



The Public Utilities Commission of Ohio

14-1476-EL-AGG

| PUCO USE ONLY | | |
|---------------|-------------|-------------|
| Date Received | Case Number | Version |
| 14-1476 | EL-AGG | August 2004 |

75

CERTIFICATION APPLICATION FOR AGGREGATORS/POWER BROKERS

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit A-5 Experience). All attachments should bear the legal name of the Applicant. Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division; 180 East Broad Street, Columbus, Ohio 43215-3793.

**This PDF form is designed so that you may input information directly onto the form.
You may also download the form, by saving it to your local disk, for later use.**

A. APPLICANT INFORMATION

A-1 Applicant's legal name, address, telephone number and web site address

Legal Name Power Target LLC
Address 211 Black Angus Court Millersville MD 21108
Telephone # 410-344-7858 Web site address (if any) PowerTargetLLC.com

A-2 List name, address, telephone number and web site address under which Applicant will do business in Ohio

Legal Name Power Target LLC
Address 211 Black Angus Court Millersville MD 21108
Telephone # 410-344-7858 Web site address (if any) ElectricityRates.com

A-3 List all names under which the applicant does business in North America

Power Target LLC

A-4 Contact person for regulatory or emergency matters

Name Robert Rex
Title Founder

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician jc Date Processed AUG 22 2014

2014 AUG 22 PM 3:13

RECEIVED-DOCKETING DIV

PUCO

Business address 211 Black Angus Court Millersville MD 21108

Telephone # 410-344-7858

Fax # 443-267-0042

E-mail address (if any) Rob.Rex@powertargetllc.com

A-5 Contact person for Commission Staff use in investigating customer complaints

Name Cristina Tommasello

Title Account Manager

Business address 211 Black Angus Court Millersville MD 21108

Telephone # (443) 876-6105

Fax # 443-267-0042

E-mail address (if any) Cristina.Tommasello@powertargetllc.com

A-6 Applicant's address and toll-free number for customer service and complaints

Customer Service address 211 Black Angus Court Millersville MD 21108

Toll-free Telephone # 443-494-8606

Fax # N/A

E-mail address (if any) support@electricityrates.com

A-7 Applicant's federal employer identification number # 45-1749233

A-8 Applicant's form of ownership (check one)

☐ Sole Proprietorship

☐ Partnership

☐ Limited Liability Partnership (LLP)

☐ Limited Liability Company (LLC)

☐ Corporation

☐ Other _____

A-9 (Check all that apply) Identify each electric distribution utility certified territory in which the applicant intends to provide service, including identification of each customer class that the applicant intends to serve, for example, residential, small commercial, mercantile commercial, and industrial. (A mercantile customer, as defined in (A) (19) of Section 4928.01 of the Revised Code, is a commercial customer who consumes more than 700,000 kWh/year or is part of a national account in one or more states).

☒ First Energy

☒ Ohio Edison

☒ Residential

☒ Commercial

☒ Mercantile

☒ Industrial

☒ Toledo Edison

☒ Residential

☒ Commercial

☒ Mercantile

☒ Industrial

☒ Cleveland Electric Illuminating

☒ Residential

☒ Commercial

☒ Mercantile

☒ Industrial

☒ Duke Energy

☒ Residential

☒ Commercial

☒ Mercantile

☒ Industrial

☒ Monongahela Power

☒ Residential

☒ Commercial

☒ Mercantile

☒ Industrial

☒ American Electric Power

☒ Ohio Power

☒ Residential

☒ Commercial

☒ Mercantile

☒ Industrial

☒ Columbus Southern Power

☒ Residential

☒ Commercial

☒ Mercantile

☒ Industrial

☒ Dayton Power and Light

☒ Residential

☒ Commercial

☒ Mercantile

☒ Industrial

- A-10** Provide the approximate start date that the applicant proposes to begin delivering services
October 1, 2014

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- A-11** **Exhibit A-11 "Principal Officers, Directors & Partners"** provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-12** **Exhibit A-12 "Corporate Structure,"** provide a description of the applicant's corporate structure, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers and companies that aggregate customers in North America.
- A-13** **Exhibit A-13 "Company History,"** provide a concise description of the applicant's company history and principal business interests.
- A-14** **Exhibit A-14 "Articles of Incorporation and Bylaws,"** if applicable, provide the articles of incorporation filed with the state or jurisdiction in which the Applicant is incorporated and any amendments thereto.
- A-15** **Exhibit A-15 "Secretary of State,"** provide evidence that the applicant has registered with the Ohio Secretary of the State.

B. APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- B-1** **Exhibit B-1 "Jurisdictions of Operation,"** provide a list of all jurisdictions in which the applicant or any affiliated interest of the applicant is, at the date of filing the application, certified, licensed, registered, or otherwise authorized to provide retail or wholesale electric services including aggregation services.
- B-2** **Exhibit B-2 "Experience & Plans,"** provide a description of the applicant's experience and plan for contracting with customers, providing contracted services, providing billing statements, and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Section 4928.10 of the Revised Code.

- B-3** **Exhibit B-3 "Summary of Experience,"** provide a concise summary of the applicant's experience in providing aggregation service(s) including contracting with customers to combine electric load and representing customers in the purchase of retail electric services. (e.g. number and types of customers served, utility service areas, amount of load, etc.).
- B-4** **Exhibit B-4 "Disclosure of Liabilities and Investigations,"** provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational status or ability to provide the services it is seeking to be certified to provide.
- B-5** Disclose whether the applicant, a predecessor of the applicant, or any principal officer of the applicant have ever been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years.
☐ No ☐ Yes
- If yes, provide a separate attachment labeled as **Exhibit B-5 "Disclosure of Consumer Protection Violations"** detailing such violation(s) and providing all relevant documents.
- B-6** Disclose whether the applicant or a predecessor of the applicant has had any certification, license, or application to provide retail or wholesale electric service including aggregation service denied, curtailed, suspended, revoked, or cancelled within the past two years.
☐ No ☐ Yes
- If yes, provide a separate attachment labeled as **Exhibit B-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation"** detailing such action(s) and providing all relevant documents.

