**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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For the	2023 calendar year, or tax year beginning	and	ending	_					
В	Check if applicable	C Name of organization			D Employer identification number					
Г	Addres	NPOWER INC.								
F	Name change		13-4145441							
F	Initial return	Number and street (or P.O. box if mail is not delivered to street at	9							
F	Final return/	55 WASHINGTON STREET, SUITE 56	,							
	termin- ated				212-564-7010 G Gross receipts \$ 24,878,731.					
Г	Amend return				H(a) Is this a group					
	Application	F Name and address of principal officer: BERTINA CEC	CARELLI		for subordinate					
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	—				
ī	Tax-exe	empt status: $X = 501(c)(3) = 501(c)($ ) (insert no.)	4947(a)(1)	or 527	If "No," attach	a list. See instructions				
	Websit				H(c) Group exempti	on number				
<u>K</u>		organization: X Corporation Trust Association	Other	<b>L</b> Year	of formation: 2000	M State of legal domicile: NY				
P	_	Summary								
ď	1 1	Briefly describe the organization's mission or most significant activ	rities: SEE	SCHEDU	LE O					
Governance										
rn	2 (	Check this box if the organization discontinued its operation	•	sed of more	than 25% of its net as					
Š	3	Number of voting members of the governing body (Part VI, line 1a)			<u>3</u>					
8		Number of independent voting members of the governing body (Pa								
es	5		otal number of individuals employed in calendar year 2023 (Part V, line 2a)							
Activities	6	Total number of volunteers (estimate if necessary)								
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12								
	b	Net unrelated business taxable income from Form 990-T, Part I, lin	<u>ie 11</u>	<u></u>						
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)			40,964,840.					
en en	9	Program service revenue (Part VIII, line 2g)			1,380,597.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			154,615. -1,084,461.					
	י ייין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1			41,415,591.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, colum			0.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.					
	45 (	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (	(A) lines 5 10)		16,443,546.					
Ses	15	Professional fundraising fees (Part IX, column (A), line 11e)			0.					
Expenses	h	Total fundraising expenses (Part IX, column (A), line 11e)	2,209,4	09.	Ŭ.					
Ř	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			8,467,736.	11,308,362.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines			24,911,282.					
		Revenue less expenses. Subtract line 18 from line 12	10 20)		16,504,309.					
	<u> </u>	Tevende 1655 expendes. Odbirdet iine 16 frem iine 12		Be	ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)			36,741,712.					
Ass	21	Total liabilities (Part X, line 26)			4,728,845.					
Net	22	Net assets or fund balances. Subtract line 21 from line 20			32,012,867.					
P	art II	Signature Block		•						
Und	ler penal	ties of perjury, I declare that I have examined this return, including accomp	canying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is				
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all	information of wh	nich preparer	has any knowledge.					
Sig	n	Signature of officer			Date					
He	re	BERTINA CECCARELLI, CEO								
		Type or print name and title			Data	DTIN				
Print/Type preparer's name Preparer's signature Date Check PTIN										
Pai	1	ELLEN M. LABITA, CPA	D I D		self-empl					
	·	Firm's name BAKER TILLY ADVISORY GROUF Firm's address 1500 RXR PLAZA, WEST TOWE			Firm's EIN	39-0859910				
USE	Only	01 750 7400								
_		UNIONDALE, NY 11556	·		Phone no. 6	31.752.7400 X Yes No				
		S discuss this return with the preparer shown above? See instructions  Paperwork Reduction Act Notice, see the separate instructions				X Yes No				
ᆫᅢ	¬ ror∣	rapel work neudction act Notice, see the separate instruction:	S. 332001 1	Z-Z I-23		rom 556 (2023)				

28,098,021. SEE SCHEDULE O FOR CONTINUATION(S) 332002 12-21-23

including grants of \$

Total program service expenses

Other program services (Describe on Schedule O.)

) (Revenue \$

# Form 990 (2023) NPOWER INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۳		
′		7		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		-25
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ا م ا		х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₹.
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			7,
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	
е	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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
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,"	"		
.9	·	19		х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a		20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		,,		х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

332003 12-21-23

Form	1990 (2023) NPOWER INC. 13-41	45441	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			Ι
00	Did the constitution was the off 000 of constant the contract of the description of the contract of the contra		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	- 1		l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			\ <sub>3,7</sub>
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
20	"Yes," complete Schedule L, Part IV		Х	
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 22	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	

## Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V						į
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	121				ĺ
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?			10	i 1	1	

332004 12-21-23

Form **990** (2023)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 325			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
oa		6a		x
b	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		<del></del>
b		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD		
7		70	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	X	$\vdash$
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	- 72	$\vdash$
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			X
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		$\vdash$
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<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	4		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

08430604 144198 133329

Form 990 (2023) NPOWER INC. 13-4145441 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 23			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 22			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
·	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
<i>1</i> a		7a		х
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		- 21
b		7b		Х
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		21
8		0-	Х	
a	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
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? If "Yes," provide the names and addresses on Schedule O	Э		21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		- 21
D		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 I G		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy?  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	14	21	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		16a		х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filedCA,FL,MD,MI,NJ,NY,NC,OH,VA			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availak	
10	for public inspection. Indicate how you made these available. Check all that apply.	Offig)	avanai	JIC .
10	X Own website Another's website X Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	nial .	
19	statements available to the public during the tax year.	man	naı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	THOMAS SUSSMAN - 917-599-9700			
	55 WASHINGTON STREET, SUITE 560, BROOKLYN, NY 11201			

Form **990** (2023)

08430604 144198 133329

Form 990 (2023) NPOWER INC. 13-4145441 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

hours per week (list any hours for related organizations below line)  10 BERTINA CECCARELLI    August	timated nount of other pensation om the anization d related anizations
hours per week (list any hours for related organizations below line)    Description   Part   Part	other pensation om the anization d related
(list any hours for related organizations below line)  (1) BERTINA CECCARELLI  (list any hours for related organizations below line)  (1) BERTINA CECCARELLI  (list any hours for related organizations below line)  (I) BERTINA CECCARELLI  (Iist any hours for related organization (W-2/1099-MISC/ 1099-NEC)  (W-2/1099-NEC)  (W-2/1099-NEC)  (I) BERTINA CECCARELLI	pensation om the anization d related
(1) BERTINA CECCARELLI 40.00	om the anization d related
(1) BERTINA CECCARELLI 40.00	anization d related
(1) BERTINA CECCARELLI 40.00	d related
(1) BERTINA CECCARELLI 40.00	
(1) BERTINA CECCARELLI 40.00	
(1) BERTINA CECCARELLI 40.00	
	4,641.
(2) STEFANIE BOLES 40.00	
CHIEF ADMINISTRATIVE OFFICER 0.00 X 290,704. 0. 1	3,083.
(3) ROBERT VAUGHN 40.00	
	0,081.
(4) BEATRICE TASSOT 40.00	
	<u>4,334.</u>
(5) THOMAS SUSSMAN 40.00	
	<u>1,826.</u>
(6) BINTA VANN 40.00	
	2,222.
(7) MACK CAMPBELL 40.00	1 000
	1,237.
(8) JONATHAN PRIDE 40.00	- 176
	<u>5,176.</u>
(9) KENDRA PARLOCK  VP, PARTNERSHIP DEVELOPMENT  0.00  X 177,800.	5 504
VP, PARTNERSHIP DEVELOPMENT         0.00         X         177,800.         0.10           (10) MELODY BROWN         40.00         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1	6,504.
	7,018.
(11) HELEN KOGAN 40.00	7,010.
	1,826.
(12) CHRISTOPHER STARLING 40.00	
	1,167.
(13) DALE BROOKS 40.00	
MANAGING DIR. DEVELOPMENT - EAST 0.00 X 155,594. 0. 2	4,133.
(14) JOSE REYES 40.00	
EXECUTIVE DIRECTOR, MICHIGAN 0.00 X 165,125. 0. 1	1,076.
(15) MATT HORNER 1.50	
BOARD CHAIR 0.00 X X 0.	0.
(16) GAIL FIERSTEIN 1.50	
BOARD VICE CHAIR 0.00 X X 0.	0.
(17) VIOLA MAXWELL-THOMPSON 1.50	_
TREASURER 0.00 X X 0.00 0.	0.

