS AN					
ce		CUSTOME	RS IN THOSE POLITICAL SUBDIV	ISIONS THAT ARE MEMBERS OF	NORTHEA	AST OHIO PL	IBLIC ENERGY	COUNC	:IL
Tall									
le l	-								
Activities & Governance			is box $\blacktriangleright \square$ if the organization di		osed of m	ore than 25	% of its net as		ı
ಸ	l		of voting members of the governi	- , , , , ,			•	3	5
es	4	Number	of independent voting members o	of the governing body (Part VI, lir	ne 1b) .		•	4	5
ξ	5	Total nur	nber of individuals employed in ca	alendar year 2019 (Part V, line 2	a)		•	5	C
Act	6	Total nur	nber of volunteers (estimate if ne	cessary)				6	
	l		elated business revenue from Pa				•	7a	0
	b	Net unre	ated business taxable income fro	m Form 990-T, line 39		<u> </u>	1	7b	
						Р	rior Year		Current Year
đ	l		ions and grants (Part VIII, line 1h	•	•				(
Ravenue	l	_	service revenue (Part VIII, line 2g				7,300,0	00	6,500,000
P. Vě	10	Investme	ent income (Part VIII, column (A),	lines 3, 4, and 7d)			43,0	77	61,73
	11	Other rev	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			1,0		205,629
	12	Total rev	enue—add lines 8 through 11 (m	ust equal Part VIII, column (A), li	ne 12)		7,344,1	50	6,767,36
	13	Grants ar	nd similar amounts paid (Part IX,	column (A), lines 1-3)			5,926,8	32	6,189,528
	14	Benefits	paid to or for members (Part IX, $\mathfrak c$	column (A), line 4)	•				(
&	15	Salaries,	other compensation, employee b	enefits (Part IX, column (A), line	s 5–10)		11,0	00	27,000
SUS	1 6a	Profession	nal fundraising fees (Part IX, colu	ımn (A), line 11e)	•				(
Expenses	b	Total fund	raising expenses (Part IX, column (D),	line 25) ▶0					
ш	17	Other ex	oenses (Part IX, column (A), lines	11a-11d, 11f-24e)	•		485,3	84	1,276,49
	18	Total exp	enses. Add lines 13–17 (must eq	ual Part IX, column (A), line 25)			6,423,2	16	7,493,020
	19	Revenue	less expenses. Subtract line 18 f	rom line 12			920,9	34	-725,65
Net Assets or Fund Balances						Beginnin	g of Current Ye	ar	End of Year
sets dan	20	Total	ots (Part V. lina 16)				6 100 7		0 566 13
Ass HB:	l		ets (Part X, line 16)		•		6,109,7	_	8,566,12
ĕ.ĕ.	l			21 (3,880,9	_	7,024,130
			s or fund balances. Subtract line	21 from line 20	•		2,228,7	99	1,541,98
	rt II		ature Block erjury, I declare that I have exan	nined this return, including accor	mpanying	schedules ai	nd statements	and to	the best of my
know	edge	and belie	f, it is true, correct, and complete						
any k	nowle	edge.							
		*****	*			20	020-07-10		
Sign		Signat	ure of officer			D.	ate		
Here		CHARL	ES KEIPER PRESIDENT						
			r print name and title						
		P	rint/Type preparer's name	Preparer's signature		ate		TIN	
Paid	t				2	0_0 _1 0 .	heck 🔲 if Pi elf-employed	0133773	U
Pre		er 🕝	irm's name ► ADVANTAGE TAX GRO	DUP LLC - NTF			rm's EIN ▶ 14-1	862861	
Use		H	irm's address ► 153 E AURORA ROAD	- LAKESIDE		ni ni	hone no. (330) 4	67-8722	
		· '					none no. (330) 4	J, U/JJ	
			NORTHFIELD, OH 44						
May t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions) .				✓ \	Yes 🗌 No

Cat. No. 11282Y

Form 990 (2019)