C. APPLICANT FINANCIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- C-1** **Exhibit C-1 "Annual Reports,"** provide the two most recent Annual Reports to Shareholders. If applicant does not have annual reports, the applicant should provide similar information in Exhibit C-1 or indicate that Exhibit C-1 is not applicable and why.
- C-2** **Exhibit C-2 "SEC Filings,"** provide the most recent 10-K/8-K Filings with the SEC. If applicant does not have such filings, it may submit those of its parent company. If the applicant does not have such filings, then the applicant may indicate in Exhibit C-2 that the applicant is not required to file with the SEC and why.

- C-3** **Exhibit C-3 “Financial Statements,”** provide copies of the applicant’s two most recent years of audited financial statements (balance sheet, income statement, and cash flow statement). If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business.
- C-4** **Exhibit C-4 “Financial Arrangements,”** provide copies of the applicant’s financial arrangements to conduct CRES as a business activity (e.g., guarantees, bank commitments, contractual arrangements, credit agreements, etc.,).
- C-5** **Exhibit C-5 “Forecasted Financial Statements,”** provide two years of forecasted financial statements (balance sheet, income statement, and cash flow statement) for the applicant’s CRES operation, along with a list of assumptions, and the name, address, e-mail address, and telephone number of the preparer.
- C-6** **Exhibit C-6 “Credit Rating,”** provide a statement disclosing the applicant’s credit rating as reported by two of the following organizations: Duff & Phelps, Dun and Bradstreet Information Services, Fitch IBCA, Moody’s Investors Service, Standard & Poors, or a similar organization. In instances where an applicant does not have its own credit ratings, it may substitute the credit ratings of a parent or affiliate organization, provided the applicant submits a statement signed by a principal officer of the applicant’s parent or affiliate organization that guarantees the obligations of the applicant.
- C-7** **Exhibit C-7 “Credit Report,”** provide a copy of the applicant’s credit report from Experian, Dun and Bradstreet or a similar organization.
- C-8** **Exhibit C-8 “Bankruptcy Information,”** provide a list and description of any reorganizations, protection from creditors or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or within the two most recent years preceding the application.

C-9 **Exhibit C-9 "Merger Information,"** provide a statement describing any dissolution or merger or acquisition of the applicant within the five most recent years preceding the application.

Robert Key Founder
Signature of Applicant & Title

Sworn and subscribed before me this 18th day of August, 2014
Month Year

Patricia A. Haley
Signature of official administering oath

Patricia A. Haley - Notary
Print Name and Title

My commission expires on 10 - 16 - 2017

AFFIDAVIT

State of Maryland :

Milford ss.
(Town)

County of Anne Arundel :

Robert A. [Signature], Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/She is the Founder (Office of Affiant) of Power Target, LLC (Name of Applicant);

That he/she is authorized to and does make this affidavit for said Applicant,

1. The Applicant herein, attests under penalty of false statement that all statements made in the application for certification are true and complete and that it will amend its application while the application is pending if any substantial changes occur regarding the information provided in the application.
2. The Applicant herein, attests it will timely file an annual report with the Public Utilities Commission of Ohio of its intrastate gross receipts, gross earnings, and sales of kilowatt-hours of electricity pursuant to Division (A) of Section 4905.10, Division (A) of Section 4911.18, and Division (F) of Section 4928.06 of the Revised Code.
3. The Applicant herein, attests that it will timely pay any assessments made pursuant to Sections 4905.10, 4911.18, or Division F of Section 4928.06 of the Revised Code.
4. The Applicant herein, attests that it will comply with all Public Utilities Commission of Ohio rules or orders as adopted pursuant to Chapter 4928 of the Revised Code.
5. The Applicant herein, attests that it will cooperate fully with the Public Utilities Commission of Ohio, and its Staff on any utility matter including the investigation of any consumer complaint regarding any service offered or provided by the Applicant.
6. The Applicant herein, attests that it will fully comply with Section 4928.09 of the Revised Code regarding consent to the jurisdiction of Ohio Courts and the service of process.
7. The Applicant herein, attests that it will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.
8. The Applicant herein, attests that it will use its best efforts to verify that any entity with whom it has a contractual relationship to purchase power is in compliance with all applicable licensing requirements of the Federal Energy Regulatory Commission and the Public Utilities Commission of Ohio.
9. The Applicant herein, attests that it will cooperate fully with the Public Utilities Commission of Ohio, the electric distribution companies, the regional transmission entities, and other electric suppliers in the event of an emergency condition that may jeopardize the safety and reliability of the electric service in accordance with the emergency plans and other procedures as may be determined appropriate by the Commission.
10. If applicable to the service(s) the Applicant will provide, the Applicant herein, attests that it will adhere to the reliability standards of (1) the North American Electric Reliability Council (NERC), (2) the appropriate regional reliability council(s), and (3) the Public Utilities Commission of Ohio. (Only applicable if pertains to the services the Applicant is offering)

11. The Applicant herein, attests that it will inform the Commission of any material change to the information supplied in the application within 30 days of such material change, including any change in contact person for regulatory purposes or contact person for Staff use in investigating customer complaints.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief and that he/she expects said Applicant to be able to prove the same at any hearing hereof.

Robert J. Fovner
Signature of Affiant & Title

Sworn and subscribed before me this 18th day of August, 2014
Month Year

Patricia A. Haley
Signature of official administering oath

Patricia A. Haley / Notary
Print Name and Title

My commission expires on 10-16-2017

A-11 Exhibit A-11: Principal Officers, Directors & Partners

Provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.

Robert Rex

Founder

211 Black Angus Court Millersville MD 21108

410-344-7858

Jennifer Rex

Founder

211 Black Angus Court Millersville MD 21108

410-344-7858

A-12 Exhibit A-12 Corporate

Structure provide a description of the applicant's corporate structure, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers and companies that aggregate customers in North America.

The corporate structure of Power Target LLC includes owners and founders: Robert Rex and Jennifer Rex.

Owners and Founders
Robert Rex and Jennifer Rex

Retail Electricity Providers featured on our comparison website(s):

- AEP Energy
- Champion Energy
- Con Edison Solutions
- Direct Energy
- Bounce Energy
- Constellation
- Spark Energy
- TriEagle
- Just Energy
- Verde Energy USA
- YEP Energy
- Oasis Energy
- Amigo Energy
- Tara Energy
- Texpo Energy

A-13 Exhibit A-13 Company History

Provide a concise description of the applicant's company history and principal business interests.