332007 12-21-23 Form **990** (2023)

Form 990 (2023) NPOWER INC. 13-4145441 Page 8

Form 990 (2023) NPOWER	INC.								13-4145	441 Page 6	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				nne	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of	
	week		Jer an	la a a	recic	r/trus	lee)	from	from related	other	
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization	
	organizations	Individual trustee or director	Institutional trustee		ee/ee	mpen		1099-NEC)	1099-1120)	and related	
	below	dualt	ution	-	Key employee	st co	ь			organizations	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(18) STEPHEN MURPHY	1.50										
SECRETARY	0.00	Х		Х				0.	0.	0.	
(19) AMI DESAI	1.50										
DIRECTOR	0.00	Х						0.	0.	0.	
(20) ANUPAM SINGHAL	1.50										
DIRECTOR	0.00	Х						0.	0.	0.	
(21) DAVID REILLY	1.50										
DIRECTOR	0.00	Х						0.	0.	0.	
(22) DEAN DEL VECCHIO	1.50										
DIRECTOR	0.00	Х						0.	0.	0.	
(23) DIANE K. SCHWARZ	1.50										
DIRECTOR	0.00	Х						0.	0.	0.	
(24) DWIGHT D. SHEPHERD	1.50										
DIRECTOR	0.00	Х						0.	0.	0.	
(25) FRANK PEDERSEN	1.50										
DIRECTOR	0.00	Х						0.	0.	0.	
(26) GERALD CHARLES, JR	1.50										
DIRECTOR	0.00	Х						0.	0.	0.	
1b Subtotal								2,876,688.	0.	224,324.	
c Total from continuation sheets to Par	t VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)						<u></u>		2,876,688.	0.	224,324.	

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B)	(C)
Name and business address	Description of services	Compensation
TEK & TECH, LLC, 3839 MCKINNEY AVE, STE	CONSULTING/SUPPORT	
155-2025, DALLAS, TX 75204	FOR TECH PLATFORM	1,961,458.
THE TNS GROUP	MANAGED SERVICES	
9 WEST BROAD STREET, STAMFORD, CT 06902	PROVIDER	731,553.
VARIDENT LLC	MARKETING CONSULTING	
PO BOX 5160, CLINTON, NJ 08809	SERVICES	416,829.
FINN PARTNERS, INC, 1675 BROADWAY, 10TH	MARKETING CONSULTING	
FLOOR, NEW YORK, NY 10019	SERVICES	316,975.
SINGH TECHNOLOGY GROUP, LLC, 140 KANE	HOSTING & UPGRADES	
STREET, A2, WEST HARTFORD, CT 06119	TO ALUMNI PORTAL PLA	232,000.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization 14		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		202

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

45

Form 990 NPOWER INC. 13-4145441

	NC.								13-414	<u> </u>
Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) (B) (C)								(D)	(E)	(F)
Name and title Average					ition			Reportable	Reportable	Estimated
	hours	(c	heck	all :	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any hours for	or director				d em b		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	ee or	stee			nsate		(** 27 1033 141100)		and related
	organizations	Individual trustee	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	itutior	Je.	Key employee	hest c	Former			
	line)	ib	Inst	Officer	Key	Higi	Forr			
(27) GUILLERMO DIAZ, JR	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(28) JENNIFER KLEINERT	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(29) JOSH SUTTON	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(30) KATEAU JAMES	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(31) KIER GUMBS	1.50									
DIRECTOR AS OF 1/18/23	0.00	Х						0.	0.	0.
(32) MARK PATTERSON	1.50							_	_	_
DIRECTOR	0.00	Х						0.	0.	0.
(33) MIKE FEY	1.50							_		_
DIRECTOR	0.00	Х						0.	0.	0.
(34) PETER TRIZZINO	1.50							_		_
DIRECTOR	0.00	Х						0.	0.	0.
(35) SANGY VATSA	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(36) TONY KERRISON	1.50								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(37) STEVEN BALLANTYNE	1.50	3,7							0	•
DIRECTOR UNTIL 1/18/23	0.00	Х						0.	0.	0.
(38) CHRISTOPHER PERRY	1.50	37						_	0	•
DIRECTOR UNTIL 1/18/23	0.00	Х						0.	0.	0.
(39) CRAIG CUFFIE	1.50	х						0.	0.	0
DIRECTOR UNTIL 7/26/23 (40) DEBRA KING	0.00 1.50	Λ						0.	0.	0.
DIRECTOR UNTIL 7/26/23	0.00	Х						0.	0.	0.
DIRECTOR UNTIL 7/20/23	0.00	Λ						0.	0.	0.
		-								
		1								
		1								
		1								
								l		

NPOWER INC.

Form 990 (2023) NPOWER
Part VIII Statement of Revenue

		Check if Schedule O contain	ns a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns	1a	284,995.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
9		Fundraising events		1,727,921.				
ffs,		Related organizations		_,,_,,,				
ig ig				3,056,624.				
Sir.		Government grants (contribution		3,030,024.				
utio	т	All other contributions, gifts, grants,		17,037,448.				
<sup></sup>		similar amounts not included above		190,346.				
out	•	Noncash contributions included in lines 1a-	1f <b>1g</b>  \$	190,340.	22 106 000			
O g	n	Total. Add lines 1a-1f		B 0. d.	22,106,988.			
	_	DDOGDAN GEDVIGE EEE		Business Code	1 220 545	1 220 545		
<u>ic</u>	2 a			541511	1,330,545.	1,330,545.		
er v	b	-						
n S	С							
ran 3ev	d							
Program Service Revenue	е							
	f	All other program service revenu						
$\longrightarrow$	g				1,330,545.			
	3	Investment income (including di	vidends, intere	est, and				
		other similar amounts)			479,572.			479,572.
	4	Income from investment of tax-	exempt bond p	roceeds				
	5	Royalties						
		L	(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>						
	b	Less: cost or other basis						
ē		and sales expenses <b>7b</b>						
Revenue	С	Gain or (loss) 7c						
Şe.		Net gain or (loss)		•				
her F		Gross income from fundraising ever						
₽ E	-	including \$ 1,727,9	I .					
		contributions reported on line 1						
		Part IV, line 18	′ I	129,130.				
	h	Less: direct expenses						
		Net income or (loss) from fundra			-344,802.			-344,802.
		Gross income from gaming activ			,			,
	- 4	Part IV, line 19	I .					
	h	Less: direct expenses	I .					
		Net income or (loss) from gamin						
		Gross sales of inventory, less re						
	10 a	and allowances	I .					
	h	Less: cost of goods sold	I .					
		Net income or (loss) from sales		4				
$\dashv$		Tot moone or hossy norm sales	or mivoritory	Business Code				
Sn	11 a	GAIN OF AFFILIATE		900099	832,496.			832,496.
Jeo Tue	ii a b				202,220.			
Miscellaneous Revenue								
Sce	q							
Ξ		All other revenue			832,496.			
		Total Add lines 11a-11d			24,404,799.	1,330,545.	0.	967,266.
	12	Total revenue. See instructions			4=, =v=, /33.	1 +,,,,,,,,,,	ı	1 , 200.