Form	990 (2019)					Page 2
Pa	rt III Statem	ent of Program Service	e Accomplis	hments		
	Check if S	Schedule O contains a respo	nse or note to a	any line in this Part III .		🗆
1		the organization's mission:		•		
		ITY AND NATURAL GAS AND BDIVISIONS THAT ARE MEME			FOR SALE TO ELECTRIC AND NATUI ERGY COUNCIL	RAL GAS CUSTOMERS IN
2	Did the organiza	tion undertake any significa	nt program ser	vices during the year wi	hich were not listed on	
	the prior Form 9	90 or 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe	e these new services on Sch	edule O.			
3		tion cease conducting, or ma		changes in how it condu	ıcts, any program	
		e these changes on Schedule				☐ Yes ☑ No
4	Describe the org Section 501(c)(3	janization's program service	accomplishmerns are required	to report the amount of	largest program services, as measu of grants and allocations to others, t	
4a	(Code:) (Expenses \$	7,240,089	including grants of \$) (Revenue \$)
	See Additional Data		.,,		, (,
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program s	services (Describe in Schedu	le O.)			
	(Expenses \$	•	ding grants of	\$) (Revenue \$)
4e	Total program	service expenses ▶	7,240,0	<u> </u>		· · · · · · · · · · · · · · · · · · ·

rm 990 (2019) Page 3									
Checklist of Required Schedules									
To the association described in continue 501/a)/2) or 4047/a)/1) (ather than a private foundation)? If "Vec " complete		Yes	No						
Is the organization described in section 501(c)(3) or 494/(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No						
Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🥞	2	Yes							
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No						
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? <i>If "Yes," complete Schedule C, Part II</i>	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, Part III	5		No						
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? <i>If "Yes," complete Schedule D,</i> Part	6		No						
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		No						
Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No						
Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No						
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No						
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.									
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes							
Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No						
Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No						
Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No						
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No						
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No						
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No						
Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No						
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No						
Did the organization maintain an office, employees, or agents outside of the United States?	14a		No						
Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No						
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No						
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No						
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		No						
	The complete of the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Is the organization as exction 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, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 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 III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a relate	The Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) programment of the section of	The Checklist of Required Schedules Yes						

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

18

19

20a

20b

21

Yes

Form **990** (2019)

Nο

Nο

Nο

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?

18

19

Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Da	Statements Regarding Other IRS Filings and Tax Compliance			

Yes

Yes Form **990** (2019)

7

0

1c

1a

1b

No

Check if Schedule O contains a response or note to any line in this Part V $\,$.

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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 .

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			No
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE	BAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	ation 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?	s were 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as 7 g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	Form 7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b				
11	Section 501(c)(12) organizations. Enter:			
a b				
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? 12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	' ' 13a		
	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			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		-140
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or parachute payment(s) during the year?			No
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		No
	1. 132, 33 inplace Form 1720, 36 include Of	1 1		

Pa	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🔽			
Se	ction	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 2 1a 5						
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O.						
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 5						
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee?	2		No			
3		he organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .							
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No			
6		he organization have members or stockholders?	6		No			
7a		he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No			
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one other than the governing body?	7b		No			
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:						
а	The g	poverning body?	8a	Yes				
b	Each	committee with authority to act on behalf of the governing body?	8 b	Yes				
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)				
				Yes	No			
		he organization have local chapters, branches, or affiliates?	10a		No			
	and b	es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, oranches to ensure their operations are consistent with the organization's exempt purposes?	10b					
	form?		11a	Yes				
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990						
		he organization have a written conflict of interest policy? If "No," go to line 13	12a		No			
	confli		12b					
С		he organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c					
13	Did th	he organization have a written whistleblower policy?	13		No			
14		he organization have a written document retention and destruction policy?	14		No			
15		he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The o	organization's CEO, Executive Director, or top management official	15a		No			
b	Other	r officers or key employees of the organization	15b		No			
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No			
b	in joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	_					
_		· · · · · · · · · · · · · · · · · · ·	16b					
<u>Se</u> 17		C. Disclosure he states with which a copy of this Form 990 is required to be filed▶						
18	Section	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.						
		Dwn website Another's website Upon request Other (explain in Schedule O)						
19	Descr	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest ,, and financial statements available to the public during the tax year.						
20	State	the name, address, and telephone number of the person who possesses the organization's books and records: ARLES KEIPER 31360 SOLON RD STE 33 SOLON, OH 44139 (440) 248-1992						
					0 (201)			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(Ñ-2/1099- MISC)	organization and related organizations
(1) ALAN SHREIBER BOARD MEMBER	0.00	Х						5,000	0	0
(2) JAN TULLY BOARD MEMBER	0.00	х						5,000	0	0
(3) LEIGH HERINGTON SECRETARY	2.00			×				5,000	0	0
(4) CHARLES KEIPER PRESIDENT	6.00 0.00			×				5,000	0	0
(5) THOMAS CHEMA CHAIR	0.00			×				7,000	0	0
										Farma 000 (2010)
										Form 990 (2019)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