Power Target is a Maryland based LLC founded April 19, 2011. Ownership of Power Target LLC represents over 15 years in the electricity industry. Power Target LLC is a platform that allows homeowners and businesses in deregulated markets to find and compare retail electricity providers. We manage three comparison sites in total including: *electricityrates.com*, *compareelectricity.com*, and *renewableelectricity.com*.

A-14 Exhibit A-14 Articles of Incorporation and Bylaws

If applicable, provide the articles of incorporation filed with the state or jurisdiction in which the Applicant is incorporated and any amendments thereto.

Please see our articles of incorporation filed with the state or jurisdiction on the following two pages.

CORPORATE CHARTER APPROVAL SHEET

****EXPEDITED SERVICE****

**** KEEP WITH DOCUMENT ****

DOCUMENT CODE 40 BUSINESS CODE 20

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____

FEES REMITTED

Base Fee: 100

Org. & Cap. Fee: _____

Expedite Fee: 10

Penalty: _____

State Recordation Tax: _____

State Transfer Tax: _____

1 Certified Copies _____

Copy Fee: 21

Certificates _____

Certificate of Status Fee: _____

Personal Property Filings: _____

Mail Processing Fee: _____

Other: _____

TOTAL FEES: 191

Credit Card _____ Check _____ Cash /

Documents on Checks

Approved By: [Signature]

Keyed By: [Signature]

COMMENT(S): W.I.



1000362001580002

ID # W14072888 ACK # 1000362001580002

PAGES: 0002

POMEL TARGET LLC

04/19/2011 AT 02:23 P WO # 0003794117

New Name _____

_____ Change of Name
_____ Change of Principal Office
_____ Change of Resident Agent
_____ Change of Resident Agent Address
_____ Resignation of Resident Agent
_____ Designation of Resident Agent
_____ and Resident Agent's Address
_____ Change of Business Code

_____ Adoption of Assumed Name

_____ Other Change(s)

Code _____

Attention: _____

Maj: Name and Address

Robert Rex
425 Grindall St.
Baltimore MD, 21230

Stamp Work Order and Customer Number HERE

CUST ID: 0002577537
WORK ORDER: 0003794117
DATE: 04-19-2011 02:23 PM
AMT. PAID: \$191.00

CERTIFIED COPY MADE

ARTICLES OF ORGANIZATION

The undersigned, with the intention of creating a Maryland Limited Liability Company files the following Articles of Organization:

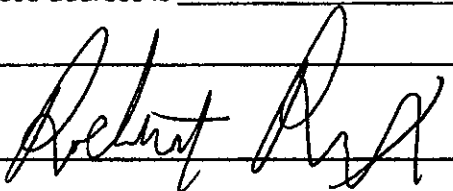
(1) The name of the Limited Liability Company is: POWEL Target LLC

(2) The purpose for which the Limited Liability Company is filed is as follows: POWEL Target LLC is a system which helps businesses and residences save money on electricity

(3) The address of the Limited Liability Company in Maryland is 425 Grindall St.
Baltimore MD, 21230

(4) The resident agent of the Limited Liability Company in Maryland is Rob Rex

whose address is 425 Grindall St. Baltimore MD, 21230

(5) 

(6) 
Resident Agent

I hereby consent to my designation in this document.

Signature(s) of Authorized Person(s)

Filing party's return address:

(7) 425 Grindall St.

Baltimore MD, 21230

CUST ID:0002577537
WORK ORDER:0003794117
DATE:04-19-2011 02:23 PM
AMT. PAID:\$191.00

A-15 Exhibit A-15 Secretary of State

Provide evidence that the applicant has registered with the Ohio Secretary of the State.

Please see our registration with the Ohio Secretary of State on the following three pages.



| | | | | | | | |
|--------------------|-----------------------------|--|------------------|--------------|---------|-------------|-------------|
| DATE 02/12/2013 | DOCUMENT ID 201304201750 | DESCRIPTION REGISTRATION OF FOREIGN FOR PROFIT LLC (LFP) | FILING 125.00 | EXPED .00 | PENALTY | CERT .00 | COPY .00 |
|--------------------|-----------------------------|--|------------------|--------------|---------|-------------|-------------|

Receipt

This is not a bill. Please do not remit payment.

INCorp SERVICES, INC. ATTN TAYLOR MCARTHUR
2360 CORPORATE CIRCLE
SUITE 400
HENDERSON, NV 89074

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2172982

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

POWER TARGET, LLC

and, that said business records show the filing and recording of:

Document(s):

REGISTRATION OF FOREIGN FOR PROFIT LLC

Document No(s):

201304201750



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 11th day of February, A.D.
2013.

Ohio Secretary of State



Form 533B Prescribed by:
Ohio Secretary of State

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 870
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Registration of a Foreign Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1) ☒ Registration of a Foreign For-Profit Limited
Liability Company
(106-LFA)
ORC 1705

Jurisdiction of Formation

Date of Formation

(2) ☐ Registration of a Foreign Nonprofit
Limited Liability Company
(106-LFA)
ORC 1705

Jurisdiction of Formation

Date of Formation

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd."

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

Incorp Services, Inc.

Name

9435 Waterstone Boulevard, Suite 140

Mailing Address

Cincinnati

City

Ohio

State

45249

ZIP Code

☐ If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- an agent is not appointed, or
- an agent is appointed but the authority of that agent has been revoked, or
- the agent cannot be found or served after the exercise of reasonable diligence.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Rob Rex

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

B-1 Exhibit B-1 Jurisdictions of Operation

Provide a list of all jurisdictions in which the applicant or any affiliated interest of the applicant is, at the date of filing the application, certified, licensed, registered, or otherwise authorized to provide retail or wholesale electric services including aggregation services.

Power Target LLC has secured licenses from the PUC in three states currently. Below are the states with their license/docket numbers.

- Maryland: IR-2852
- Pennsylvania: A-2012-2317908
- Illinois: 12-0318

B-2 Exhibit B-2 Experience & Plans

Provide a description of the applicant's experience and plan for contracting with customers, providing contracted services, providing billing statements, and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Section 4928.10 of the Revised Code.