332009 12-21-23

Form **990** (2023)

# Form 990 (2023) NPOWER INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othi	er organizations must con	nnlete column (Δ)	
Secil	Check if Schedule O contains a respon				X
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		САРСПОСО	general expenses	СХРОПОСО
•	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				
Ū	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,				
J	trustees, and key employees	2,178,171.	963,737.	823,512.	390,922.
6	Compensation not included above to disqualified	2/1/0/1/10	30377370	023/3121	33073220
U	persons (as defined under section 4958(f)(1)) and				
7		17,079,743.	15,097,061.	997,607.	985,075.
7 8	Other salaries and wages	<u> </u>	13,031,001	221,0010	202,013•
Ø	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	119,743.	103,350.	8,305.	8,088.
_		1,846,221.	1,607,577.	124,808.	113,836.
9	Other employee benefits	1,968,638.	1,661,103.	167,435.	140,100.
10	Payroll taxes	1,300,030.	I,001,103.	101,433.	140,100.
11	Fees for services (nonemployees):				
a	Management	25,000.		25,000.	
b		138,420.		138,420.	
	Accounting	130,420.		130,420.	
	, 0				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4,295,618.	2,945,376.	1,180,913.	169,329.
	column (A), amount, list line 11g expenses on Sch O.)	420,128.		29,241.	1,676.
12	Advertising and promotion	118,724.		24,850.	3,018.
13	Office expenses	2,103,715.		148,871.	63,762.
14	Information technology	2,103,713.	1,091,002.	140,0/1.	03,704.
15	Royalties	746,419.	510,725.	129,410.	106,284.
16	Occupancy	1,107,329.		110,043.	140,113.
17	Travel	1,107,349.	057,173.	110,043.	140,113.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 000 054	020 157	72 040	20 757
22	Depreciation, depletion, and amortization	1,023,854.	930,157.	72,940.	20,757.
23	Insurance	64,636.	1,345.	63,291.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule O.)	420 000	420 000	1 100	
а	LICENSES	432,089.	430,902.	1,187.	
b	STIPENDS	199,722.	199,722.	41 004	20 201
С	FACILITIES RELATED	199,247.	118,062.	41,884.	39,301.
d	DUES AND SUBSCRIPTIONS	196,603.	118,656.	57,220.	20,727.
	All other expenses	236,858.	181,926.	48,511.	6,421.
25	Total functional expenses. Add lines 1 through 24e	34,500,878.	28,098,021.	4,193,448.	2,209,409.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

NPOWER INC.

Form 990 (2023)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	11,392,517.	1	1,497,871.		
	2	Savings and temporary cash investments			10,644,659.	2	8,870,567.
	3	Pledges and grants receivable, net		6,751,025.	3	6,802,001.	
	4	Accounts receivable, net			589,192.	4	614,164.
	5	Loans and other receivables from any current or t					
		trustee, key employee, creator or founder, substa	ntial c	contributor, or 35%			
		controlled entity or family member of any of these	pers	ons		5	
	6	Loans and other receivables from other disqualifie	ed per				
		under section 4958(f)(1)), and persons described		6			
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	5			315,345.	9	354,629.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,277,239.			
	b	Less: accumulated depreciation	10b	4,855,760.	1,652,894.	10c	1,421,479.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	5,396,080.	15	6,095,387		
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	33)	36,741,712.	16	25,656,098
	17	Accounts payable and accrued expenses	1,780,829.	17	1,408,519		
	18	Grants payable		18			
	19	Deferred revenue			207,383.	19	152,480
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
Se	22	Loans and other payables to any current or former	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	ntial c	contributor, or 35%			
iab		controlled entity or family member of any of these				22	
-	23	Secured mortgages and notes payable to unrelat		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	-	· · · · · · · · · · · · · · · · · · ·	0 540 622		0 600 211
		of Schedule D			2,740,633.		2,628,311.
	26	Total liabilities. Add lines 17 through 25			4,728,845.	26	4,189,310.
ړ		Organizations that follow FASB ASC 958, chec	k her	e X			
jce		and complete lines 27, 28, 32, and 33.			10 000 152		7 577 114
alar	27	Net assets without donor restrictions			18,089,153.	27	7,577,114.
Ä	28	Net assets with donor restrictions			13,923,714.	28	13,889,674.
Ĕ.		Organizations that do not follow FASB ASC 95	8, che	eck here			
느		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			22 012 067	31	21 166 700
ž	32	Total net assets or fund balances			32,012,867.	32	21,466,788.
	33	Total liabilities and net assets/fund balances			36,741,712.	33	25,656,098.

13-4145<u>441 Page 12</u>

Form	990 (2023) NPOWER INC.	13-	414544	<u> 1</u>	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			0.4			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,5			
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,0			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,0	)12	, 86	<u> </u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	- 4	150	<u>, 0 C</u>	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	21,4	166	<u>, 78</u>	<u> </u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				$\overline{}$	X
				Y	'es	No
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 on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	_	<u>X</u>
	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?		1	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c :	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L:	3a .	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				X	
			Fo	orm <b>9</b>	90 (2	2023)