	(A) Name and title Average hours per week (list any hours			ne b	ox, u n of	t che inles ficer	eck moss pers and a	son	Repor comper from organi	(D) (E) sportable spensation compensation organization -2/1099- (W-2/109		5	Estima amount o compens	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	W-2/ MIS		(W-2/1099- MISC)		organizati relat organiza	ed
												+		
												+		
c T	Sub-Total	Part VII, Section	Α.				*			27,000		0		0
2	Total number of individuals (includin of reportable compensation from the	g but not limited	to thos			bov€	e) who	rece	eived more	e than \$	100,000			
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e	mplo •	oyee, o	or hi	ghest com	pensate	d employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										m the	_		
5	Did any person listed on line 1a rece services rendered to the organization		•			•			_	on or inc	lividual for	4		No
	ection B. Independent Contrac	<u> </u>		Cuarc	. 5 ,0	, 50	icii pei	3011			• • •	5		No
1	Complete this table for your five high from the organization. Report compe	nest compensate										mpens	sation	
		(A) and business addre		7							(B) cription of services		(C Comper	

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

compensation from the organization \blacktriangleright

orm 9			of F	Pavarus						Page 9
Part	VIII				resno	onse or note to any	line in this Part VIII			\sqcap
				3 501160113 6	, 55 p s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, s	1a	Federated campa	igns	[1 a					022 021
Contributions, Gifts, Grants and Other Similar Amounts	Ł	• Membership dues	s .	. [1 b					
Gr.	(Fundraising even	ts .	. [1c					
ifts, ar A	(d Related organiza	tions	; <u> </u>	1 d					
S, G m∷		Government grants		Ŀ	1e					
ion r Si	f	 All other contributio and similar amounts 			1f					
ibut ithe	١,	above Noncash contributio	ns in	cluded in						
ad O		lines 1a - 1f:\$		L	1 g					
<u>ಕ ಬ</u>	<u>ן</u>	h Total. Add lines	1a-1	f	•	>				
	_	A DAMANICED ATTIVE FEE	-			Business Code	6,500,000	6,500,000		
æ	2a	ADMINISTRATIVE FEI	E			900099	5,555,555	3,233,233		
Program Service Revenue	b									
eg.										
ĸ	С									
% - 38 −	d									
gran	e									
<u>چ</u>						+				
		All other program								
		Total. Add lines 2 Investment income				nterest and other	1	Τ		
	s	imilar amounts) .	٠			•	61,736	61,736		
		Income from invest Royalties		it of tax-exer	npt bo	ond proceeds				
	•	toyantes ! ! !	· 	(i) Rea	<u>.</u>	(ii) Personal				
	6a	Gross rents	6a]			
		Less: rental					-			
	_	expenses Rental income	6b							
		or (loss)	6с]			
	d	Net rental income	or (<u> </u>				
	7a	Gross amount		(i) Securit	ties	(ii) Other	-			
	<i>,</i>	from sales of assets other	7a							
	b	than inventory Less: cost or					_			
	D	other basis and sales expenses	7b							
	_	Gain or (loss)	7c				1			
		Net gain or (loss)	ш				1			
a		Gross income from fu (not including \$	ındrai	ising events of						
eu n		contributions reporter		line 1c).						
ev.		See Part IV, line 18			8a		_			
Other Revenue		Less: direct expen Net income or (los			ng ev	ents	J			
	_									
		Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b]			
	С	Net income or (los	s) fr	om gaming a	ctivit	ies 🕨	1			
	10 a	Gross sales of inve	entor	ry, less						
		returns and allowa			10a		_			
		Less: cost of good Net income or (los			10b		J			
		Miscellaneo			iii v Ciii	Business Code				
	11	aSTEP FEES				900099	5,629	5,629		
	h					900099	200,000	200,000		
	D	SPECIAL NEXTERA	4 GR	ANT		300095	200,000	200,000		
	C									
	d	All other revenue	•							
	е	Total. Add lines 1	1a-1	l1d		•	205,629)		
	12	Total revenue. S	ee ir	nstructions .	_ •	• • • •	6,767,365	6,767,365	(0
										Form 000 (2010)