Ownership of Power Target LLC represents 15 years experience in both web entities and the electricity industry. Power Target LLC will not be providing billing or metering services. The only service Power Target LLC will be providing is brokering or assisting customers in enrolling with retail electricity providers. Power Target LLC will never take title to electricity and will only act as an intermediary between customers and the retail electricity provider.

We, at Power Target LLC, work with law firm - Fraser Stryker - for all of our compliance work. In response to customer inquiries and complaints, we currently offer customers the opportunity to chat our customer support service at any time. Additionally, customers can email our customer support team at: support@electricityrates.com. We promptly respond to all requests within a 48 hour period. Our prominent line of communication with customers is through live chat and email. We recently added a customer support line that customers can call at any time as well. That number is: 443-494-8606.

B-3 Exhibit B-3 Summary of Experience

Provide a concise summary of the applicant's experience in providing aggregation service(s) including contracting with customers to combine electric load and representing customers in the purchase of retail electric services. (e.g. number and types of customers served, utility service areas, amount of load, etc.).

As explained in response to Exhibit B-2, applicant will not be taking title or ownership of the electricity nor will it be billing or collecting payments from retail end user customers. The descriptions of applicant's experience, also in response to Exhibit B-2, outlines the 15 years of experience operating web entities in regulated industries as well as 15 years of experience in the electricity industry.

B-4 Exhibit B-4 Disclosure of Liabilities and Investigations

Provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational status or ability to provide the services it is seeking to be certified to provide.

Power Target LLC has never been the subject of complaint by any PUC or related matter as described above.

Exhibit C-1 Annual Reports

Provide the two most recent Annual Reports to Shareholders. If applicant does not have annual reports, the applicant should provide similar information in Exhibit C-1 or indicate that Exhibit C-1 is not applicable and why.

Power Target LLC does not provide shareholder statements. The company is controlled entirely by the owners and founders – Robert Rex and Jennifer Rex.

Please note that any applicable information is available in the tax records provided as part of the exhibit on the following 32 pages.

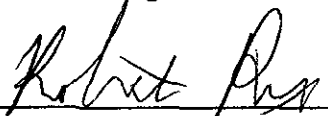


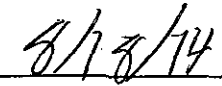
211 Black Angus Ct. • Millersville, MD 21108

P: 410.344.7858 • f: 443.267.0042 • w: <http://www.PowerTargetllc.com>

Financial Records

As a small company, we do not have audited financial records. We have provided our 2013 tax return and the requested financial documents through the end of 2013. All of the submitted documents are accurate through the end of 2013.


Robert Rex, Founder


Date

OFFIT AND ROTH, P.A.
8 PARK CENTER CT., SUITE 100
OWINGS MILLS, MD 21117

POWER TARGET LLC
211 BLACK ANGUS COURT
MILLERSVILLE, MD 21108

|||||

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

OFFIT AND ROTH, P. A.
8 PARK CENTER COURT, SUITE 100
OWINGS MILLS, MD. 21117
410-356-6600

APRIL 11, 2014

POWER TARGET LLC
211 BLACK ANGUS COURT
MILLERSVILLE, MD 21108

POWER TARGET LLC:

WE HAVE PREPARED AND ENCLOSED YOUR 2013 LIMITED LIABILITY
COMPANY RETURNS FOR THE YEAR ENDED DECEMBER 31, 2013.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-PE TO OUR OFFICE. WE WILL
THEN SUBMIT YOUR ELECTRONIC RETURN TO THE IRS. DO NOT MAIL
THE PAPER COPY OF THE RETURN TO THE IRS.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE MARYLAND FORM 510 RETURN HAS BEEN PREPARED FOR ELECTRONIC
FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO
THE MDDOR, PLEASE SIGN, DATE AND RETURN FORM EL101B TO OUR
OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE
MDDOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE MDDOR.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

ATTACHED ARE SCHEDULES K-1 FOR ALL MEMBERS INDICATING THEIR
SHARE OF INCOME, DEDUCTIONS AND CREDITS TO BE REPORTED ON
THEIR RESPECTIVE TAX RETURNS. THESE SCHEDULES SHOULD BE
IMMEDIATELY FORWARDED TO EACH OF THE MEMBERS.

COPIES OF THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

MICHAEL ROTH, CPA

OFFIT AND ROTH, P. A.
8 PARK CENTER COURT, SUITE 100
OWINGS MILLS, MD. 21117
410-356-6600

APRIL 11, 2014

POWER TARGET LLC
211 BLACK ANGUS COURT
MILLERSVILLE, MD 21108

POWER TARGET LLC:

ENCLOSED ARE YOUR 2013 PARTNERSHIP TAX RETURNS, AS FOLLOWS...

2013 U.S. RETURN OF PARTNERSHIP INCOME

2013 MARYLAND RETURN OF PARTNERSHIP INCOME

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

MICHAEL ROTH, CPA

Filing Instructions

Prepared for:

POWER TARGET LLC
211 BLACK ANGUS COURT
MILLERSVILLE, MD 21108

Prepared by:

OFFIT AND ROTH, P.A.
8 PARK CENTER CT., SUITE 100
OWINGS MILLS, MD 21117

2013 U.S. RETURN OF PARTNERSHIP INCOME

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-PE TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE IRS.

A COPY OF SCHEDULE K-1 SHOULD BE FURNISHED TO EACH MEMBER.

2013 MARYLAND FORM 510

THE MARYLAND RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE MDDOR, PLEASE SIGN, DATE AND RETURN FORM EL101B TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE MDDOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE MDDOR.

A COPY OF SCHEDULE K-1 SHOULD BE FURNISHED TO EACH MEMBER.