## **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NPOWER INC. 13-4145441

πı	Reason for Public C	inarity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
	A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).		
	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
	A medical research organization	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and state:							
	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental unit describe	ed in	
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
X	An organization that norma	lly receives a substar	ntial part of its support for	rom a gove	ernmental i	unit or from the general	public described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
Щ	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)				
	An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college	
	or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or	
	university:							
	-	•				· ·	*	
		•	•				•	
			(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.	
		•						
H		· ·	•	•			_	
Ш		•	•	•		•	•	
							Sheck the box on	
	¬						_::	
		•	•	•	-			
	• • • • •			majority o	or the direc	tors or trustees of the st	upporting	
	¬ -	-		ion with its		d arganization(a) by bay	ina	
		•					-	
	-			arrie perso	iis iiiai coi	ittoi oi manage the supp	ported	
	¬ • • • • • • • • • • • • • • • • • • •			in connect	tion with a	and functionally integrate	ad with	
						• •	ou with,	
	¬ ''' *		·				zation(s)	
		•				•	` '	
	•	-		-		='		
	¬ '	· ·	-					
	-					, , , , , , , , , , , , , , , , , , ,		
Ente	er the number of supported o	rganizations						
(		(ii) EIN				` '	(vi) Amount of other	
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
	organ	organization is not a private found A church, convention of chi A school described in secti A hospital or a cooperative A medical research organizative, and state: An organization operated for section 170(b)(1)(A)(iv). (Cooperative) A federal, state, or local goooding and a section 170(b)(1)(A)(vi). (Cooperative) An organization that normatic section 170(b)(1)(A)(vi). (Cooperative) An organization that normatic section 170(b)(1)(A)(vi). (Cooperative) An agricultural research orgonized and university: An organization that normatic activities related to its exemplication organized and an organization organized and an organization organized and an organization organized and an organization organized organization. You must cooperate organization. You must cooperate organization organization. You must cooperate organization organization. You must cooperate organization organization organization. You must cooperate organization organization. You must cooperate organization organization. You must cooperate organization organization organization. You must cooperate organization organization. You must cooperate organization organization organization organization organization organization organization. You must cooperate organization organization organization organization organization organization organization organization. You must cooperate organization	organization is not a private foundation because it is: (i  A church, convention of churches, or association  A school described in section 170(b)(1)(A)(ii). (ii). A hospital or a cooperative hospital service organization operated in corcity, and state:  An organization operated for the benefit of a colsection 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmix. An organization that normally receives a substant section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1) An agricultural research organization described or university or a non-land-grant college of agriculturies related to its exempt functions, subject income and unrelated business taxable income See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusing more publicly supported organizations described lines 12a through 12d that describes the type of Type I. A supporting organization operated, such supported organization supervised control or management of the supporting organization. You must complete Part IV, See Type III. A supporting organization supervised control or management of the supporting organization organization(s). You must complete Part IV, Type III functionally integrated. A supporting its supported organization(s) (see instructions). Type III non-functionally integrated. A supporting that is not functionally integrated. The organizarequirement (see instructions). You must complete Part IV, Integrated the following information about the supported organization.	organization is not a private foundation because it is: (For lines 1 through 12, c A church, convention of churches, or association of churches described A school described in section 170(b)(1)A(iii). (Attach Schedule E (Form A hospital or a cooperative hospital service organization described in set A medical research organization operated in conjunction with a hospital city, and state: An organization operated for the benefit of a college or university owner section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part An agricultural research organization described in section 170(b)(1)(A)(or university or a non-land-grant college of agriculture (see instructions). university: An organization that normally receives (1) more than 33 1/3% of its suppactivities related to its exempt functions, subject to certain exceptions; a income and unrelated business taxable income (less section 511 tax) from See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public sa An organization organized and operated exclusively for the benefit of, to more publicly supported organizations described in section 509(a)(1) complete Part IV, sections 4 and B.  Type II. A supporting organization operated, supervised, or controlled the supported organization(s) the power to regularly appoint or elect a organization. You must complete Part IV, Sections A and B.  Type III. A supporting organization supervised or controlled in connect control or management of the supporting organization operated its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operated its supported organization(s) (see instructions). You must complete Part IV, Sections Check this box if the organization received a written determination for functi	organization is not a private foundation because it is: (For lines 1 through 12, check only A church, convention of churches, or association of churches described in section A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170 and state:  An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 17 (b)(1)(A)(iv). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An arganization that normally receives a substantial part of its support from a governmental virus or a non-land-grant college of agriculture (see instructions). Enter the university or a non-land-grant college of agriculture (see instructions). Enter the university or a non-land-grant college of agriculture (see instructions). Enter the university or a non-land-grant college of agriculture (see instructions). Enter the university is elabeled to its exempt functions, subject to certain exceptions; and (2) no income and unrelated business taxable income (less section 511 tax) from business exection 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See:  An organization organized and operated exclusively for the benefit of, to perform it more publicly supported organizations described in section 509(a)(1) or section lines 12a through 12d that describes the type of supporting organization and complete Part IV. Sections A and B.  Type II. A supporting organization operated, supervised, or controlled by its supported organization (s) the power to regularly appoint or elect a majority organization. You must complete Part IV. Sections A and C.  Type III functionally integrated. A supporting organization operated in connect its supported organization) (s) (see instructions). You must complete	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).  A medical research organization operated in conjunction with a hospital described in sectio city, and state:  An organization operated for the benefit of a college or university owned or operated by a go section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A).  A nonganization that normally receives a substantial part of its support from a governmental section 170(b)(1)(A)(iv). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjuor university or a non-land-grant college of agriculture (see instructions). Enter the name, city university.  An organization that normally receives (1) more than 33 1/396 of its support from contribution activities related to its exempt functions, subject to certain exceptions; and (2) no more than income and unrelated business taxable income (less section 501 tax) from businesses acquit See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Insies 12 a through 12d that describes the type of supporting organization and complete lines properted organization operated exclusively for the benefit of, to perform the function more publicly supporting organizations described in section 509(a)(1) or section 509(a)(2). lines 12 a through 12d that describes the type of supporting organization and complete lines 12d through 12d that describes the type of supporting organizatio	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170b()(1)A(ii).  A school described in section 170b()(1)A(iii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170b(1)A(iii).  A medical research organization operated in conjunction with a hospital described in section 170b()(1)A(iii). Enter city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170b()(1)A(iii). (Complete Part II).  A federal, state, or local government or governmental unit described in section 170b()(1)A(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170b(1)(1)A(iv). (Complete Part II).  A community trust described in section 170b(1)(1)A(iv). (Complete Part III).  An organization that normally receives (1) more than 33 1/39/s of its support from contributions, membership fees, an activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/39/s of its support from contributions, membership fees, an activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/39/s of its support from contributions of its support income and unrelated business taxable income (less section 504(a)) from businesses acquired by the organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Ilines 12 a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g.  Type II. A supporting organization operated, supervised, or controlled by its supported organization(s), by must complete Part IV, Sections A and B.  Typ	

332021 12-21-23

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12715751.	21892136.	21431790.	40964840.	22106988.	119111505
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	12715751.	21892136.	21431790.	40964840.	22106988.	119111505
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6164279.
6	Public support. Subtract line 5 from line 4.						112947226
	ction B. Total Support	•			•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	12715751.	21892136.	21431790.	40964840.	22106988.	119111505
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,939.	3.	3.	154,615.	479,572.	637,132.
9	Net income from unrelated business	·			·		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	328,022.	2469264.	269,945.	100,801.	961,626.	4129658.
11	<b>Total support.</b> Add lines 7 through 10	·		·	Í		123878295
	Gross receipts from related activities.	etc. (see instruction	ons)	<u> </u>	•		,429,121.
	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>
	organization, check this box and sto						
Sec	ction C. Computation of Publ						
	Public support percentage for 2023 (			column (f))		14	91.18 %
	Public support percentage from 2022					15	86.28 %
	33 1/3% support test - 2023. If the					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to			-			
b	10% -facts-and-circumstances test	-	-		-		
-	more, and if the organization meets t	ū				•	
	organization meets the facts-and-circ				· ·		
18	Private foundation. If the organization				•		
			,	, , , , , , , , , , , , , , , , , , , ,			(Form 990) 2023