	n 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns	All other organization	ns must complete colu	ımn (A)
	Check if Schedule O contains a response or note to an		=		🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,189,528	6,189,528	g	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	27,000	13,500	13,500	
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				
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees):				
	a Management				
	Legal	59,810	29,905	29,905	
	Accounting	16,126	16,126	,	
	d Lobbying		,		
	e Professional fundraising services. See Part IV, line 17				
		7,639		7,639	
	Investment management fees		404 973	7,039	
g	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	494,872	494,872		
12	Advertising and promotion				
13	Office expenses	1,838	919	919	
14	Information technology	2,207	1,104	1,103	
	Royalties	·			
	Occupancy				
		23,178	11,589	11,589	
	Travel	23,178	11,369	11,369	
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	65,828	32,914	32,914	
20	Interest				
21	Payments to affiliates	286,071	286,071		
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
	a SPONSORSHIPS AND OTHER	6,898	6,898		
	b TRAINING	725	363	362	
	c MEMBERSHIP	1,300	1,300		
	d SHARED SERVICES	310,000	155,000	155,000	
	e All other expenses				-
	Total functional expenses. Add lines 1 through 24e	7,493,020	7,240,089	252,931	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				
					Form 000 (2010)

Form 990 (2019)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 End of year

5

6

7

8

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

60.658

1,406,911

6,109,751

247,784

3,633,168

3.880.952

2,228,799

2,228,799

6,109,751

-54 9 Page 11

5,456 716,016

366.487

21,850

1,456,315

8,566,124

6,622,342

204,367

197,427

7.024.136

1.541,988

1,541,988

8,566,124

Form 990 (2019)

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

Notes and loans receivable, net

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

			1
Cash-non-interest-bearing	60,793	1	
Savings and temporary cash investments	1,681,443	2	6
Pledges and grants receivable, net		3	
Accounts receivable, net	2,900,000	4	

8,616

8,616

Beginning of year

3	Pleages and grants receivable, net	
4	Accounts receivable, net	2,900,00
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
6		

10a

10b

Form	990 (2019)				Page 12
Pa	tXI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,767,365
2	Total expenses (must equal Part IX, column (A), line 25)	2			,493,020
3	Revenue less expenses. Subtract line 2 from line 1	3			-725,655
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,228,799
5	Net unrealized gains (losses) on investments	5			19,905
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			18,939
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,541,988
Pa	TXII 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:				
	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	ı	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	ı	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

Form **990** (2019)

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. 3b

Additional Data

Software ID:

Software Version: **EIN:** 26-1476549

Name: NOPEC INC

Form 990 (2019) Form 990, Part III, Line 4a:

EXPENSES INCURRED IN DEVELOPING AND ADMINISTERING A GRANT PROGRAM FOR FLIGIBLE MUNICIPALITIES AND POLITICAL SUBDIVISIONS IN NORTHEAST OHIO TO ENCOURAGE AND SUPPORT ENERGY EFFICIENCIES IN COMMUNITIES AND RELATED PROPRIETARY MARKET MATTERS AND OTHER COMMERCIAL MUNICIPAL ASSISTANCE

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

DLN: 93493309015290

OMB No. 1545-0047

Supplemental Financial Statements

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

▶ Attach to Form 990.

(Form 990)

	all Revenue Service Solution and the latest info	ormatio	on. Inspection	
	me of the organization	Emp	ployer identification number	
NOF	PEC INC	26-	1476549	
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds			_
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.		(1) 5	_
1	(a) Donor advised funds		(b) Funds and other accounts	_
2	Total number at end of year			_
3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)			_
	Aggregate value at end of year			_
4		1	6 1 11	_
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a organization's property, subject to the organization's exclusive legal control?		runds are the Yes No	,
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?			•
Pai	rt II Conservation Easements.			_
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.			_
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (e.g., recreation or education) Preservation of a	n histor	rically important land area	
	☐ Protection of natural habitat ☐ Preservation of a	certifie	ed historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the foreasement on the last day of the tax year.	orm of a	a conservation Held at the End of the Year	_
а	Total number of conservation easements	2a	I I I I I I I I I I I I I I I I I I I	-
b	Total acreage restricted by conservation easements	2b		-
С	Number of conservation easements on a certified historic structure included in (a)	2c		1
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ▶	the or	ganization during the	
4	Number of states where property subject to conservation easement is located >		_	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	of viol	ations, Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conserv		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse	rvation	easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	170(h)((4)(B)(i)	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experience sheet, and include, if applicable, the text of the footnote to the organization's financial states the organization's accounting for conservation easements.		atement, and	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Otl Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	her Si	milar Assets.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or research in provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	further		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in furt following amounts relating to these items:			