Form **8879-PE**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization
for Form 1065**

OMB No. 1545-2042

2013

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-PE and its instructions is at www.irs.gov/form8879pe.
For calendar year 2013, or tax year beginning , 2013, ending , 20

Name of partnership

POWER TARGET LLC

Employer identification number

45-1749233**Part I Return Information** (Whole dollars only)

| | | | |
|---|--|---|----------|
| 1 | Gross receipts or sales less returns and allowances (Form 1065, line 1c) | 1 | 161,116. |
| 2 | Gross profit (Form 1065, line 3) | 2 | 161,116. |
| 3 | Ordinary business income (loss) (Form 1065, line 22) | 3 | 11,854. |
| 4 | Net rental real estate income (loss) (Form 1065, Schedule K, line 2) | 4 | |
| 5 | Other net rental income (loss) (Form 1065, Schedule K, line 3c) | 5 | |

Part II Declaration and Signature Authorization of General Partner or Limited Liability Company Member Manager (Be sure to get a copy of the partnership's return)

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that I have examined a copy of the partnership's 2013 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income.

General Partner or Limited Liability Company Member Manager's PIN: check one box only

☒ I authorize **OFFIT AND ROTH, P.A.** to enter my PIN **49233**
ERO firm name do not enter all zeros

as my signature on the partnership's 2013 electronically filed return of partnership income.

☐ As a general partner or limited liability company member manager of the partnership, I will enter my PIN as my signature on the partnership's 2013 electronically filed return of partnership income.

General partner or limited liability company member manager's signature ▶

Title ▶ **MEMBER**

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

52739465930

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return of partnership income for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-PE** (2013)

LHA

1065**U.S. Return of Partnership Income**

OMB No. 1545-0099

For calendar year 2013, or tax year beginning _____, ending _____

2013

| | | | |
|---|----------------------|--|--|
| A Principal business activity MARKETING | Type of Print | Name of partnership POWER TARGET LLC | D Employer identification number 45-1749233 |
| B Principal product or service SERVICE | | Number, street, and room or suite no. If a P.O. box, see the instructions. 211 BLACK ANGUS COURT | E Date business started 04/19/2011 |
| C Business code number 541800 | | City or town, state or province, country, and ZIP or foreign postal code MILLERSVILLE MD 21108 | F Total assets \$ 88,226. |
| G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return (6) <input type="checkbox"/> Technical termination - also check (1) or (2) | | | |
| H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____ | | | |
| I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 2 | | | |
| J Check if Schedules C and M-3 are attached <input type="checkbox"/> | | | |

Caution. Include *only* trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

| | | | | |
|--|---|------------|------------------------|--------------------|
| Income | 1 a Gross receipts or sales | 1a | 161,116. | |
| | b Returns and allowances | 1b | | |
| | c Balance. Subtract line 1b from line 1a | | | 1c 161,116. |
| | 2 Cost of goods sold (attach Form 1125-A) | | | 2 |
| | 3 Gross profit. Subtract line 2 from line 1c | | | 3 161,116. |
| | 4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) | | | 4 |
| | 5 Net farm profit (loss) (attach Schedule F (Form 1040)) | | | 5 |
| | 6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) | | | 6 |
| 7 Other income (loss) (attach statement) | | | 7 | |
| 8 Total income (loss). Combine lines 3 through 7 | | | 8 161,116. | |
| Deductions (see the instructions for limitations) | 9 Salaries and wages (other than to partners) (less employment credits) | | | 9 |
| | 10 Guaranteed payments to partners | | | 10 |
| | 11 Repairs and maintenance | | | 11 |
| | 12 Bad debts | | | 12 |
| | 13 Rent | | | 13 |
| | 14 Taxes and licenses | | SEE STATEMENT 1 | 14 2,725. |
| | 15 Interest | | | 15 |
| | 16 a Depreciation (if required, attach Form 4562) | 16a | 29,336. | |
| | b Less depreciation reported on Form 1125-A and elsewhere on return | 16b | | 16c 29,336. |
| | 17 Depletion (Do not deduct oil and gas depletion.) | | | 17 |
| | 18 Retirement plans, etc. | | | 18 |
| | 19 Employee benefit programs | | | 19 |
| | 20 Other deductions (attach statement) | | SEE STATEMENT 2 | 20 117,201. |
| | 21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20 | | | 21 149,262. |
| 22 Ordinary business income (loss). Subtract line 21 from line 8 | | | 22 11,854. | |

| | | | | | |
|-------------------------------|---|----------------------------------|---|---|--------------------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge. | | May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Signature of general partner or limited liability company member manager | | Date | | |
| Paid Preparer Use Only | Print/Type preparer's name MICHAEL ROTH, CPA | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00815551 |
| | Firm's name OFFIT AND ROTH, P.A. | Firm's EIN 52-1365930 | | | |
| | Firm's address 8 PARK CENTER CT., SUITE 100 OWINGS MILLS, MD 21117 | Phone no. 410-356-6600 | | | |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2013)

Schedule B Other Information

| | | | | | |
|--|--|--------------------------------|---------------------------------------|--|-----------|
| 1 What type of entity is filing this return? Check the applicable box: | | | | Yes | No |
| a <input type="checkbox"/> Domestic general partnership | b <input type="checkbox"/> Domestic limited partnership | | | | |
| c <input checked="" type="checkbox"/> Domestic limited liability company | d <input type="checkbox"/> Domestic limited liability partnership | | | | |
| e <input type="checkbox"/> Foreign partnership | f <input type="checkbox"/> Other | | | | |
| 2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? | | | | | X |
| 3 At the end of the tax year: | | | | | |
| a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership | | | | | X |
| b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership | | | | X | |
| 4 At the end of the tax year, did the partnership: | | | | | |
| a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below | | | | | X |
| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage Owned in Voting Stock | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below | | | | | X |
| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Type of Entity | (iv) Country of Organization | (v) Maximum Percentage Owned in Profit, Loss, or Capital | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details | | | | Yes | No |
| | | | | | X |
| 6 Does the partnership satisfy all four of the following conditions? | | | | | |
| a The partnership's total receipts for the tax year were less than \$250,000. | | | | | |
| b The partnership's total assets at the end of the tax year were less than \$ 1 million. | | | | | |
| c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. | | | | | |
| d The partnership is not filing and is not required to file Schedule M-3 | | | | | X |
| If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1. | | | | | |
| 7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)? | | | | | X |
| 8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? | | | | | X |
| 9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? | | | | | X |
| 10 At any time during calendar year 2013, did the partnership 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country. | | | | | X |

Form **1065** (2013)

