PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 06-84-86

Form **990** Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

AF	or th	e 2017 calendar year, or tax year beginning and	l ending		
B c a	heck if pplicab	le: C Name of organization		D Employer identific	ation number
X	Addre	PSS NPOWER INC.			
	Name			13-43	145441
	Initial		Room/suite	E Telephone number	
	Final returr	99 WALL STREET	350	212-	564-7010
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,396,684.
	Amer	NEW IORK, NI 10005		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: DEKITINA CECCAREDIT		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		tempt status: $X = 501(c)(3) = 501(c)() $ (insert no.) $4947(a)(1)$	or 527	1 , , , , , , , , , , , , , , , , , , ,	list. (see instructions)
		ite: NPOWER.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 2000 N	I State of legal domicile: NY
Pa	rt I	Summary	20115511		
e	1	Briefly describe the organization's mission or most significant activities:	SCHEDU		
anc					
ern	2	Check this box if the organization discontinued its operations or dispo			ets. 22
200	3 4				22
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4 5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a)			597
ties	6	Total number of volunteers (estimate if necessary)			0
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		10,903,115.	10,918,738.
nu	9	Program service revenue (Part VIII, line 2g)		1,042,280.	1,224,311.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,204.	4,350.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-106,448.	-72,716.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,848,151.	12,074,683.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,148,067.	9,218,361.
sus		Professional fundraising fees (Part IX, column (A), line 11e)		0.	12,000.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) <b>•</b> 738, 7		0 520 460	0 645 070
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,538,469.	2,645,978.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,686,536.	11,876,339.
	19	Revenue less expenses. Subtract line 18 from line 12		2,161,615.	198,344.
ts or inces		Table seads (Dath ) ( line 40)		ginning of Current Year 5 , 238 , 696 •	<u>End of Year</u> 5,508,313.
Net Assets ( Fund Balanc	20	Total assets (Part X, line 16)		578,646.	<u> </u>
let A	21	Total liabilities (Part X, line 26)		4,660,050.	4,858,394.
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		=,000,030•	4,030,394.

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

		· · · · ·		
Sign	Signature of officer		Date	
Here	BERTINA CECCARELLI, CEC	)		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN
Paid	ELLEN M. LABITA, CPA			¹⁷ self-employed <b>P00140777</b>
Preparer	Firm's name BAKER TILLY VIRCH	HOW KRAUSE, LLP	Firm's	EIN 39-0859910
Use Only	Firm's address 125 BAYLIS ROAD	SUITE 300		·
	MELVILLE, NY 1174	47	Phone	no.631.752.7400
May the I	RS discuss this return with the preparer shown abov	ve? (see instructions)		X Yes No
700001 11 0	a	a and the concrete instructions		Form 990 (2017)

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

Form	1990 (2017) NPOWER INC. 13-4145441	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	NPOWER IS A NATIONAL NONPROFIT THAT CREATES PATHWAYS TO ECONOMIC	
	PROSPERITY BY LAUNCHING DIGITAL CAREERS FOR MILITARY VETERANS AND YOUNG ADULTS FROM UNDERSERVED COMMUNITIES.	
	TOONG ADOLIS FROM UNDERSERVED COMMONITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		XNo
	If "Yes," describe these new services on Schedule O.	
3		XNo
	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, a	nd
	revenue, if any, for each program service reported.	211
4a	(Code:) (Expenses \$9,699,956. including grants of \$) (Revenue \$1,224, TECH FUNDAMENTALS IS A 22-WEEK CLASSROOM AND INTERNSHIP TRAINING	<u>311.</u> )
	PROGRAM FOR YOUNG ADULTS BETWEEN THE AGES OF 18 AND 25 AND MILITARY	
	VETERANS THAT RESULTS IN CAREER ENHANCING OPPORTUNITIES INCLUDING JO	BS.
	TECHNICAL CERTIFICATION AND QUALIFICATION FOR HIGHER EDUCATION. IN	201
	2017, THE PROGRAM OPERATED IN NEW YORK (BROOKLYN AND HARLEM), NEW	
	JERSEY (JERSEY CITY), TEXAS (DALLAS), MARYLAND (BALTIMORE), MISSOURI	
	(ST. LOUIS) AND CALIFORNIA (SAN JOSE) AND PROVIDED THE	
	INDUSTRY-RECOGNIZED COMPTIA A+ CERTIFICATION.	
	ADVANCED CERTIFICATIONS ARE ACCELERATED TRAINING PROGRAMS FOR MORE	
	ADVANCED IT COURSEWORK INCLUDING CYBERSECURITY, CODING AND ENTERPRIS	
4b	SERVICE MANAGEMENT. EACH PROGRAM PATH OFFERS FREE HANDS-ON TRAINING	<u>،</u>
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ►       9,699,956.	
		<b>990</b> (2017)

SEE SCHEDULE O FOR CONTINUATION(S)

Form	990 (2017) NPOWER INC. 13-414	5441	Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Δ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schodule C. Dart III	19		x

Form **990** (2017)

Form	990 (2017) NPOWER INC. 13-414	45441	P	_{age} 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. <b>20</b> a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. <b>20</b> b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K. If "No", go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds?	24C		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.54		
, N	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."			
	complete Schedule L, Part II	26		х
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 entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28c</b>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
9E -	Part V, line 1		Δ	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>		- 23
U	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)2. If "Yes." complete Schedule D. Dert V. line 2.	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 330		
50		36		х
37	If "Yes," complete Schedule R, Part V, line 2	. 50		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
-	Note. All Form 990 filers are required to complete Schedule O	. 38	х	
			000	(0017)

Form **990** (2017)

Form	990 (2017) NPOWER INC.		13-4145	441	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	73			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re		aming			
Ŭ	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			10		
Lu	filed for the calendar year ending with or within the year covered by this return	2a	597			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returned in the second sec	· · · · ·		2b	х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instruction					
39				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other			00		<u> </u>
ти	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
Ь	If "Yes," enter the name of the foreign country:	accounty:		ти		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (F				
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.			<u>5a</u> 5b		X
				50 5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			50		
Ua				6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			Ua		
D				6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provid	ad to the povor?	7a	х	
a b				7b	X	<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			70	- 23	<u> </u>
C		•		70		x
Ь		7d		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	•		7e		x
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7e 7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Fe		c roquirod?	7g		
g b				<u>79</u> 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained		-0111 1090-01	711		
8		u by the		8		
0				0		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a h				9a 0h		<u> </u>
b 10				9b		
10	Section 501(c)(7) organizations. Enter:	10a				
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
		11a				
a L	Gross income from members or shareholders	114				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.)	10412		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		4.4		v
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	eO		14b	L	L

	990 (2017) NPOWER INC. 13-4145		Pa	age <b>6</b>
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	No" re	spons	e
	to line 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	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 any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			77
	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	<u>7a</u>		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-71.		х
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х	
a ⊾	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
b		uo		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	The section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
5	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	TTU		
	Did the organization have a written conflict of interest policy? <i>If</i> "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA, MD, NJ, NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable	;	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
	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:			
	THOMAS SUSSMAN - $203-610-2304$			
	99 WALL STREET, NO. 350, NEW YORK, NY 10005			

Form 990 (2		13-4145441	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
	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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	l than c		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	ı an	compensation	compensation	amount of
	week		cer ar	id a d	irecto	r/trus [:]	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t corr				and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID REILLY	1.50				-	1 0				
CHAIR	0.00	х		х				0.	0.	0.
(2) MATTHEW HORNER	1.50									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(3) JOSHUA S. LEVINE	1.50									
TREASURER	0.00	Х		Х				0.	0.	0.
(4) GAIL FIERSTEIN	1.50									
SECRETARY	0.00	Х		Х				0.	0.	0.
(5) STEVEN BALLANTYNE	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(6) VITTORIO CRETELLA	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(7) MIKE FEY	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(8) RICHARD M. GREENBAUM	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(9) MICHAEL P. GREGOIRE	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(10) MOIRA KILCOYNE	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(11) THOMAS KNOWLTON	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(12) RAMANA MURTHY MAGAPU	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(13) STEPHEN MURPHY	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(14) FRANK PEDERSEN	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(15) CHRISTOPHER PERRY	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(16) KAREN PETERSON	1.50								_	
DIRECTOR	0.00	Х						0.	0.	0.
(17) DAN PETROZZO	1.50	l							_	
DIRECTOR	0.00	Х						0.	0.	0 <b>.</b>

. . . . . . . .