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Pari	3111	Organizations Ma	aintaining Col	lections of Ar	t, Histor	ical T	reası	ires, or	r Other	Similar A	ssets (cont	tinued)
3		the organization's acq (check all that apply):		n, and other reco	rds, check	any of	the fo	llowing t	hat are a	significant	use of its co	llection
а		Public exhibition			d		Loan	or excha	ange prog	ırams		
b		Scholarly research			е		Othe	r				
c		Preservation for future	e generations									
4	Provide Part	de a description of the	_	lections and expl	ain how th	ey furt	her the	e organiz	zation's ex	kempt purpo	ose in	
5	Durin	ig the year, did the organs to be sold to raise fur									☐ Yes	□ No
Par	t IV	Escrow and Cust	odial Arrange	ments								
. u		Complete if the org X, line 21.			Form 990), Part	: IV, li	ne 9, oi	r reporte	ed an amo	unt on Forr	n 990, Part
1a		e organization an agent ded on Form 990, Part)									☐ Yes	□ No
b	If "∨e	es," explain the arrange	ment in Part VIII	and complete th	e following	ı tahla:		[Amount	
C		nning balance			_	•			1c			
d	_	ions during the year .						ŀ	1d			
e		butions during the year .						1	1e			
f								1	1f			
•		ng balance										
2a		he organization include									_	∐ No
b		es," explain the arrange		. Check here if th	e explanat	tion has	s been	provided	d in Part :	XIII	Ш	
Pa	rt V	Endowment Fund			E 000	S D	TV / 1:	10				
		Complete if the org	ganization ansv	vered "Yes" on (a) Current year		Prior yea			rears back	(d) Three ve	ears back (e)	Four years back
1 a	Beainn	ing of year balance .		(a) carrent year	(5)	11101 700	-	(0) 1110)	caro back	(a) imac ya	are back (c)	Tour yours buck
	-	outions										_
		/estment earnings, gair	ns and losses									
		or scholarships	·									
		expenditures for facilitie										
		ograms	c 5									
f	Admini	istrative expenses .										
g	End of	year balance										
2		de the estimated perce	•	ent year end bala	nce (line 1	.g, colu	mn (a)) held a	s:			
а	Board	d designated or quasi-e	ndowment >									
b	Perm	anent endowment ►										
С	Temp	orarily restricted endov	wment ►	***************************************								
	The p	ercentages on lines 2a	, 2b, and 2c shou	ıld equal 100%.								
3а		here endowment funds nization by:	not in the posses	ssion of the organ	ization tha	at are h	eld an	d admini	istered fo	r the		Yes No
	(i) ur	nrelated organizations									3a(i)	
b		elated organizations .es" on 3a(ii), are the rel						• •			3a(ii) . 3b)
4	Descr	ribe in Part XIII the inte	ended uses of the	organization's er	ndowment	funds.						'
Par	t VI	Land, Buildings,										
		Complete if the or										
	Descri	iption of property	(a) Cost or ot (investme		Cost or othe	r dasis (otner)	(c) Acc	umulated (lepreciation	(a) i	Book value
1 a	Land											
b	Buildin	gs										
С	Leaseh	old improvements										
d	Equipn	nent					8,616			8,616		
e	Other											
		lines 1a through 1e. (C	olumn (d) must i	equal Form 990. I	Part X. colu	ımn (B) line	10(c))		•		

Part VII Investments—Other Securities.	Part TV li	ne 11h See Form 990 [Part V line 1	2
Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	(b) Book value		d of valuation:	_
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	art IV, li	(b) Book value	(c) Method Cost or end-	.3. d of valuation: of-year market alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.		<u> </u>		
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description	art IV, lir	ne 11d. See Form 990, Par		Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.	<u></u>		•	
Complete if the organization answered 'Yes' on Form 990, Pa 1. (a) Description of liability		e 11e or 11f.See Form	990, Part X,	line 25. (b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) 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	e to the or	ganization's financial state	ments that ren	oorts the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h				

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

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

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Other (Describe in Part XIII.)