Schedule B Other Information (continued)

| | Yes | No |
|--|-----|----------|
| 11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions | | X |
| 12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election. | | X |
| b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions | | X |
| c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions | | X |
| 13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) <input type="checkbox"/> | | |
| 14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? | | X |
| 15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions <input type="checkbox"/> | | |
| 16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. <input type="checkbox"/> | | X |
| 17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. <input type="checkbox"/> | | |
| 18a Did you make any payments in 2013 that would require you to file Form(s) 1099? See instructions | | X |
| b If "Yes," did you or will you file required Form(s) 1099? | | |
| 19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. <input type="checkbox"/> | | |
| 20 Enter the number of partners that are foreign governments under section 892. <input type="checkbox"/> | | |

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

| | |
|--|---|
| Name of designated TMP <input type="checkbox"/> ROBERT G REX | Identifying number of TMP <input type="checkbox"/> 055-66-8622 |
| If the TMP is an entity, name of TMP representative <input type="checkbox"/> | Phone number of TMP <input type="checkbox"/> |
| Address of designated TMP <input type="checkbox"/> 211 BLACK ANGUS COUR | |
| MILLERSVILLE, MD 21108 | |

Form **1065** (2013)

| Schedule K Partners' Distributive Share Items | | Total amount | |
|--|--|---------------------|-----------------|
| Income (Loss) | 1 Ordinary business income (loss) (page 1, line 22) | 1 | 11,854. |
| | 2 Net rental real estate income (loss) (attach Form 8825) | 2 | |
| | 3 a Other gross rental income (loss) | 3a | |
| | b Expenses from other rental activities (attach statement) | 3b | |
| | c Other net rental income (loss). Subtract line 3b from line 3a | 3c | |
| | 4 Guaranteed payments | 4 | |
| | 5 Interest income | 5 | |
| | 6 Dividends: a Ordinary dividends | 6a | |
| | b Qualified dividends | 6b | |
| | 7 Royalties | 7 | |
| | 8 Net short-term capital gain (loss) (attach Schedule D (Form 1065)) | 8 | |
| 9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065)) | 9a | | |
| | b Collectibles (28%) gain (loss) | 9b | |
| | c Unrecaptured section 1250 gain (attach statement) | 9c | |
| 10 Net section 1231 gain (loss) (attach Form 4797) | 10 | | |
| 11 Other income (loss) (see instructions) Type ▶ | 11 | | |
| Deductions | 12 Section 179 deduction (attach Form 4562) | 12 | |
| | 13 a Contributions | 13a | |
| | b Investment interest expense | 13b | |
| | c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶ | 13c(2) | |
| d Other deductions (see instructions) Type ▶ | 13d | | |
| Self-Employment | 14 a Net earnings (loss) from self-employment | 14a | 11,854. |
| | b Gross farming or fishing income | 14b | |
| | c Gross nonfarm income | 14c | 161,116. |
| Credits | 15 a Low-income housing credit (section 42(j)(5)) | 15a | |
| | b Low-income housing credit (other) | 15b | |
| | c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) | 15c | |
| | d Other rental real estate credits (see instructions) Type ▶ | 15d | |
| | e Other rental credits (see instructions) Type ▶ | 15e | |
| | f Other credits (see instructions) Type ▶ | 15f | |
| Foreign Transactions | 16 a Name of country or U.S. possession ▶ | | |
| | b Gross income from all sources | 16b | |
| | c Gross income sourced at partner level | 16c | |
| | Foreign gross income sourced at partnership level | | |
| | d Passive category ▶ e General category ▶ f Other ▶ | 16f | |
| | Deductions allocated and apportioned at partner level | | |
| | g Interest expense ▶ h Other ▶ | 16h | |
| | Deductions allocated and apportioned at partnership level to foreign source income | | |
| | i Passive category ▶ j General category ▶ k Other ▶ | 16k | |
| | l Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/> | 16l | |
| m Reduction in taxes available for credit (attach statement) | 16m | | |
| n Other foreign tax information (attach statement) | | | |
| Alternative Minimum Tax (AMT) Items | 17 a Post-1986 depreciation adjustment | 17a | |
| | b Adjusted gain or loss | 17b | |
| | c Depletion (other than oil and gas) | 17c | |
| | d Oil, gas, and geothermal properties - gross income | 17d | |
| | e Oil, gas, and geothermal properties - deductions | 17e | |
| | f Other AMT items (attach statement) | 17f | |
| Other Information | 18 a Tax-exempt interest income | 18a | |
| | b Other tax-exempt income | 18b | |
| | c Nondeductible expenses SEE STATEMENT 3 | 18c | 58. |
| | 19 a Distributions of cash and marketable securities | 19a | |
| | b Distributions of other property | 19b | |
| | 20 a Investment income | 20a | |
| b Investment expenses | 20b | | |
| c Other items and amounts (attach statement) | | | |

Analysis of Net Income (Loss)

| | | | | | | | |
|---|---------------|--------------------------|----------------------------|------------------|-------------------------|--------------------|---------|
| 1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16i | | | | | | 1 | 11,854. |
| 2 Analysis by partner type: | (i) Corporate | (ii) Individual (active) | (iii) Individual (passive) | (iv) Partnership | (v) Exempt Organization | (vi) Nominee/Other | |
| a General partners | | | | | | | |
| b Limited partners | | 11,854. | | | | | |