Form 990 (2017) NPOWER IN	IC.								13-41	454	<b>141</b> Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(do	h not ch		ition more		ne	Reportable	Reportable		Estimate	
	hours per week		, unles cer and					compensation	compensatior	ו ו	amount	of
	(list any						,	_ from the	from related		other	tion
	hours for	direct				-		organization	organizations (W-2/1099-MIS)	I	compensat from the	
	related	e or i	stee			nsated		(W-2/1099-MISC)		<i>°</i> ,	organizati	
	organizations	trust	al tru		yee	ompe					and relate	
	below	Individual trustee or director	Institutional trustee	er	Key employee	iest co loyee	ner				organizatio	ons
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			$ \rightarrow $		
(18) LARRY QUINLAN	1.50											•
DIRECTOR	0.00	Х						0.		0.		0.
(19) DIANE K. SCHWARZ	1.50											^
DIRECTOR	0.00	Х						0.		0.		0.
(20) WOODY SESSOMS	1.50	v						0				0
DIRECTOR	0.00	Х						0.		0.		0.
(21) DWIGHT D. SHEPHERD DIRECTOR	1.50	x						0.		0.		0.
(22) JOSH SUTTON	1.50	^						0.		<u>••</u>		0.
DIRECTOR	0.00	x						0.		0.		0.
(23) BERTINA CECCARELLI	40.00											<u> </u>
CHIEF EXECUTIVE OFFICER	0.00	x		х				341,815.		0.	30,82	28.
(24) SHANNON GIBBONS	40.00							511/0151			50701	
CHIEF DEVELOPMENT OFFICER	0.00	1		х				191,952.		0.	32,26	57.
(25) THOMAS SUSSMAN	40.00											
VP, FINANCE & BUSINESS OPERATIONS	0.00	1		х				162,990.		0.	10,05	50.
(26) PATRICK COHEN	40.00											
VP, STRATEGIC PARTNERSHIP	0.00					X		146,164.		0.	1,43	39.
1b Sub-total								842,921.		0.	74,58	
c Total from continuation sheets to Part VI								560,293.		0.	48,76	
d Total (add lines 1b and 1c)								1,403,214.		0.	123,35	51.
2 Total number of individuals (including but n	ot limited to th	ose	listeo	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												14
										ſ	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	-				•			•				77
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su											4 X	
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a	-				-			-		- 1	5	х
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	<u> </u>	or su	<u>cn p</u>	bers	on .				<u></u>	J	
1 Complete this table for your five highest con	mpensated ind	lepe	nden	t cc	ontra	actor	s tł	hat received more than \$	100.000 of comp	ensat	ion from	
the organization. Report compensation for t	•	•							•			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	C	ompensation	۱
TEKMARK GLOBAL SOLUTIONS,	LLC							ACCOUNTING/P2	AYROLL			
100 METROPLEX DR, STE 102						81'	7	SERVICES			152,00	)0.
THE TNS GROUP, 3 LANDMARK	SQUARE	,	SUI	[T]	E			INFORMATION				
600, STAMFORD, CT 06901								TECHNOLOGY SI	ERVICES		146,35	57.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			

Form 990NPOWER_IN	۱C.								13-414	5441
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				olo ye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em j		(W-2/1099-MISC)	(00-2/1099-101130)	organization
	related	e or (	stee			nsated		(00-2/1033-10100)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	tution	er	Key employee	est co	er			0
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) ROBERT VAUGHN	40.00									
NATIONAL DIR OF INSTRUCTOR TRAINING	0.00					Х		144,100.	0.	16,038.
(28) BEATRICE TASSOT	40.00									
EXECUTIVE DIRECTOR NEW JERSEY	0.00					Х		139,918.	0.	20,152.
(29) MELODY BROWN	40.00									
DIRECTOR OF HUMAN RESOURCES	0.00					Х		138,460.	0.	2,527.
(30) CATHY MORGAN	40.00									
EXECUTIVE DIRECTOR MARYLAND	0.00					х		137,815.	0.	10,050.
Total to Part VII, Section A, line 1c	<u></u>			<u></u> .	<u></u> .	<u></u> .		560,293.		48,767.

art V			R INC. We				13-414	5 <b>441</b> Pag
		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 514
2 1	а	Federated campaigns	1a					
		Membership dues						
		Fundraising events		1,492,962.				
		Related organizations						
		Government grants (contribut		980,625.				
0	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included abo	ve 1f	8,445,151.				
5	g	Noncash contributions included in lines	1a-1f:\$	439,790.				
0	h	Total. Add lines 1a-1f		►	10,918,738.			
				Business Code				
2	а	PROGRAM SERVICE FEE		541511	1,224,311.	1,224,311.		
D	b							
2	с							
	d							
	е							
		All other program service reve						
	g	Total. Add lines 2a-2f			1,224,311.			
3		Investment income (including						
		other similar amounts)			4,350.			4,3
4		Income from investment of tax		· · · ·				
5		Royalties						
			(i) Real	(ii) Personal				
6		Gross rents						
		Less: rental expenses						
		Rental income or (loss)	-					
		Net rental income or (loss)						_
7	а	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	_	and sales expenses		<u> </u>				
		Gain or (loss)						
		Net gain or (loss) Gross income from fundraising						
°	a	including \$1,492						
		contributions reported on line						
		Part IV, line 18		135,812.				
	b	Less: direct expenses						
		Net income or (loss) from func		<b>&gt;</b>	-186,189.			-186,18
9		Gross income from gaming ac	•		, -			, , , , , , , , , , , , , , , , , , ,
	-	Part IV, line 19						
	b	Less: direct expenses						
1		Net income or (loss) from gam						
10		Gross sales of inventory, less	•					
1		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
11	а	OTHER REVENUE		900099	113,473.			113,4
	b							
	с							
	d	All other revenue						
		Total. Add lines 11a-11d			113,473.			

NPOWER INC. Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		000 401		110 110
_	trustees, and key employees	769,903.	298,431.	359,362.	112,110
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	6 096 616	6 260 690	317,681.	200 246
7	Other salaries and wages	6,986,616.	6,269,689.	517,001.	399,246
8	Pension plan accruals and contributions (include	15 750	14,250.	1 500	
~	section 401(k) and 403(b) employer contributions)	<u>15,750.</u> 566,559.	514,995.	<u>    1,500.</u> 27,695.	23,869
9	Other employee benefits	879,533.	748,690.	79,621.	51,222
10   -1	Payroll taxes	013,000.	740,090.	19,041.	JI, 444
1	Fees for services (non-employees):				
	Management				
	Legal	29,600.		29,600.	
	Accounting	25,000.		25,0001	
	Lobbying Professional fundraising services. See Part IV, line 17	12,000.			12,000
f	Investment management fees	12,000.			12,000
	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A) amount, list line 11g expenses on Sch 0.)	760,523.	349,730.	348,971.	61,822
12	Advertising and promotion	23,386.	9,355.	13,851.	180
3	Office expenses	77,648.	69,559.	6,376.	1,713
14	Information technology	217,012.	146,474.	41,697.	28,841
15	Royalties	, -			- , -
16	Occupancy	398,189.	344,695.	31,187.	22,307
7	Travel	196,137.	150,341.	27,370.	18,426
8	Payments of travel or entertainment expenses		•		•
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	138,029.	92,088.	42,980.	2,961
23	Insurance	52,675.	3,207.	49,468.	
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 0.)				
а		321,108.	321,108.		
b	TTOTHOTO	167,970.	162,794.	3,138.	2,038
c		102,807.	62,889.	39,751.	167
d		77,658.	74,185.	3,473.	
	All other expenses	83,236.	67,476.	13,942.	1,818
5	Total functional expenses. Add lines 1 through 24e	11,876,339.	9,699,956.	1,437,663.	738,720
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 Check here fit following SOP 98-2 (ASC 958-720)				