## 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

08430604 144198 133329

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **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
_		
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F		
<u>5a</u>		
5b		
5c		
50		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
104		
10b		
	m 990)	2023

Schedule A (Form 990) 2023

Par	TIV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	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		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

08430604 144198 133329

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
с	From 2020				
<u>d</u>	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

13-4145441 Page 8 NPOWER INC. Schedule A (Form 990) 2023 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 2019 AMOUNT: \$ 140,173. 2020 AMOUNT: \$ 2,469,264. 262,485. 2021 AMOUNT: \$ FUNDRAISING EVENTS 2019 AMOUNT: \$ 187,849. 2021 AMOUNT: \$ 7,460. 2022 AMOUNT: \$ 100,801. 2023 AMOUNT: \$ 129,130. GAIN OF AFFILIATE 832,496. 2023 AMOUNT: \$

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

**Employer identification number** 13-4145441

	NPOWER INC.		13-4145441
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		·
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	. ,	• • •
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		_
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets hold in donor advis	and funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
6		· ·	-
	for charitable purposes and not for the benefit of the donor or		
Par	impermissible private benefit?  t II Conservation Easements. Complete if the org	regization answered "Vee" on Form 000	Port IV line 7
			raitiv, line 7.
1	Purpose(s) of conservation easements held by the organization	`	Contribution to all the transport of the state of the sta
	Preservation of land for public use (for example, recreat	· —	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the transfer of the transfer of the complete lines.	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the period	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its revenue statement a	ind balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(m)		•
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A		· · · · · · · · · · · · · · · · · · ·
а	Revenue included on Form 990, Part VIII, line 1	_	\$
			•
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023
			- \- \- \- \- \- \- \- \- \- \- \- \- \-

O = ls =	edule D (Form 990) 2023 NPOWER	TNC						13-41	1511 <sup>°</sup>	1 г.	2
	rt III   Organizations Maintaining C		t. Hist	orical Tre	easures, o	r Other					ige Z
3	Using the organization's acquisition, accession								COITE	iucu)	
•	collection items (check all that apply).	211, 4114 01110 100010	, 000	. a, o			,				
а	Public exhibition	(	d $\square$	I oan or exc	change progra	am					
b	Scholarly research										
c	Preservation for future generations										
4	Provide a description of the organization's co	allections and explai	n how th	ev further tl	ne organizatio	n's exem	nt nurnos	se in Part	XIII		
5	During the year, did the organization solicit o							oc iiii ait	/XIII.		
•	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arrang										<u> </u>
	reported an amount on Form 990, Par		ote ii tiie	organization	ii aliswered	103 0111	om 550,	i aitiv, ii	110 0, 01		
1a	Is the organization an agent, trustee, custodi		diary for	contribution	ns or other as	sets not i	ncluded				
	on Form 990, Part X?		-						Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 103		] 110
	Too, explain the arrangement in rail Air Air	and complete the le	mownig t	abic.					Amoun		
С	Beginning balance						1c				
d	Additions during the year										
u	Distributions during the year										
f	Ending balance						1f				
	Did the organization include an amount on Fo								Yes	$\neg$	No
	If "Yes," explain the arrangement in Part XIII.						y:		_ 163		]
	rt V Endowment Funds Complete if										
	COMPlete II	(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>,</b>	, ,		, ,		,		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
٠											
f	and programs Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		·e (line 1	r column (a	)) beld se:	<u> </u>					
a	Board designated or quasi-endowment	•	% %	y, coluitiii (a	iji ricia as.						
h	Permanent endowment	%									
c											
·	The percentages on lines 2a, 2b, and 2c sho	,* =									
3a	Are there endowment funds not in the posses		ation tha	t are held a	nd administer	ed for the	<u>,</u>				
Ju	organization by:	55.511 OF THE OFGAINZ	anon ma	· aro riola a	المام ا	54 151 till	•		ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)	$\dashv$	
b	If "Yes" on line 3a(ii), are the related organiza								3b	$\dashv$	
⊿	Describe in Part XIII the intended uses of the								LOD		
Pa	rt VI Land, Buildings, and Equipm		VVVIIICIIL I	uilus.							
	Complete if the organization answered		0. Part I\	/. line 11a S	See Form 990	. Part X. I	ine 10.				
	Description of property	(a) Cost or o			t or other		cumulate	-d	(d) Boo	k valu	
	besoription of property	basis (investi		٠,,	(other)		reciation	,	(u) boo	value	•
10	Land	,		2 2 3 1 0	·/	2.36					
	Land	I									
ม	Buildings			<u></u>	0 000		20 5	-	1 17		7.0

Schedule D (Form 990) 2023

173,572.

1,247,907.

1,421,479.

438,515.

4,417,245.

e Other

c Leasehold improvements .....

d Equipment

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

612,087

5,665,152.

Schedule D (Form 990) 2023 NPOWER INC

Scriedule D (Form 990) 2023 NI OWER TINC .			TITITI Page 0
Part VII Investments - Other Securities	5 000 B + N/ I	141 0 5 000 5 1 7 1 10	
Complete if the organization answered "Yes" o			
(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, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Part IV line	11c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	(b) Dook value	(c) Method of Valuation. Cost of end	-or-year market value
(1)		1	
(2)			
(3)		1	
(4)			
(5)			
<u>(7)</u>		+	
(8)		+	
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSIT	·		122,402.
(2) RIGHT-OF-USE ASSETS, OPERA	TING LEASES		2,448,238.
(3) INTEREST IN NET ASSETS OF			3,524,747.
(4)			0,0==,
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		6,095,387.
Part X Other Liabilities	<i>,,</i>		•
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITIE	S		2,628,311.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Caliumn /b) must assist Form 000. Part V line 25, and	(B))		2 628 311.