Schedule L Balance Sheets per Books

| Assets | Beginning of tax year | | End of tax year | |
|--|-----------------------|---------|-----------------|---------|
| | (a) | (b) | (c) | (d) |
| 1 Cash | | 61,509. | | 70,722. |
| 2a Trade notes and accounts receivable | | | | |
| b Less allowance for bad debts | | | | |
| 3 Inventories | | | | |
| 4 U.S. government obligations | | | | |
| 5 Tax-exempt securities | | | | |
| 6 Other current assets (attach statement) | | | | |
| 7a Loans to partners (or persons related to partners) | | | | |
| b Mortgage and real estate loans | | | | |
| 8 Other investments (attach statement) | | | | |
| 9a Buildings and other depreciable assets | 56,799. | | 80,275. | |
| b Less accumulated depreciation | 33,435. | 23,364. | 62,771. | 17,504. |
| 10a Depletable assets | | | | |
| b Less accumulated depletion | | | | |
| 11 Land (net of any amortization) | | | | |
| 12a Intangible assets (amortizable only) | | | | |
| b Less accumulated amortization | | | | |
| 13 Other assets (attach statement) | | | | |
| 14 Total assets | | 84,873. | | 88,226. |
| Liabilities and Capital | | | | |
| 15 Accounts payable | | | | |
| 16 Mortgages, notes, bonds payable in less than 1 year | | | | |
| 17 Other current liabilities (attach statement) | | 12,179. | | 3,736. |
| 18 All nonrecourse loans | | | | |
| 19a Loans from partners (or persons related to partners) | | | | |
| b Mortgages, notes, bonds payable in 1 year or more | | | | |
| 20 Other liabilities (attach statement) | | | | |
| 21 Partners' capital accounts | | 72,694. | | 84,490. |
| 22 Total liabilities and capital | | 84,873. | | 88,226. |

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

| | | | |
|--|---------|---|---------|
| 1 Net income (loss) per books | 11,796. | 6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): | |
| 2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize): | | a Tax-exempt interest \$ | |
| 3 Guaranteed payments (other than health insurance) | | 7 Deductions included on Schedule K, lines 1 through 13d, and 16i, not charged against book income this year (itemize): | |
| 4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16i (itemize): | | a Depreciation \$ | |
| a Depreciation \$ | | 8 Add lines 6 and 7 | |
| b Travel and entertainment \$ 58. | 58. | 9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5 | 11,854. |
| 5 Add lines 1 through 4 | 11,854. | | |

Schedule M-2 Analysis of Partners' Capital Accounts

| | | | |
|--------------------------------|---------|---|---------|
| 1 Balance at beginning of year | 72,694. | 6 Distributions: a Cash | |
| 2 Capital contributed: a Cash | | b Property | |
| b Property | | 7 Other decreases (itemize): | |
| 3 Net income (loss) per books | 11,796. | 8 Add lines 6 and 7 | |
| 4 Other increases (itemize): | | 9 Balance at end of year. Subtract line 8 from line 5 | 84,490. |
| 5 Add lines 1 through 4 | 84,490. | | |

**Information on Partners Owning 50% or
More of the Partnership**

OMB No. 1545-0099

▶ **Attach to Form 1065. See instructions.**

Name of partnership

Employer identification number

POWER TARGET LLC

45-1749233

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Type of Entity | (iv) Country of Organization | (v) Maximum Percentage Owned in Profit, Loss, or Capital |
|--------------------|--|----------------------|------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

| (i) Name of Individual or Estate | (ii) Identifying Number (if any) | (iii) Country of Citizenship (see instructions) | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
|----------------------------------|----------------------------------|---|---|
| ROBERT G REX | 055-66-8622 | UNITED STATES | 99.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Depreciation and Amortization
(Including Information on Listed Property) OTHER 1
 ▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172
2013
 Attachment
 Sequence No. 179

POWER TARGET LLC

MARKETING

45-1749233

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | | |
| | | | |
| | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2012 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | | |
|----|--|----|---------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | 11,738. |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 17,598. |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2013 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | / | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|---|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | / | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|---------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 29,336. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
|--|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | | 25 |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | | 28 |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | (b) Vehicle | (c) Vehicle | (d) Vehicle | (e) Vehicle | (f) Vehicle |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

| | | |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2013 tax year: | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2013 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

2013 DEPRECIATION AND AMORTIZATION REPORT
MARKETING

OTHER 1

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|----------------------------|---------------|--------|------|----------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 1 | DOMAINS | 041911 | SL | 3.00 | 16 | 35,096. | | | 35,096. | 20,473. | | 11,699. |
| 2 | WEB DEVELOPMENT | 063012 | SL | 3.00 | 16 | 21,704. | | 10,852. | 10,852. | 2,110. | | 3,617. |
| 3 | WEB DEVELOPMENT | 063013 | SL | 3.00 | 16 | 23,476. | | 11,738. | 11,738. | | | 14,020. |
| | * TOTAL OTHER DEPRECIATION | | | | | 80,276. | | 22,590. | 57,686. | 22,583. | | 29,336. |
| | CURRENT ACTIVITY | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | 56,800. | | 10,852. | 45,948. | 22,583. | | |
| | ACQUISITIONS | | | | | 23,476. | | 11,738. | 11,738. | 0. | | |
| | DISPOSITIONS | | | | | 0. | | 0. | 0. | 0. | | |
| | ENDING BALANCE | | | | | 80,276. | | 22,590. | 57,686. | 22,583. | | |

328102
05-01-13

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Worksheet for Figuring Net Earnings (Loss) From Self-Employment

| | | | |
|---|-----------|--------------------------------|-------------------|
| Name of partnership | | Employer identification number | |
| POWER TARGET LLC | | 45-1749233 | |
| 1 a Ordinary income (loss) (Schedule K, line 1) | 1a | 11,854. | |
| b Net income (loss) from CERTAIN rental real estate activities | 1b | | |
| c Net income (loss) from other rental activities (Schedule K, line 3c) | 1c | | |
| d Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount | 1d | | |
| e Other additions | 1e | | |
| f Combine lines 1a through 1e | 1f | 11,854. | |
| 2 a Net gain from Form 4797, Part II, line 17, included on line 1a above | 2a | | |
| b Other subtractions | 2b | | |
| c Add lines 2a and 2b | 2c | | |
| 3 a Subtract line 2c from line 1f. If line 1f is a loss, increase the loss on line 1f by the amount on line 2c | 3a | 11,854. | |
| b Part of line 3a allocated to limited partners, estates, trusts, corporations, exempt organizations, and IRAs | 3b | | |
| c Subtract line 3b from line 3a | | | 3c 11,854. |
| 4 a Guaranteed payments to partners (Schedule K, line 4) derived from a trade or business as defined in section 1402(c) | 4a | | |
| b Part of line 4a allocated to individual limited partners for other than services and to estates, trusts, corporations, exempt organizations, and IRAs | 4b | | |
| c Subtract line 4b from line 4a | | | 4c |
| 5 Net earnings (loss) from self-employment. Combine lines 3c and 4c. Enter here and on Schedule K, line 14a | 5 | | 11,854. |