Form 990 (2017) NPOWER INC.
Part X Balance Sheet

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

		Check il Scheddle O contains a response of hot			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,537,017.	1	1,467,870.
	2	Savings and temporary cash investments		••••••	2,083,896.	2	2,777.
	3	Pledges and grants receivable, net	819,687.	3	2,660,518.		
	4		339,208.	4	494,021.		
	5	Accounts receivable, net Loans and other receivables from current and for			555,200.		191,0210
	5	trustees, key employees, and highest compensation					
						5	
	6	Part II of Schedule L Loans and other receivables from other disquali		r		5	
	0	section 4958(f)(1)), persons described in section		· ·			
		employers and sponsoring organizations of sect	,				
		employees' beneficiary organizations (see instr).				6	
ets	7	Notes and loans receivable, net		E Contraction of the second seco		7	
Assets	8					8	
•	9	Inventories for sale or use			17,838.	9	21,989.
		Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other			17,050.	9	21,505.
	lua	basis. Complete Part VI of Schedule D	100	692 176			
	h			<u>692,176.</u> 180,176.	233,168.	10c	512,000.
	11	Less: accumulated depreciation			235,100.	11	512,000
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		207,882.	15	349,138.	
	16	Total assets. Add lines 1 through 15 (must equ			5,238,696.	16	5,508,313.
	17	Accounts payable and accrued expenses			526,000.	17	552,248.
	18	Grants payable				18	
	19	Deferred revenue			52,646.	19	97,671.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
llidi						22	
Lia	23	Secured mortgages and notes payable to unrela		Г		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			578,646.	26	649,919.
		Organizations that follow SFAS 117 (ASC 958	s), chec	k here 🕨 🗴 and			
S		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			545,063.	27	-427,061. 5,285,455.
ala	28	Temporarily restricted net assets			4,114,987.	28	5,285,455.
ЧB	29	Permanently restricted net assets				29	
"-		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🗌			
or		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ec	quipme	nt fund		31	ļ
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			4,660,050.	33	4,858,394.
	34	Total liabilities and net assets/fund balances .			5,238,696.	34	5,508,313.
							Form <b>990</b> (2017)

Form **990** (2017)

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       12,074,683.         2       Total expenses (must equal Part IX, column (A), line 25)       2       11,876,339.         3       Revenue less expenses. Subtract line 2 from line 1       3       198,344.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       4,660,050.         5       Donated services and use of facilities       6       7         7       Total assets or fund balances (explain in Schedule O)       9       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       4,858,394.         Year XIII         Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         Year NUI         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       2       X         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       2	Form	1 990 (2017) NPOWER INC.	13-42	L45441	Pag	_{ge} 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1 2,074,683.         2       Total expenses (must equal Part IX, column (A), line 25)       2       11,876,339.         3       Revenue less expenses. Subtract line 2 from line 1       3       198,344.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       4,660,050.         5       Net unrealized gains (losses) on investments       6       6         7       6       6       7         8       Prior period adjustments       6       7         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       A s58 , 394.       9       0.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       S Accrual       Other       2a       X	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       11,876,339.         3       Revenue less expenses. Subtract line 2 from line 1       3       198,344.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       4,660,050.         5       Met unrealized gains (losses) on investments       5       6         6       0onated services and use of facilities       7         7       8       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)       10       4,858,394.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       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, or both:       Separate basis       Consolidated basis       Both con		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
2       Total expenses (must equal Part IX, column (A), line 25)       2       11,876,339.         3       Revenue less expenses. Subtract line 2 from line 1       3       198,344.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       4,660,050.         5       Met unrealized gains (losses) on investments       5       6         6       0onated services and use of facilities       7         7       8       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)       10       4,858,394.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       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, or both:       Separate basis       Consolidated basis       Both con					_	
3       Revenue less expenses. Subtract line 2 from line 1       3       198,344.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       4,660,050.         5       5       6       7         6       7       7       6         7       8       7       8         9       0.ther changes in net assets or fund balances (explain in Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       4,858,394.         Part XIII       Financial Statements and Reporting       X       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting method used to prepare the from painde pendent accountant?	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       4,660,050.         5       Net unrealized gains (losses) on investments       5         6       6       7         7       6       6         7       7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       4,858,394.          Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       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       So consolidated basis, or both:       Separate basis       So consolidated basis, or both:       Separate basis       Za       X       Za       X       Za	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments   6   6   7   8   9   9   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   11   11    12   13   14    15   15    16   16   17    17    18    10   11    12    12    13    14    14    15   15    16   16    17    16   17    17    18    19    10   10   10   11    12    12    13    14   14    15   15   16   16   17    16   17    17    12    14    15   15   16   16   17    17    16   17    16	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)       10       4 , 858 , 394.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If 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       Donslidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated bas	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,660	, 0	50.
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain in Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   Cash X   X   1 Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash 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?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis </th <th>5</th> <th>Net unrealized gains (losses) on investments</th> <th>5</th> <th></th> <th></th> <th></th>	5	Net unrealized gains (losses) on investments	5			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       4,858,394.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       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       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X       Image: Separate basis       Consolidated basis       Both consolidated and separate basis.       Exet X       Image: Separate basis       Consolidated basis       Both consolidated and separate basis.       Exet X       Image: Separate basis.       Consolidated basis	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B) 10 4,858,394.   Part XII Financial Statements and Reporting X   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash X   1 Accounting method used to prepare the Form 990: Cash X   2a X Yes No   2a X I   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?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated a	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII X   Yes No   1 Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Marcial Statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   Both consolidated and separate basis   c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis <t< th=""><th>8</th><td>Prior period adjustments</td><td>8</td><td></td><td></td><td></td></t<>	8	Prior period adjustments	8			
column (B)       10       4,858,394.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       X       Yes       No         3a separate basis, consolidated basis, or both:       Both consolidated and separate basis       2b       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       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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       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:       2b       X       2c       X         If	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Check if Schedule O	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII   1   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Main Topped   Main Topped   Main Topped   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis, or both:   Separate basis   M   Consolidated basis   Main Types," the ka a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   X   Main Types," 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 statemen			10	4,858	, 3	94.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the present to the		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
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?   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   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   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?   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   3a   X   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					Yes	No
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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         c 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:       2b       X       2c       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
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:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
separate basis, consolidated basis, or both:   Separate basis   Dewid Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Separate basis   X   Consolidated basis   Both consolidated and separate basis   c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   3a   3a   X   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li></ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If the organization did not undergo the required audit						
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:       Image: Consolid		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       Separate basis       X Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Act and OMB Circular A-133?         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         Ja       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Construct on the construction of the co	b	Were the organization's financial statements audited by an independent accountant?		2b	X	<b></b>
<ul> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X         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       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Committee of the committee of the required audit or audits?       X						
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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       3a       X         Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Content of the organization of the organization did not undergo the required audit		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Control of the organization did not undergo the required audit		If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
				3a		X
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
000 (respectively)		or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

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(Form	990	or	990-EZ
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# **Public Charity Status and Public Support**

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

4947(a)(1) nonexemptional reactions
 Attach to Form 990 or Form 990-EZ.