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

Schedule D (Form 990) 2023

Pa	rt XI R	Reconciliation of Revenue per Audited Financial Statemen	ts With	n Revenue per Re	turn				
	c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total rev	renue, gains, and other support per audited financial statements			1	24,443,861.			
2	Amounts	s included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unre	ealized gains (losses) on investments	2a						
b	Donated	services and use of facilities	2b	39,062.					
С		ies of prior year grants	2c						
d		escribe in Part XIII.)	2d						
е	Add lines	s 2a through 2d			2e	39,062.			
3	Subtract	t line 2e from line 1			3	24,404,799.			
4		s included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investme	ent expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (De	escribe in Part XIII.)	4b						
		s <b>4a</b> and <b>4b</b>			4c	0.			
5	Total rev	renue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	24,404,799.			
Pa	rt XII R	Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per P	Retur	n			
	c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total exp	penses and losses per audited financial statements			1	34,989,940.			
2		s included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated	services and use of facilities	2a	39,062.					
		ar adjustments	2b						
С		sses	2c						
d		escribe in Part XIII.)		450,000.					
	•	s <b>2a</b> through <b>2d</b>		-	2e	489,062.			
3		t line <b>2e</b> from line <b>1</b>			3	34,500,878.			
4		s included on Form 990, Part IX, line 25, but not on line 1:							
а		ent expenses not included on Form 990, Part VIII, line 7b	4a						
		escribe in Part XIII.)	4b						
	•	s <b>4a</b> and <b>4b</b>			4c	0.			
5	Total exp	penses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)			5	34,500,878.			
Pa	rt XIII S	Supplemental Information				-			
Prov	ide the de	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1	b and 2b; Part V, line 4	; Part :	K, line 2; Part XI,			
lines	2d and 4b	b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal info	rmation.					
PAI	RT X,	LINE 2:							
MAI	NAGEMI	ENT EVALUATED THE ORGANIZATION'S TAX PO	DSIT	ONS AND CON	CLU	DED THAT			
THI	E ORGA	ANIZATION HAD TAKEN NO UNCERTAIN TAX PI	ROVIS	SIONS THAT R	EQU	IRE			
AD	JUSTME	ENT TO THE CONSOLIDATED FINANCIAL STATE	EMENT	TS TO COMPLY	WI	TH THE			
	PROOPLINE TO THE COMPOSITED LIMMCIAS STATEMENTS TO COMEST WITH THE								
PRO		PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING							
NOVIDIOND OF FINANCIAL ACCOUNTING DIAMBAND DOARD ( FADD ) ACCOUNTING									
_	ovisio	ONS OF FINANCIAL ACCOUNTING STANDARDS I	30ARI	O ("FASB") A	CCO	UNTING			
STZ									
ST		ONS OF FINANCIAL ACCOUNTING STANDARDS IN CODIFICATION ("ASC") NO. 740, "ACCOUNTING STANDARD ("ASC") NO. 740, "ACCOUNTING ST							
	ANDARI	DS CODIFICATION ("ASC") NO. 740, "ACCOU							
	ANDARI								
	ANDARI	DS CODIFICATION ("ASC") NO. 740, "ACCOU							
	ANDARI	DS CODIFICATION ("ASC") NO. 740, "ACCOU							
INC	ANDARI	DS CODIFICATION ("ASC") NO. 740, "ACCOU							
INC	ANDARI	DS CODIFICATION ("ASC") NO. 740, "ACCOUTAXES".							
IN(	ANDARI	DS CODIFICATION ("ASC") NO. 740, "ACCOUTAXES".	UNTI			NTY IN			
IN(	ANDARI	DS CODIFICATION ("ASC") NO. 740, "ACCOU TAXES". I, LINE 2D - OTHER ADJUSTMENTS:	UNTI						
ING	ANDARI	DS CODIFICATION ("ASC") NO. 740, "ACCOU TAXES". I, LINE 2D - OTHER ADJUSTMENTS:	UNTI			NTY IN			

Schedule D (Form 990) 2023 NPOWER INC.	13-4145441 Page 5
Schedule D (Form 990) 2023 NPOWER INC.  Part XIII Supplemental Information (continued)	

# SCHEDULE F (Form 990)

## **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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identifi	cation number
NPOWER INC.					13-414544	1
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
 Form 990, Part I\			ССПРІ	oto ii tilo organi	ization anowored 1	00 011
		maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
			he selection criteria used to award the			Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and oth	her assistance outsi	de the
United States.						
			n be duplicated if additional space is n			
(a) Region	(b) Number of	(c) Number of employees,	1, ,		vity listed in (d)	(f) Total expenditures
	offices in the region	agents, and	(by type) (such as, fundraising, program services, investments, grants to		gram service, e specific type	for and
	in the region	agents, and independent contractors	recipients located in the region)		(s) in the region	investments
		in the region	, ,			in the region
NORTH AMERICA -						
CANADA AND MEXICO,						
BUT NOT THE UNITED	_		DDOGDAN GEDYLGEG FEE		TORNOR DEE	25 000
STATES	0	0	PROGRAM SERVICES FEE	TRADEMARK L	ICENSE FEE	25,000.
3 a Subtotal	0	0				25,000.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and Oh)	۱ ،	٥				25 000

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 NPOWER INC. 13-4145441 Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Fatau tatal accept as of								1

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization 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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 the 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 the 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? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	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? If "Yes," 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 the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

332075 11-29-23 Schedule F (Form 990) 2023

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							ntification number
NPOWER						13-4145	
Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais     a	sed funds through any of the followin  e Solicitat  f Solicitat	tion of	non-g gover	overnment grants			
c Phone solicitations	g Special	fundra	aising	events			
<ul> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with prividuals or entities (fundraisers) pursu	ofessi	onal f	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (c	) Amount paid (or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	<b>Z</b> .			Schedule	G (Form 990) 2023

Pa	rt I							
_		of fundraising event contributions and gro		<del>- '</del>		s greater than \$5,000.		
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events		
			ANNUAL GALA			(add col. (a) through		
				JAZZ IT UP	1	col. <b>(c)</b> )		
ē			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	1,779,191.	50,577.	27,283.	1,857,051.		
	2	Less: Contributions	1,650,061.	50,577.	27,283.	1,727,921.		
$\Box$	3	Gross income (line 1 minus line 2)	129,130.			129,130.		
	4	Cash prizes						
se	5	Noncash prizes						
xpens	6	Rent/facility costs	211,701.	5,011.	3,940.	220,652.		
Direct Expenses	7	Food and beverages			10,373.	10,373.		
٦	8	Entertainment		2,389. 3,825.		2,389. 240,518.		
	9	Other direct expenses	222,477.	3,825.	14,216.	240,518.		
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			473,932.		
	11					-344,802.		
Pa	πι	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	i 990, Part IV, line 19, or r	reported more than			
$\neg$		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add		
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)		
Revenue								
ď	1	Gross revenue						
S	2	Cash prizes						
irect Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
٦	_	Other direct expenses						
=	<u> </u>	Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No No			
	7	Direct expense summary. Add lines 2 through	n 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:					
		the organization licensed to conduct gaming ac	· · · -	states?		Yes No		
		No," explain:						
	_							
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	rminated during the tax y	rear?	Yes No		
_	_	· · ·						

Sch	edule G (Form 990) 2023 NPOWER INC.	<u>3 – 4 1</u>	45441	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			
	to administer charitable gaming?	Г	Yes	No
12	Indicate the percentage of gaming activity conducted in:			
		د ا	ا ء	0/
	The organization's facility		3a	<u>%</u>
	An outside facility	<u>L</u> 1	3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	C	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ıt		
	of gaming revenue retained by the third party \$			
С	: If "Yes," enter name and address of the third party:			
,	,			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-	Manufacture all all the all and			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_	
	retain the state gaming license?	L	Yes	∟ No
b	enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	e		
	organization's own exempt activities during the tax year \$			
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part II	I, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990) NP Part IV Supplemental Informati	OWER INC.	13-4145441	Page 4
Part IV Supplemental Informati	on (continued)		

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

**ZUZ**3

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

	NPOWER INC.	13-414544	1	
Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	<b>∂</b> 90,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for person	nal use		
	Travel for companions Payments for business use of personal res	idence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeu	r, 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 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	n to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation or	ommittee		
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	۱ ا		
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	l		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	۱ ا		
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?			Х
	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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th			
		8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

\_\_\_\_\_\_ 9 | Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2023 NPOWER INC. 13-4145441 Page 2