Page 4

1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a а 2b 2c

2d

2e

Schedule D (Form 990) 2019

3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b . . . Other (Describe in Part XIII.) 4b b

Add lines **4a** and **4b** 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Schedule D (Form 990) 2019

Part XIII Supplemental Information

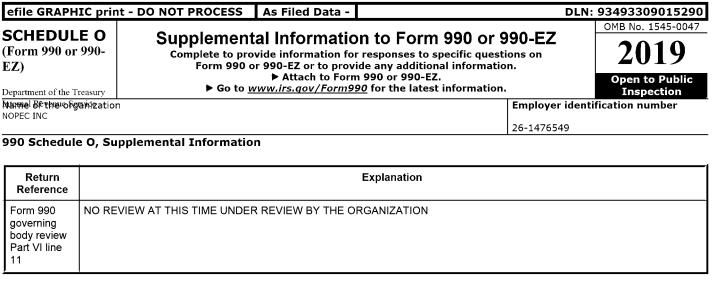
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Return Reference Explanation

Schedule D (Form 990) 2019 Part XIII Supplemental Infor	Page 5	
Return Reference	Explanation	
		Schedule D (Form 990) 2019

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Schedule I		Grants and	Other Accietance	o to Organiz	ations		c	MB No. 1545-00	47
(Form 990)	_		Other Assistance	_	•			2019	
	(Governments	and Individuals	s in the Unite	d States			4019	
	Coi	mplete if the organiz	ation answered "Yes," o		, line 21 or 22.			Open to Public	
Department of the		► Go to www	Attach to Form w.irs.gov/Form990 for		on			Inspection	
Treasury Internal Revenue Service		P G0 t0 <u>ww</u>	<u>w.ns.gov/101111990</u> 101	the latest illioi mati	on.				
Name of the organization							Employer identific	ation number	
NOPEC INC							26-1476549		
Part I General Informa	ation on Grants	and Assistance							
that received more t	to award the grants anization's procedure Assistance to Dom than \$5,000. Part II	or assistance? es for monitoring the us estic Organizations a can be duplicated if add	se of grant funds in the Un ind Domestic Governme ditional space is needed.	ited States. nts. Complete if the o	rganization answered "Yes	s" on Forn		T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of ash assistance	(h) Purpose o or assistance	r grant
(1) VARIOUS SEE ATTACHED LISTING 31360 SOLON RD SUITE 33 SOLON, OH 44139			6,189,528		CALCULATION	NONE		ENERGY EFFIC AND OTHER	IENCIES
2 Enter total number of section	on 501(c)(3) and go	vernment organizations	s listed in the line 1 table .				▶ _		178
3 Enter total number of other	r organizations listed	d in the line 1 table .					▶		
For Paperwork Reduction Act Notic	e. see the Instruction	ns for Form 990.		Cat. No. 5005	 5P		Sch	edule I (Form 990) 2019

Part III can be duplicated if add	tional space is needed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1)					
2)					
3)					
4)					
5)					
6)					
7)					
Part IV Supplemental Informa	tion. Provide the informa	ation required in Part I,	line 2; Part III, colum	nn (b); and any other addition	al information.
Return Reference Explana	ntion				



990 Schedule O, Supplemental Information Return Explanation Reference Governing AVAILABLE UPON REQUEST documents etc available to public Part VI line 19

990 Schedule O, Supplemental Information

D - 4....

Reference	Explanation	l
Explanation of other changes in net assets or fund balances Part XI line 9	BEGINNING FUND BALANCE AFTER REINSTATEMENT OF FEDERAL EXEMPT STATUS AS OF JULY 20 2011 ROUNDING FOR 2013	

Funlamation

Return Explanation
Reference

990 Schedule O, Supplemental Information

List of other	VARIOUS FEES AND EXPENSES RELATING TO DEMAND SIDE ENERGY PROGRAMS AND OTHEROPERATIONAL COSTS
fees for	
services	
expenses	
Part IX line	
11g	