l	OMB No. 1545-0047
	2017
	Open to Public Inspection

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Department o Internal Reve	of the Treasury enue Service	►		Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Name of	the organization	on						Employer	identification numbe
		NPOW	ER INC.					1	3-4145441
Part I	Reason f			All organizations must co	mplete th	is part.) Se	e instruction		
The organ				For lines 1 through 12, cl					
1 🗂				on of churches described			1)(A)(i).		
2				Attach Schedule E (Form			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
3				anization described in se			ii).		
4	•			njunction with a hospital			•	)(iii). Enter	the hospital's name,
	city, and state	ə:							-
5	An organizatio	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
	section 170(	<b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X			-	ntial part of its support fr				ne general i	oublic described in
	-		omplete Part II.)		Ū				
8				(1)(A)(vi). (Complete Par	t II.)				
9				in section 170(b)(1)(A)(		ed in conju	unction with a	land-grant	college
	or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:			· · · ·				Ū	
10	An organizatio	on that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from a	contributio	ns, members	hip fees, ar	d gross receipts from
	activities relat	ed to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support	rom gross investment
	income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	Ifter June 30, 1975.
	See section §	509(a)(2). (Cor	mplete Part III.)						
11	An organizatio	on organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12	An organizatio	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). (	Check the box in
	lines 12a thro	ugh 12d that (	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
a	<b>Type I.</b> A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
	the support	ed organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
	organizatior	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b	<b>Type II.</b> A s	upporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
	control or m	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
_	organizatior	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
c	_ Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
	its supporte	ed organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d	_ Type III nor	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
_			-	nplete Part IV, Sections					
e		•		written determination from			Туре I, Туре	II, Type III	
	-		• •	nally integrated supporting	ng organiz	ation.			
	er the number o		•						
	vide the followi (i) Name of suppo		about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the oro	anization listed	(v) Amount o	fmonotony	(vi) Amount of other
	organization			(described on lines 1-10	in your governi	ing document?	support (see in	-	support (see instructions
	- 3			above (see instructions))	Yes	No		,	
 Total									

#### Schedule A (Form 990 or 990-EZ) 2017 NPOWER INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4892560.	5179005.	6314231.	10903115.	10918738.	38207649.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	4892560.	5179005.	6314231.	10903115.	10918738.	38207649.	
	The portion of total contributions							
5	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						7816158.	
	Public support. Subtract line 5 from line 4.						30391491.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	4892560.	5179005.	6314231.	10903115.	<u>10918738.</u>	<u>38207649.</u>	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1,262.	901.	615.	9,204.	4,350.	16,332.	
9	 Net income from unrelated business	-						
-	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	•				18,289.	113 173	131,762.	
	assets (Explain in Part VI.)				10,209.		38355743.	
	<b>Total support.</b> Add lines 7 through 10						,758,652.	
	Gross receipts from related activities,		,				,150,052.	
13	First five years. If the Form 990 is for	-			-			
Sec	organization, check this box and stor tion C. Computation of Publi	o here c Support Per	centade					
	•			- 1			79.24 %	
	Public support percentage for 2017 (li		•			14	0.0.01	
	Public support percentage from 2016					15	82.01 %	
16a	33 1/3% support test - 2017. If the c				14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶∟	
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e	
	organization meets the "facts-and-circ	umstances" test. 7	The organization q	ualifies as a public	ly supported orgai	nization		
18	Private foundation. If the organizatio	<u>n did not check a l</u>	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a			

Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990-EZ) 2017 NPOWER INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
F							
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	7 <b>(f)</b> Total
		(a) 2013	(b) 2014	(0) 2013	(u) 2010	(e) 201	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) or	ganization,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public						
15	Public support percentage for 2017 (li	ne 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
-	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2017. If the					3 1/3%, and	line 17 is not
	more than 33 1/3%, check this box an <b>33 1/3% support tests - 2016.</b> If the	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	
Di la	line 18 is not more than 33 1/3%, che						
20							
20	Private foundation. If the organization	IT UIU HOL CHECK a	box on line 14, 19	a, or 190, check th	its box and see ins	SUUCIONS	<b>P</b>

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0.		
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b		Jd		
U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	Chie Cappented organization in Teo, describe in the third third played by the Olyanization in this regard.			

Schedule A (Form 990 or 990-EZ) 2017 NPOWER INC
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	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 NPOWER INC	Schedule A	(Form 990 o	r 990-EZ) 2017	NPOWER	INC
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Pai	rt V   Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

### Schedule A (Form 990 or 990 EZ) 2017 NPOWER INC.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

OTHER REVENUE
2016 AMOUNT: \$ 18,289.
2017 AMOUNT: \$ 113,473.

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	*

# Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

13-4145441

NPOWER INC.

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2017)		Page <b>2</b>
Name of org	ganization	Employ	yer identification number
NPOWEI	R INC.	13	3-4145441
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$924,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$791,037.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$748,794.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$712,326.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$621,380.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$435,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2017)		Page <b>2</b>
Name of org	ganization	Emplo	yer identification number
NPOWER	R INC.	1:	3-4145441
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$435,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$355,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   10</u>		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

ine er er g	anization	En	nployer identification number
POWEF	R INC.		13-4145441
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	HEADQUARTERS FILE SERVER ROOM EQUIPMENT		
		\$121,380	03/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

lame of orga	inization		Employer identification number
IPOWER	INC.		13-4145441
Part III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	lumns (a) through (e) and the follo charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
	Transferee's name, address, and		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	ft Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, and		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee

SCHEDULE I	D
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Department of the Treasury Internal Revenue Service

))

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

					uoi		000.				
Go	to v	www.irs	.gov/F	orm990	for	instructio	ns and	l the	latest	informa	tion.



t the	e organization	
		NTDOLTD

►

Name	e of the organization NPOWER INC •		Employer identification number 13-4145441
Par		t Funds or Other Similar Fund	
1 41	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in w	writing that the aparts hold in depart advi	l
5	are the organization's property, subject to the organization's e	5	
6	Did the organization inform all grantees, donors, and donor ac		
6	for charitable purposes and not for the benefit of the donor or		-
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	Part IV line 7
1	Purpose(s) of conservation easements held by the organizatio		
•	Preservation of land for public use (e.g., recreation or ed	· · · · · ·	storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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
а			
b	<b>-</b> · · · · · · · · · · · · · · · · · · ·		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register	-	
3	Number of conservation easements modified, transferred, rele		
	year 🕨		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cor	nservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserv	ation easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 📃 No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expension	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for
Dev	conservation easements.		
Par			otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical trea		ai gain, provide
-	the following amounts required to be reported under SFAS 11	ib (ASC 958) relating to these items:	► ¢
а	Revenue included on Form 990, Part VIII, line 1		▶ \$

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

Schedule D (Form 990) 2017

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Sche	dule D (Form 990) 2017 NPOWER							45441		_{ge} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, oi	r Other S	Similar	r Assets	continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a sign	ificant u	se of its c	ollection it	ems	
	(check all that apply):									
а	Public exhibition	d	l 📃 Loan or ex	change progra	ams					
b	Scholarly research	е	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organizatio	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o		•	-	-					
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran						. Part IV. I			
	reported an amount on Form 990, Pa		5				, ,			
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other ass	sets not ind	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII							_		
	······································							Amount		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.		•			•			$\square$	110
Par										
		(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four y	ears b	ack
1a	Beginning of year balance	(				<b>,</b>		(-)		
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ŭ										
f										
	Administrative expenses End of year balance									
g	End of year balance Provide the estimated percentage of the curr	int year and belana	l o (lino 1 a oclump (/							
2	Board designated or quasi-endowment			a)) Heiu as.						
a b	Permanent endowment	%	70							
b	Temporarily restricted endowment									
C										
2-	The percentages on lines 2a, 2b, and 2c sho		tion that are hold a	and administer	ad for the		tion			
38	Are there endowment funds not in the posse	ssion of the organiza	alion that are neid a	and administer	ed for the	organiza	alion		'es	
	by:								es	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza							3a(ii)		
								3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tunds.							
	Complete if the organization answere		) Part IV line 11a	See Form 990	Dart X lir	no 10				
	Description of property	(a) Cost or o				umulate		(d) Book		
	Description of property	basis (investr	. ,	st or other s (other)	• •	eciation	a		value	
1a	Land									
	Buildings									
	Leasehold improvements			29,954.		27,41		102	,54	0.
	Equipment		50	52,222.	1	52,76	52.	409		
	Other									
-	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line		<u></u>	<u></u>		512	,00	0.