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) BERTINA CECCARELLI	(i)	363,069.	0.	0.	750.	33,891.	397,710.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) STEFANIE BOLES	(i)	290,704.	0.	0.	750.	12,333.	303,787.	0.	
CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ROBERT VAUGHN	(i)	216,478.	0.	0.	0.	10,081.	226,559.	0.	
CHIEF INNOVATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) BEATRICE TASSOT	(i)	200,737.	0.	0.	0.	24,334.	225,071.	0.	
VP, FIELD & PROGRAM OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) THOMAS SUSSMAN	(i)	207,753.	0.	0.	750.	11,076.	219,579.	0.	
VP, FINANCE & BUSINESS OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) BINTA VANN	(i)	206,618.	0.	0.	200.	12,022.	218,840.	0.	
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) MACK CAMPBELL	(i)	189,383.	0.	0.	0.	11,237.	200,620.	0.	
VP, DEVELOPMENT & PRINCIPAL GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) JONATHAN PRIDE	(i)	161,640.	0.	0.	750.	34,426.	196,816.	0.	
EXECUTIVE DIRECTOR, TEXAS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) KENDRA PARLOCK	(i)	177,800.	0.	0.	750.	15,754.	194,304.	0.	
VP, PARTNERSHIP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) MELODY BROWN	(i)	184,684.	0.	0.	750.	6,268.	191,702.	0.	
VP, PEOPLE & TEAM ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) HELEN KOGAN	(i)	174,206.	0.	0.	750.	11,076.	186,032.	0.	
EXECUTIVE DIRECTOR, METRO REGION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) CHRISTOPHER STARLING	(i)	182,897.	0.	0.	750.	417.	184,064.	0.	
ASSOCIATE VP - SKILLBRIDGE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) DALE BROOKS	(i)	155,594.	0.	0.	109.	24,024.	179,727.	0.	
MANAGING DIR. DEVELOPMENT - EAST	(ii)	0.	0.	0.	0.	0.	0.	0.	
(14) JOSE REYES	(i)	165,125.	0.	0.	0.	11,076.	176,201.	0.	
EXECUTIVE DIRECTOR, MICHIGAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								

chedule J (Form 990) 2023 NPOWER INC.	13-4145441	Page <b>3</b>
Part III Supplemental Information		9
rovide 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	e this part for any additional information	ı <b>.</b>
	-	

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number 13-4145441

	NPOWER INC.					13-	<u>4145</u>	441	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor	(c Method of c ncash contrib	letermin	_	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	5	65,846.	NYSE				
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								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( <b>COMPUTER SOFTWA</b> )	X	2	124,500.	COST	OF IT	ΞM		
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organia	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				0	
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, th	at it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for				
	exempt purposes for the entire holding period'	?					30a		_X_
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribut	ions?		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	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	for which column (a) is chec	ked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NPOWER INC.

Employer identification number 13-4145441

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:

GENERALIST APPRENTICESHIP CREDENTIAL. IN ADDITION, TRAINEES RECEIVED

EXPOSURE TO MICROSOFT, CISCO, AWS AND OTHER LEADING TECHNOLOGIES;

MENTORING FROM SENIOR LEVEL IT PROFESSIONALS; EMPLOYMENT READINESS

WORKSHOPS; JOB PLACEMENT ASSISTANCE WITH ACCESS TO A WIDE RANGE OF TOP

EMPLOYERS; AND A FULL RANGE OF ONGOING SOCIAL SERVICE AND PERSONAL

DEVELOPMENT SUPPORT.

INFORMATION TECHNOLOGY SUPPORT SPECIALIST IS AN 18-WEEK VIRTUAL CLASSROOM AND INTERNSHIP TRAINING PROGRAM DESIGNED TO PROVIDE PARTICIPANTS WITH THE BASICS OF IT NETWORKING, TROUBLESHOOTING, AND INFRASTRUCTURE. IN 2023, THE PROGRAM OPERATED IN CALIFORNIA (LOS ANGELES) AND PROVIDED AN OPPORTUNITY TO EARN INDUSTRY-RECOGNIZED CERTIFICATIONS: COMPTIA ITF+, MICROSOFT CERTIFIED 365 & AZURE FUNDAMENTALS AND A GOOGLE IT SUPPORT CERTIFICATE. IN ADDITION, HAVE AN OPPORTUNITY FOR A PAID INTERNSHIP AND APPRENTICESHIPS, DIRECT PLACEMENT; EXPOSURE TO MICROSOFT, GOOGLE AND OTHER LEADING TECHNOLOGIES; MENTORING FROM SENIOR LEVEL IT PROFESSIONALS; EMPLOYMENT READINESS WORKSHOPS; JOB PLACEMENT ASSISTANCE WITH ACCESS TO A WIDE RANGE OF TOP EMPLOYERS; AND A FULL RANGE OF ONGOING SOCIAL SERVICE AND PERSONAL DEVELOPMENT SUPPORT.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page **2** 

Name of the organization NPOWER INC.

Employer identification number 13-4145441

ADVANCED CERTIFICATIONS ARE ACCELERATED TRAINING PROGRAMS FOR MORE

ADVANCED IT COURSEWORK INCLUDING CYBERSECURITY AND CLOUD COMPUTING.

EACH PROGRAM PATH OFFERS FREE HANDS-ON TRAINING AND IN-DEMAND

CERTIFICATIONS DESIGNED TO PREPARE PROGRAM ALUMNI FOR HIGHER WAGE IT

JOBS.

CYBERSECURITY IS AN ADVANCED TRAINING COURSE DESIGNED FOR STUDENTS WHO

ARE READY TO MOVE BEYOND THE BASICS OF IT AND TACKLE MORE RIGOROUS

SECURITY SPECIALTIES. THE PROGRAM PROVIDES ALL THE TOOLS NEEDED FOR

PARTICIPANTS TO LAUNCH A CAREER IN THE FIELD OF CYBERSECURITY. IN 2023,

THE PROGRAM OPERATED ON A NATIONAL BASIS AND PROVIDED THE

INDUSTRY-RECOGNIZED COMPTIA SECURITY+ CERTIFICATION; MENTORING FROM

SENIOR LEVEL CYBERSECURITY PROFESSIONALS AND PROGRAM ALUMNI; CAREER

DEVELOPMENT WORKSHOPS; JOB PLACEMENT ASSISTANCE WITH ACCESS TO A WIDE

RANGE OF TOP EMPLOYERS; OPPORTUNITY TO EARN CYBERSECURITY SUPPORT

TECHNICIAN APPRENTICESHIP CREDENTIALS (IN TX AND NJ); A RANGE OF SOCIAL

SERVICE AND PERSONAL DEVELOPMENT SUPPORT; AND ACCESS TO AN ELITE,

SUPPORTIVE ALUMNI NETWORK.