Schedule D (Form 990) 2017

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	70,955.
(2) INTEREST IN NET ASSETS OF AFFILIATE	278,183.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	349,138.

Part X Other Liabilities.

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

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

Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Sche	edule D (Form 990) 2017 NPOWER INC.			13-	4145441 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wit	h Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	13,415,782.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,341,099.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	1,341,099.
3	Subtract line 2e from line 1			3	12,074,683.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>	4c	0.		
		5	12,074,683.		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per F		
	Intel revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts Wi	th Expenses per F		n.
	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per F		
Pa	Reconciliation of Expenses per Audited Financial Statemer           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts Wi	th Expenses per F	Retur	n.
Pa 1	Reconciliation of Expenses per Audited Financial Statemer           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	nts Wi	th Expenses per F	Retur	n.
Pa 1 2	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts Wi	th Expenses per F	Retur	n.
Pa 1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nts Wi 2a 2b	th Expenses per F	Retur	n.
Pa 1 2 a	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	th Expenses per F	Retur	n.
Par 1 2 a b c	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	th Expenses per F	Retur	n. 13,217,438. 1,341,099.
Par 1 2 a b c d	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	Retur	n.
Par 1 2 a b c d e	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F	Retur	n. 13,217,438. 1,341,099.
Par 1 2 b c d e 3	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses per F	Retur	n. 13,217,438. 1,341,099.
Par 1 2 d c 3 4	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	th Expenses per F	Retur	n. 13,217,438. 1,341,099.
Par 1 2 d c 3 4 a b	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	th Expenses per F	Retur	n. <u>13,217,438.</u> <u>1,341,099.</u> <u>11,876,339.</u> 0.
Pa 1 2 a b c d e 3 4 a b c 5	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expenses per F	Retur	n. 13,217,438. 1,341,099.

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

PART X, LINE 2:

Name of the organization     Employer identification number       1     For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. The grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the united States.     I wassistance     I wassistance       2     For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the united States.     I wassistance     I wassistance       3     Activities per Region     (In the organization of the organization's procedures for monotoning the use of its grants and other assistance outside the united States.     I wassistance     I wassistance       3     Activities per Region     (In the organization's procedures for monotoning the use of its grants and other assistance outside the united States.     I wassistance     I wassistance       3     Activities per Region     (In the organization's procedures for monotoning the use of its grants or describe specific type of and investments?     I wassistance       0     0     Region     (In the organization of the organization of the organization of the specific type of and the organization of the o	Department of th Internal Revenue		Go to	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Open to Public Inspection
Part I         General Information on Activities Outside the United States. Complete if the organization answered 'Ves' on Form 980, Part IV, line 14b.           For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, in the grantes' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance outside the United States.         Yes I         No           2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         (e) Region         (b) Number of IC N		8		× ·			Employer ide	entification number
Part I         General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 980, Part IV, line 14b.           1         For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, in the grantes' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance outside the United States.         Yee         No           2         For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)         (e) Region         (f) Total elegion framework and the region in the region of the region in the region.         (g) Total elegion framework and the region in the region of the region in the region.         (g) Total elegion framework and the region in the region of the region of the region.         (g) Total elegion framework and the region of the region of the region of the region of the region.         (g) Total elegion of the region of the region.         (g) Total elegion of the region of the region.         (g) Total elegion of the region o	NDOWED	TNO					12 111	1
Form 990, Part V, line 14b.           1         For grantmakers. Does the organization maintain records to substantistic the amount of its grants and other assistance.         Vision         No           2         For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         Vision         No           3         Activities per Region, (The following Part I, line 3 table can be duplicated if additional space is needed.)         (9) Region         (9) Number of the region in the region of the region in the region         (9) Total is a program service, describe specific type of service(s) in the region in the region in the region in the region of the region in the region         (9) Total is a program service, describe specific type of service(s) in the region			rmation on A	ctivities Out	side the United States	ata if tha araan		
1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance;       Image: Construction of the grants or assistance;       Image: Construction of the grant of	raiti					ete il the organ	IZALION ANSWER	ed res on
For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.     Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)     (a) Region     (b) Number of (charles)     (charles)	1 For gr			n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
United States.         Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed).         (a) Region       (b) Number of offices in the region of offices in the region of the second space is needed).       (c) If activity listed in (d) is a program service, investments, grant are services, invest	the gra	antees' eligibility f	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
United States.         Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed).         (a) Region       (b) Number of offices in the region of offices in the region of the second space is needed).       (c) If activity listed in (d) is a program service, investments, grant are services, invest								
3 Activities per Region. (The tollowing Part I, line 3 table can be duplicated if additional space is needed)       (1) Notifies of total expenditures of total expenditures conducted in the region of expression expenditures conducted in the region of expression expenditures conducted in the region of service(s) in the region in the region in the region of the region			ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	ner assistance	outside the
(a) Region       (b) Number of complexes agents, and interegion of the region of the region in the region of the region in the region in the region in the region       (c) Number of complexes agents, and independent in the region of service(s) in the region of service(service(s) of service(s) of service(s) of servic			he following Part	L line 3 table ca	n be duplicated if additional space is n	eeded )		
offices in the region         employees, apents, and interegion         (by type) (such as, fundrating, pro- gram services, investments, prostored recipients located in the region)         expenditures of service(s) in the region         expenditures for and investments in the region           NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED         0         0         PROGRAM SERVICES FEE         TRADEMARK LICENSE FEE         25,000.           STATES         0         0         Image: service in the region         Image: service in the region         Image: service in the region           STATES         0         0         Image: service in the region         Image: service in the region         Image: service in the region           STATES         0         0         0         Image: service in the region         <							vitv listed in (d)	(f) Total
CANADA AND MEXICO, BUT NOT THE UNITED STATES 0 0 0 PROGRAM SERVICES FEE TRADEMARK LICENSE FEE 25,000.			offices	employees, agents, and independent contractors	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a prog describe	gram service, specific type	expenditures for and investments
BUT NOT THE UNITED         0         PROGRAM SERVICES FEE         TRADEMARK LICENSE FEE         25,000.           Image:								
STATES         0         0         PROGRAM SERVICES FEE         TRADEMARK LICENSE FEE         25,000.           Image: State of the		•						
3a Sub-total         0         0         25,000.		HE UNITED	0	0	PROGRAM SERVICES FEE	TRADEMARK I	TCENSE FEE	25 000
b Total from continuation			0					
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sheets to Part I 0 0 0 0.								
			0	0				0.
c Totals (add lines 3a and 3b)         0         0         25,000.				n				25 000

**Statement of Activities Outside the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Schedule F (Form 990) 2017

OMB No. 1545-0047

Open to Public

SCHEDULE F (Form 990)

Schedule F (Form 990) 2017	NPOWE	R INC.			13-41	45441
			Dutside the United States. Content of additional space is needed.		ganization answered	l "Yes" on Form
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance

2	Enter total number of r	ecipient organizatior	ns listed above that are r	ecognized as charities by the f	oreign country, r	ecognized as tax-exe	empt		
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
3	Enter total number of other organizations or entities								

# orm 990, Part IV, line 15, for any

Page 2

(i) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2017

(h) Description of noncash

assistance

Schedule F (Form 990) 2017

Part III can be duplicated if a <b>(a)</b> Type of grant or assistance	(dditional space is needed (b) Region	d. (c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance		

Schedule F (Form 990) 2017

### 13-4145441

**(h)** Method of valuation (book, FMV, appraisal, other)

### NPOWER INC.

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

Page 5

Part V	Supplemental	Informatio	n
Schedule F	(Form 990) 2017	NPOWER	INC.

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.


SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding e organization answered "Yes" on organization entered more than \$19 Attach to Form 990 Go to www.irs.gov/Form990	Form 9 5,000 d 9 or Fo	990, P on For rm 99	Part IV, line 17, 18, o m 990-EZ, line 6a. 0-EZ.			OMB No. 1545-0047
Name of the organization		-						dentification number
	NPOWER						13-414	
Part I Fundrais	complete this part	Complete if the organization answe	ered "Y	es" or	i Form 990, Part IV, I	ine 1	7. Form 990-	EZ filers are not
<ul> <li>a Mail solicitati</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person sol</li> <li>2 a Did the organizatio key employees lister</li> </ul>	ions email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising e ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Y</b>	es 🗌 No be
(i) Name and address or entity (fund		<b>(ii)</b> Activity	(iii) fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paic or retained by fundraiser ted in col. <b>(i)</b>	
			Yes	No				
								+
Total           3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990 or 990-EZ) 2017

#### Schedule G (Form 990 or 990-EZ) 2017 NPOWER INC.

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

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA			col. (c))
e			(event type)	(event type)	(total number)	coi. (c))
Revenue	1 Gross receipts		1,628,774.			1,628,774.
	2 Less: Contributions		1,492,962.			1,492,962.
	3 Gross income (line 1	minus line 2)	135,812.			135,812.
	4 Cash prizes					
	5 Noncash prizes					
benses	6 Rent/facility costs		47,593.			47,593.
Direct Expenses	7 Food and beverages	; 				
<b>-</b> 1	8 Entertainment		135,812.			135,812.
	9 Other direct expense	es	138,596.			138,596.
ŀ	10 Direct expense sum	mary. Add lines 4 through	h 9 in column (d)		►	322,001.
			ine 3, column (d)			-186,189.
ar			answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
	\$15,000 on Forr	n 990-EZ, line 6a.	Τ			<u> </u>
anne			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1 Gross revenue					
╈						

S	2	Cash prizes					
pense	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	└── Yes % └── No	└── Yes └── No	— ·	′es % lo	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
9	En	ter the state(s) in which the organization condu	cts gaming activities:				
		he organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?			Yes No
~							

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Second Se

No

Sch	nedule G (Form 990 or 990-EZ) 2017 NPOWER INC. 1	3-4145	5441	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Vee	
40	to administer charitable gaming?		Yes	└── No
	Indicate the percentage of gaming activity conducted in:	40	1	0/
	a The organization's facility			<u>%</u>
	a An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun of gaming revenue retained by the third party ▶ \$	t		
(	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation <a> \$</a>			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•			Yes	No No
	retain the state gaming license? D Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t		103	
		le		
Dr	organization's own exempt activities during the tax year <b>s</b> <b>Int IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part		01 10	
	<b>ITT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		90, 10	D, 15D,

Partiv	Supplemental Information	(continued)	