CLOUD COMPUTING IS A 12-WEEK VIRTUAL TRAINING PROGRAM DESIGNED FOR
WORKING TECH PROFESSIONALS THAT PROVIDES THE OPPORTUNITY TO EARN
INDUSTRY-RECOGNIZED, IN-DEMAND CERTIFICATIONS, INCLUDING AWS CLOUD
PRACTITIONER AND AWS SOLUTIONS ARCHITECT-ASSOCIATE. IN 2023, THE
PROGRAM OPERATED ON A NATIONAL BASIS AND INCLUDED 14 HOURS OF WEEKLY
ONLINE LECTURES AND LABS; THREE TIMES A WEEK ONLINE INSTRUCTION;
BI-WEEKLY PROFESSIONAL MENTORING; AND THE OPPORTUNITY FOR PROMOTION OR
MERIT-BASED SALARY INCREASE.

Schedule O (Form 990) 2023 Page 2

Name of the organization  $\begin{tabular}{ll} NPOWER & INC. \end{tabular}$ 

Employer identification number 13-4145441

SKILLBRIDGE IS A 10-WEEK LIVE/VIRTUAL CYBERSECURITY TRAINING PROGRAM

BACKED BY THE U.S. DEPARTMENT OF DEFENSE AND OPEN TO MILITARY MEMBERS

DURING THEIR LAST 180 DAYS OF SERVICE. IN 2023, THE PROGRAM OPERATED

IN NORTHERN VIRGINIA AND PROVIDED THE OPPORTUNITY TO EARN COMPTIA

SECURITY+, LINUX+, AND SPLUNK CERTIFICATIONS; MENTORING FROM SENIOR IT

PROFESSIONALS; INTERNSHIP/JOB PLACEMENT ASSISTANCE.

APPROXIMATELY 1,900 YOUNG ADULTS AND MILITARY-CONNECTED INDIVIDUALS

WERE ACCEPTED INTO THE PROGRAMS IN 2023 AND APPROXIMATELY 9,000

GRADUATES PARTICIPATE IN THE ALUMNI NETWORK.

FORM 990, PART VI, SECTION 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.

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

133329\_1

Page 2

Schedule O (Form 990) 2023 **Employer identification number** Name of the organization NPOWER INC. 13-4145441 THE EVALUATION PROCESSES ARE AS FOLLOWS AND THEY ARE DOCUMENTED IN THE BOARD MINUTES AS FOLLOWS: -FOR ALL EMPLOYEES, EXCLUDING THE CEO, THERE IS AN ANNUAL REVIEW PROCESS AND ALONG WITH THAT PROCESS, PERFORMANCE IS EVALUATED, PROMOTIONS AND RAISES ARE DETERMINED, IF ANY, AND THE AGGREGATE AMOUNTS OF THESE INCREASES ARE PRESENTED TO THE BOARD FOR APPROVAL AT THE JANUARY BOARD MEETING. ANY AMOUNTS APPROVED ARE SO DOCUMENTED. THIS PART OF THE PROCESS HAS NOT CHANGED FROM THE PAST. -FOR THE CEO, THE BOARD CHAIR AND SECRETARY EVALUATE THE PERFORMANCE OF THE CEO AND DETERMINE ANY MERIT/SALARY INCREASE AND BONUS COMPENSATION. THE RESULTS OF THEIR EVALUATION FOR 2023 WERE TO INCREASE THE CEO'S SALARY AND AWARD A BONUS. THESE AMOUNTS WERE COMMUNICATED TO THE VICE PRESIDENT, HUMAN RESOURCES WHO COMMUNICATED THEM TO THE VICE PRESIDENT, FINANCE & BUSINESS OPERATIONS FOR PAYMENT PROCESSING AND PROPER ACCOUNTING TREATMENT. THIS PART OF THE PROCESS HAS NOT CHANGED FROM THE PAST. 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 IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 2,945,376. MANAGEMENT AND GENERAL EXPENSES 1,180,913. FUNDRAISING EXPENSES 169,329.

4,295,618.

4,295,618.

TOTAL EXPENSES

08430604 144198 133329

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

Schedule O (Form 990) 2023	Page 2
Name of the organization NPOWER INC.	Employer identification number 13-4145441
HIGHER THE.	13 1113111
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNCOLLECTIBLE ACCOUNTS RELATED TO CONTRIBUTIONS	-450,000.
FORM 990, PART XII, LINE 2	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

332212 11-14-23

#### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

NPOWER INC.						13-41454	41	
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total inco	me End-of-year			<b>(f)</b> Direct controlling entity	
Identification of Related Tax-Exempt Organizat	tions Complete if the every institut	a annual Weell on Form 200	Port IV line 24 h	accuse it had one	ar mara	related toy ever		
Part II organization of Related Tax-Exempt Organization organizations during the tax year.	ions. Complete if the organization	Tanswered Yes on Form 990	, Part IV, line 34, b	ecause it riad one	or more	related tax-exer	прі	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	<b>(f)</b> ct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
TRAVER GIVEN				501(c)(3))			Yes	No
350 VICTORIA STREET	TECHNOLOGY AND PROFESSIONAL SKILLS TRAINING	CANADA			N/A			х
TORONTO, CANADA	LIGHNING	CANADA			N/A			Α

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.

· · · · · · · · · · · · · · · · · · ·	thorship during the tax						_		T		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	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	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership
		country)		sections 512-514)		4,000,00	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
											<del>                                     </del>

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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 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

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	X			
c Gift, grant, or capital contribution from related organization(s)				1c	X			
d Loans or loan guarantees to or for related organization(s)					X			
e Loans or loan guarantees by related organization(s)								
f Dividends from related organization(s)				1f	X			
g Sale of assets to related organization(s)					X			
h Purchase of assets from related organization(s)					X			
i Exchange of assets with related organization(s)					X			
j Lease of facilities, equipment, or other assets to related organization(s)					X			
k Lease of facilities, equipment, or other assets from related organization(s)				1k	X			
I Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	X			
m Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X			
Sharing of paid employees with related organization(s)				10	X			
p Reimbursement paid to related organization(s) for expenses				1p	X			
q Reimbursement paid by related organization(s) for expenses				1q	X			
r Other transfer of cash or property to related organization(s)				1r	X			
s Other transfer of cash or property from related organization(s)				1s	X			
2 If the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instruction of the above is "Yes," see the above is "Yes," and "Yes," is "Yes," and "Yes," is "Yes," and "Yes," and "Yes," and "Yes," and "Yes," and "Yes," and "Yes," are "Yes," and "Yes," and "Yes," and "Yes," and "Yes," are "Yes," are "Yes," and "Yes," are "Yes," are "Yes," and "Yes," are "Yes," are "Yes," are "Yes," and "Yes," are "Yes," are "Yes," are "Yes," are "Yes," are "Yes," and "Yes," are "	ho must complete th	is line, including covered re	elationships and transaction thresholds.					
(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amou	nt involved				
(1) NPOWER CANADA	A	25,000.	COST					
(2)								
(3)								
(4)								
( <del>-</del> )								
(5)								
(6)								
332163 09-28-23			Sche	dule R (Form 9	90) 2023			

Schedule R (Form 990) 2023 NPOWER INC. 13-4145441 Page 4

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.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

Schedule F	(Form 990) 2023 NPOWER INC.	13-4145441	Page <b>5</b>
Part VII	Supplemental Information   Supplemental Inform		
	Provide additional information for responses to questions on Schedule R. See instructions.		

332165 09-28-23 Schedule R (Form 990) 2023