_____

(Form 990)       For certain Officers, Descritor, Trustees, Key Employees, and Highest Componental Employees by Attech for Form 90.       20.017.         Description Brock       Complete if the organization answered "Yes" on Form 90. Part IV, line 23.       Dant De Nabile Impection         Description Brock       No to www.irs.gev/Form800 for instructions and the latest information.       Employer identification number 134145441         Part I       Questions Regarding Compensation       Employer identification number 134145441         Part I       Questions Regarding Compensation       Impove identification number 134145441         Part I       Questions Regarding Compensation       Impove identification number 134145441         Part I       Questions Regarding Compensation       Impove identification number 134145441         Part I       Complete Part III to provide any of the following to or for a person listed on Form 990.         Part I       Travel for comparison       Partment for business use of personal use Partment for business use of personal residence Travel for comparison of all of the expanses described above? II "No": complete Part III to explain Partment or provision of all of the expanses described above? II "No": complete Part III to explain Travel for comparisation on the table and the organization test and the following the filling organization test Traveless and offices, including the CEO/Executive Director, the splain fill in Part III.         I       Didicate which, if any, of the following the filling organization used to establish the compensation committee<	SCH	<b>HEDULE J</b>	Compensation	Information	1	OMB No. 1	545-004	17			
Complete if the organization         Power is grant and the statest information.         Power is grant and the statest information.         Power is grant and the statest information.         Period with a statest information and uses information and uses information regarding these items.         Period with a state travel         Period with a state information and uses in the state information information information in the state information informat	(For	rm 990)				20	17	,			
Department         Data to be for 990.         Department         Department <t< th=""><th></th><th></th><th></th><th></th><th></th><th>20</th><th></th><th></th></t<>						20					
Internet iteractive         Important         Important         Important           Name of the cognization         Important         Employer identification number 13 - 4145441           Part I         Questions Regarding Compensation         13 - 4145441           Part I         Questions Regarding Compensation provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these items.         13 - 4145441           Part II         Check the appropriate box(s) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, did the organization regarding these items.         19           Tax indemnification and gross-up payments         Payments for business use of personal residence for personal residence         10           b         if any of the boxes on line 1a are checked, did the organization follow a written paker yengading payment or reinbursement or provision of all of the expenses described above? If 'No.' complete Part III to explain         10           2         indicate which, if any, of the following the filing organization used to establish compensation of the OEO/Executive Director, check any boxes for methods used by a related organization to establish compensation committee         10           4         During the year, did any person listed on Form 990, Part VII, Section A, Ine 1a, with respect to the filing organization or a elevated organization:         40         X           4         During the	Depart	ment of the Treasury				ic					
NPOWER INC.         13-4145441           Part I         Questions Regarding Compensation           Image: Comparison of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1, complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.           Image: Complete Part III to provide any relevant information regarding payments for business use of personal residence II health or social club dues or initiation flees         Image: Complete Part III to explain         Image: Complete Part III to explain         Image: Complete Part III to explain           2         Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on line 1a?         Image: Compensation committee         Image: Compensation commensation committee         Image: Compensation committee         Image: Compensation commensation committee         Image: Compensation committee         Ima	Interna	I Revenue Service		actions and the latest information.		•					
Part1       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Intervent of a complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Intervent of personal used for personal used perso	Nam	e of the organizatio						nber			
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Provide any relevant information regarding the second and complex th	De				13-4	14544.	L				
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Compute Part III to provide any relevant Information regarding these items.         Importations or different reviel       Housing allowance or residence for personal use payments in the section of the expenses discuble any relevant Information regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain         2       Did the organization require substantiation prior to reimbursing or allowing expresses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       1b         2       Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation or metaled organizations       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         5       Participate in, or receive payment for, an equity-based compensition pay or accrue any compensition committee       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X	Pa	rti Question	Regarding Compensation								
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of Comparison	4-			in the second			Yes	No			
Image: Prist-class or charter travel       Image: Image: Payments or business use of personal use         Travel for companions       Payments for business use of personal residence         Tax information and gross-up payments       Personal services (such as, maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbrursement or provision of al of the expenses described above? If "No," complete Part III to explain       1b         c       Did the organization requires substantiation prior to reimbrursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         c       Indicate which, if any, of the following the filing organization used to establish the compensation of the compensation of the CEO/Executive Director, but explain in Part III.       2         c       Compensation committee       Written employment contract       2         in dicate which, if any, of the following the filing organization:       Compensation committee       2         d       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         e Participate in, or receive payment from, a supplemental nongualified retirement plan?       4a       X         c       X       Participate in, or receive payment from, a supplemental nongualified retirement plan? <th></th> <th></th> <th></th> <th></th> <th>990,</th> <th></th> <th></th> <th></th>					990,						
Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Personal services (such as, maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as, maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as, maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as, maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as, maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as, maid, chauffeur, chef)         Image: Travel for companions       Travel for companions         Image: Travel for companions       Travel for companions         Image: Travel for companions       Personal services (such as, maid, chauffeur, chef)         Image: Travel for companions       Travel for companions         Image: Travel for companions       Travel for compa				• •							
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as, maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the corganization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation comsultate       1         Molicate which, if any, of the following the filing organization:       Compensation survey or study       2         Independent compensation consultat       Compensation survey or study       3       Approval by the board or compensation committee         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         b Participate in, or receive payment from, as upplemental nonqualified retirement plan?       4a       X         c Participate in, or receive payment from, as upplemental nonqualified retirement plan?       5a       X         b Ary related organizat				•							
Discretionary spending account       Personal services (such as, maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Patt III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         IND compensation committee       Witten employment contract       2         Indicate which, if any, of the following the filing organization survey or study       Form 990 of other organizations       X         IND compensation committee       Witten employment contract       4a       X         Independent compensation consultant       Compensation survey or study       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         b       Participate in, or receive payment from, an equity based compensation arrangement?       4b       X         b       Participate in, or receive payment from, an equity based compensation				•							
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filling organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       2         3       Compensation committee       Written employment contract         Impendent compensation or onsultant       Compensation arouny or you of other organization:         3       Receive a severance payment from, a supplemental nonqualified retirement plan?       4a         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization in, a receive payment from, a supplemental nonqualified retirement plan?       4a         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a         4       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reteamings of:       5a <td< th=""><th></th><th>_</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>		_									
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Image: CEO/Executive Director, but explain in Part III.       X       Compensation committee       2         Image: CEO/Executive Director, but explain in Part III.       X       Compensation committee       4         Image: CEO/Executive Director, but explain in Part III.       X       Compensation survey or study       1         Yers on spondor organizations       X       Approval by the board or compensation committee       4         Image: Director Participate In, or receive payment from, a supplemental nonqualified retirement plan?       4       4       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         A the organization?       5a       X       X       5b <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>											
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Image: CEO/Executive Director, but explain in Part III.       X       Compensation committee       2         Image: CEO/Executive Director, but explain in Part III.       X       Compensation committee       4         Image: CEO/Executive Director, but explain in Part III.       X       Compensation survey or study       1         Yers on spondor organizations       X       Approval by the board or compensation committee       4         Image: Director Participate In, or receive payment from, a supplemental nonqualified retirement plan?       4       4       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         A the organization?       5a       X       X       5b <th>h</th> <th>If any of the boxes</th> <th>n line 1a are checked, did the organization follow a wr</th> <th>itten policy regarding payment or</th> <th></th> <th></th> <th></th> <th></th>	h	If any of the boxes	n line 1a are checked, did the organization follow a wr	itten policy regarding payment or							
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.       4a       X         9       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         0       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         0       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X         11       Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5b       X         0       Only s						1b					
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Image: Compensation committee       Written employment contract       1         Image: Compensation committee       Written employment contract       1         Image: Compensation committee       Written employment contract       4         Image: Compensation committee       Written employment contract       4         Image: Compensation committee       Compensation survey or study       4         Image: Compensation are related organization:       Receive a severance payment for change of control payment?       4         Image: Compensation or a related organization:       Receive a severance payment from, an equity-based compensation arrangement?       4       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4       X         Only section 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9.       5       5       5         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on											
3       Indicate which, if any, of the folling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation ormnitte         3       Independent compensation oromnitte       Writen employment contract         4       Independent compensation consultant       Compensation survey or study         5       Compensation or a related organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         4       Participate in, or receive payment from, an equity based compensation rarangement?       4c       X         4       T'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         6       X       My related organization?       6a       X       6b       X         7       Y       Y       So of Sh, describe in Part III.       6b       X		•		• •		2					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation committee       Image: Compensation survey or study         Image: Compensation consultant       Compensation survey or study         Image: Compensation or a related organizations       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       Dearticipate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         Complexation son the evenues of:       Image: Complexation payment?       4a       X         Complexation?       Son form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       Son			-,								
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation committee       Image: Compensation survey or study         Image: Compensation consultant       Compensation survey or study         Image: Compensation or a related organizations       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       Dearticipate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         Complexation son the evenues of:       Image: Complexation payment?       4a       X         Complexation?       Son form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       Son	3	Indicate which, if a	y, of the following the filing organization used to establ	lish the compensation of the organiza	tion's						
Image: Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       Image: Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organizations function for each item in Part III.       Image: Approval by the board or compensation contingent on the revenues of:         a       The organization?       Image: Approval by the board or accrue any compensation contingent on the revenues of:         a       The organization?       Image: Approval by the applicable amounts for each item in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Applicable         a       The organization?       Image: Applicable       Image: Applicable         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio											
Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         7       X       8       Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII.       6a       X         b Any related organization?       6a		establish compensa	tion of the CEO/Executive Director, but explain in Part	III.							
Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         7       X       8       Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII.       6a       X         b Any related organization?       6a		X Compensation	committee Write	ten employment contract							
4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>c Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:             <ul> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:                  <ul> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li></ul></li></ul></li></ul>				pensation survey or study							
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       1f "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         a The organization?       5a       X       X         f "Yes" on line 6a or 6b, describe in Part III.       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide		Form 990 of o	her organizations	roval by the board or compensation c	ommittee						
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       1f "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         a The organization?       5a       X       X         f "Yes" on line 6a or 6b, describe in Part III.       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide											
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         a The organization?       6a       X       X         b Any related organization?       6a       X         c The organization?       6a       X         b Any related organization?       6a       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         7       Y <t< th=""><th>4</th><th>During the year, did</th><th>any person listed on Form 990, Part VII, Section A, line</th><th>e 1a, with respect to the filing</th><th></th><th></th><th></th><th></th></t<>	4	During the year, did	any person listed on Form 990, Part VII, Section A, line	e 1a, with respect to the filing							
b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X		organization or a re	ated organization:								
c       Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         ff "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a       The organization?       5b       X         ff "Yes" on line 6a or 6b, describe in Part III.       6a       X         6b       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       X       8       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958+4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure	а	Receive a severance	e payment or change-of-control payment?			. <b>4</b> a					
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Control of Co											
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         contingent on the net earnings of:       6a       X         a The organization?       6a       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the	с	Participate in, or re-	eive payment from, an equity-based compensation arra	angement?		<b>4c</b>		X			
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the orga		If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable am	ounts for each item in Part III.							
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the orga											
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9				-							
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		-	· · · · · · · · · · · · · · · · · · ·	zation pay or accrue any compensatio	n						
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		•				_		v			
If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         if "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?											
6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9						. 50					
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9				ration now or oppring any compensation	n						
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9				zation pay of accrue any compensatio	ri						
b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9						60		x			
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9											
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>											
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9			-	zation provide any nonfixed payments							
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9</li> </ul>		-	· · · · · · · · ·			7		x			
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9											
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9						8		Х			
Regulations section 53.4958-6(c)?			• • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , , ,		ず					
						. 9					
							1 990)	2017			

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) BERTINA CECCARELLI	(i)	341,815.	0.	0.	0.	30,828.	372,643.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHANNON GIBBONS	(i)	191,952.	0.	0.	0.	32,267.	224,219.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS SUSSMAN	(i)	162,990.	0.	0.	0.	10,050.	173,040.	0.
VP, FINANCE & BUSINESS OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERT VAUGHN	(i)	144,100.	0.	0.	0.	16,038.	160,138.	0.
NATIONAL DIR OF INSTRUCTOR TRAINING	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BEATRICE TASSOT	(i)	139,918.	0.	0.	0.	20,152.	160,070.	0.
EXECUTIVE DIRECTOR NEW JERSEY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

13-4145441

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2017

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2017 Open To Public Inspection

Employer identification number

Name of the organization	n
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Go to www.irs.gov/Form990 for the latest information.

	NPOWER INC.						13-41	45	441	
Par	rt I Types of Property									
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor		<b>(d)</b> od of det contribut		•	s
1	Art - Works of art	X	2	170.	COST	OF	ITEM	[		
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications	X		50.	COST	OF	ITEM	ſ		
5	Clothing and household goods	X		32,800.	COST	OF	ITEM	ſ		
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other $\dots$									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	X	13	7,471.	COST	OF	ITEM	[		
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24		v	12	222 566	000		TOPN	r		
25	Other $\blacktriangleright$ ( <u>EQUIPMENT</u> )	X X		233,566. 4,000.			ITEM ITEM			
26	Other ► ( <u>CLASSROOM SPA</u> ) Other ► (FURNITURE)	X	30	2,664.			ITEN			
27		X	11	2,004.			ITEN			
<u>28</u> 29					2021	01				
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828								0	
	for which the organization completed form bac	55, Fait IV, I		23					Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part L lines 1 throug	1h 28 th	at it	ſ		165	NO
000	must hold for at least three years from the date		•••••			acit				
	exempt purposes for the entire holding period?							30a		Х
b	If "Yes," describe the arrangement in Part II.						·····	000		
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	tions?			31	х	
	Does the organization hire or use third parties of	•	-	-			····· -			
	contributions?		•	· · ·				32a		x
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is cheo	cked,					
	describe in Part II.									
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	).		Sche	edule M	(Forn	n 990)	2017

#### Schedule M (Form 990) 2017 NPOWER INC.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### PART I, OTHER TYPES OF PROPERTY:

#### PAINT & SUPPLIES

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 25.
- (D) METHOD OF DETERMINING REVENUE: COST OF ITEM

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. ► Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2017
2017
Open to Public
Inspection
Employer identification number

13 - 4145441

NPOWER INC.

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

NPOWER IS A NATIONAL NONPROFIT THAT CREATES PATHWAYS TO ECONOMIC

PROSPERITY BY LAUNCHING DIGITAL CAREERS FOR MILITARY VETERANS AND YOUNG

ADULTS FROM UNDERSERVED COMMUNITIES.

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

AND IN-DEMAND CERTIFICATIONS DESIGNED TO PREPARE PROGRAM ALUMNI FOR

HIGHER WAGE IT JOBS.

CYBERSECURITY IS A 26-WEEK CLASSROOM AND INTERNSHIP TRAINING PROGRAM

THAT PROVIDES ALL THE TOOLS NEEDED FOR PARTICIPANTS TO LAUNCH A CAREER

IN THE FIELD OF CYBERSECURITY. IN 2017, THE PROGRAM OPERATED IN NEW

YORK (BROOKLYN) AND TEXAS (DALLAS) AND PROVIDED THE INDUSTRY-RECOGNIZED

CYBER SECURITY ANALYST + AND LINUX + CERTIFICATIONS.

CODING IS A 12-WEEK CLASSROOM TRAINING PROGRAM THAT PROVIDES THE

OPPORTUNITY TO LEARN IN-DEMAND LANGUAGES INCLUDING HTML, CSS,

JAVASCRIPT, SQL AND LINUX. IN 2017, THE PROGRAM OPERATED IN TEXAS

(DALLAS).

ENTERPRISE SERVICE MANAGEMENT IS AN 8-WEEK CLASSROOM TRAINING PROGRAM

THAT PROVIDES THE OPPORTUNITY TO EARN IN-DEMAND CERTIFICATIONS

INCLUDING ITIL AND SPLUNK. IN 2017, THE PROGRAM OPERATED IN CALIFORNIA

(ALAMEDA).

APPROXIMATELY 800 YOUNG ADULTS AND MILITARY VETERANS WERE ACCEPTED INTO

Name	of the organizatio		POWER	INC	•				En		identification number 4145441
THE	PROGRAMS	IN	2017	AND	OVER	2,500	GRADUATES	PARTICIPATE	IN	THE	ALUMNI
NET	WORK.										
FORI	M 990, PA	RT V	/I, SI	ECTIC	ON B,	LINE	11B:				

THE DRAFT FORM 990 IS REVIEWED IN DETAIL BY THE ORGANIZATIONS' OFFICERS AND THE AUDIT COMMITTEE OF THE BOARD. THE AUDIT COMMITTEE RECOMMENDS ITS APPROVAL TO THE FULL BOARD. A COPY OF THE FORM 990 IS SENT TO ALL BOARD MEMBERS AND THE BOARD TREASURER PRESENTS A SUMMARY AND RECOMMENDATION FOR APPROVAL OF THE BOARD.

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

THE VICE PRESIDENT, FINANCE & BUSINESS OPERATIONS REVIEWS POTENTIAL

CONFLICTS WITH THE AFFECTED BOARD MEMBER OR OFFICER AND REACHES AN

AGREEMENT ON STATUS. IF NO AGREEMENT IS REACHED, THE VICE PRESIDENT,

FINANCE & BUSINESS OPERATIONS ADDRESSES THE MATTER WITH THE CHAIR OR THE

BOARD-DESIGNATED MEMBER FOR CONFLICT RESOLUTION. THE AFFECTED MEMBER OR

OFFICER CAN RECUSE OR BE ASKED TO RECUSE FROM PARTICIPATION IN DISCUSSIONS

OR VOTES ON THE APPLICABLE MATTER. THIS PROCESS WAS LAST PERFORMED IN

JANUARY 2018.

Schedule (C) (Form 990 or 990-E7) (2017)

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

THE CHAIR CONVENES A COMMITTEE TO CONSIDER THE ORGANIZATION'S PERFORMANCE,

THE PERFORMANCE OF THE CEO AGAINST OBJECTIVES, THE GENERAL MARKET

CONDITIONS AND THE PROSPECTS FOR THE OPERATION. THE COMMITTEE ALSO COMPARES

THE CURRENT CEO'S COMPENSATION WITH OTHER NONPROFITS CEO'S COMPENSATION AND

AGREES ON THE AMOUNT AND NATURE OF COMPENSATION (I.E. SALARY AND BONUS).

THE APPROVED AMOUNTS ARE THEN FORWARDED TO THE VICE PRESIDENT, FINANCE &

Page 2

NPOWER INC.

Page 2 Employer identification number 13-4145441

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

DOCUMENTS AND STATEMENTS ARE MADE AVAILABLE TO INDIVIDUALS AND

ORGANIZATIONS UPON REQUEST, AND SUBJECT TO OUR DETERMINATION OF THEIR NEED

TO KNOW.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Employer identification number 13 - 4145441

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

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

NPOWER INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?	
				501(c)(3))		Yes	'es No	
NPOWER CANADA	TECHNOLOGY AND							
350 VICTORIA STREET	PROFESSIONAL SKILLS							
TORONTO, CANADA	TRAINING	CANADA			N/A		Х	
	-							
	-							
	-							

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

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule		or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
										+	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)		0. 1.0.01				Yes	No
									<u> </u>
									<u> </u>
									$\square$
									$\square$

## Schedule R (Form 990) 2017 NPOWER INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
Purchase of assets from related organization(s)	<u>1h</u>		
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)		+	_
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>	_	T
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)	<u>1m</u>		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)		_	+
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses	<u>1q</u>	+	+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)			

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				

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# Schedule R (Form 990) 2017 NPOWER INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(0)	<u> </u>	<b>F</b>	(d)	1-		(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	(e Are partners 501(c orgs	all	(f)	<b>(g)</b> Share of		ר) החסיי-	(i) Code V UBI	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. ;)(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
					$ \longrightarrow $							
				╉								<u> </u>

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 NPOW: Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.