| FORM 1065 | TAX EXPENSE | STATEMENT | 1 |
|-----------------------------|-------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| GENERAL | | 2,725. | |
| TOTAL TO FORM 1065, LINE 14 | | 2,725. | |

| FORM 1065 | OTHER DEDUCTIONS | STATEMENT | 2 |
|-----------------------------|------------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| ADVERTISING | | 50,605. | |
| BANK SERVICE CHARGES | | 2,335. | |
| CONFERENCES | | 2,358. | |
| DUES AND SUBSCRIPTIONS | | 3,242. | |
| INSURANCE | | 317. | |
| LEGAL AND PROFESSIONAL | | 6,725. | |
| MEALS AND ENTERTAINMENT | | 59. | |
| OFFICE EXPENSE | | 3,808. | |
| PROMOTIONAL | | 59. | |
| SUBCONTRACTORS | | 25,314. | |
| SUPPLIES | | 8,878. | |
| TRAVEL | | 34. | |
| UTILITIES | | 581. | |
| WEB HOSTING | | 12,886. | |
| TOTAL TO FORM 1065, LINE 20 | | 117,201. | |

| SCHEDULE K | NONDEDUCTIBLE EXPENSE | STATEMENT | 3 |
|---|-----------------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| EXCLUDED MEALS AND ENTERTAINMENT EXPENSES | | 58. | |
| TOTAL TO SCHEDULE K, LINE 18C | | 58. | |

| | | | |
|------------|---------------------------|-----------|---|
| SCHEDULE L | OTHER CURRENT LIABILITIES | STATEMENT | 4 |
|------------|---------------------------|-----------|---|

| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
|------------------------------|--------------------------|--------------------|
| CREDIT CARDS PAYABLE | 12,179. | 3,736. |
| TOTAL TO SCHEDULE L, LINE 17 | 12,179. | 3,736. |

| | | | |
|-----------|-----------------------------------|-----------|---|
| FORM 1065 | PARTNERS' CAPITAL ACCOUNT SUMMARY | STATEMENT | 5 |
|-----------|-----------------------------------|-----------|---|

| PARTNER NUMBER | BEGINNING CAPITAL | CAPITAL CONTRIBUTED | SCHEDULE M-2 LNS 3, 4 & 7 | WITH- DRAWALS | ENDING CAPITAL |
|-------------------|----------------------|------------------------|------------------------------|------------------|-------------------|
| 1 | 71,966. | | 11,678. | | 83,644. |
| 2 | 728. | | 118. | | 846. |
| TOTAL | 72,694. | | 11,796. | | 84,490. |

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

| Asset No. | Description | Date Acquired | AMT Method | AMT Life | AMT Cost Or Basis | AMT Accumulated | Regular Depreciation | AMT Depreciation | AMT Adjustment |
|-----------|-----------------|---------------|------------|----------|-------------------|-----------------|----------------------|------------------|----------------|
| 1 | DOMAINS | 04/19/11 | | 3.00 | 35,096. | 20,473. | 11,699. | 11,699. | 0. |
| 2 | WEB DEVELOPMENT | 06/30/12 | SL | 3.00 | 21,704. | 2,110. | 3,617. | 3,617. | 0. |
| 3 | WEB DEVELOPMENT | 06/30/13 | SL | 3.00 | 23,476. | 0. | 14,020. | 14,020. | 0. |
| | TOTALS | | | | 80,276. | 22,583. | 29,336. | 29,336. | 0. |

Schedule K-1
(Form 1065)

2013

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

Department of the Treasury
Internal Revenue Service

For calendar year 2013, or tax

year beginning

ending

Partner's Share of Income, Deductions,
Credits, etc.

▶ See separate instructions.

| Part I Information About the Partnership | | Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items | | | | | | | | | | | | | |
|--|--|---|--------|--------|-------------|-------------|------|-------------|-------------|---------|-------------|-------------|---|--|--|
| A Partnership's employer identification number 45-1749233 | 1 Ordinary business income (loss) <div style="text-align: right;">11,735.</div> | 15 Credits | | | | | | | | | | | | | |
| B Partnership's name, address, city, state, and ZIP code POWER TARGET LLC 211 BLACK ANGUS COURT MILLERSVILLE, MD 21108 | 2 Net rental real estate income (loss) | 16 Foreign transactions | | | | | | | | | | | | | |
| C IRS Center where partnership filed return E-FILE | 3 Other net rental income (loss) | | | | | | | | | | | | | | |
| D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP) | 4 Guaranteed payments | | | | | | | | | | | | | | |
| | 5 Interest income | | | | | | | | | | | | | | |
| | 6a Ordinary dividends | | | | | | | | | | | | | | |
| | 6b Qualified dividends | 17 Alternative min tax (AMT) items | | | | | | | | | | | | | |
| | 7 Royalties | | | | | | | | | | | | | | |
| | 8 Net short-term capital gain (loss) | 18 Tax-exempt income and nondeductible expenses <div style="text-align: right;">C* 57.</div> | | | | | | | | | | | | | |
| | 9a Net long-term capital gain (loss) | | | | | | | | | | | | | | |
| | 9b Collectibles (28%) gain (loss) | 19 Distributions | | | | | | | | | | | | | |
| | 9c Unrecaptured sec 1250 gain | | | | | | | | | | | | | | |
| | 10 Net section 1231 gain (loss) | 20 Other information | | | | | | | | | | | | | |
| | 11 Other income (loss) | | | | | | | | | | | | | | |
| | 12 Section 179 deduction | | | | | | | | | | | | | | |
| | 13 Other deductions | | | | | | | | | | | | | | |
| | 14 Self-employment earnings (loss) A 11,735. C 159,505. | | | | | | | | | | | | | | |
| | *See attached statement for additional information. | | | | | | | | | | | | | | |
| Part II Information About the Partner E Partner's identifying number 055-66-8622 F Partner's name, address, city, state, and ZIP code ROBERT G REX 211 BLACK ANGUS COUR MILLERSVILLE, MD 21108 G <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member H <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner I1 What type of entity is this partner? INDIVIDUAL I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/> J Partner's share of profit, loss, and capital: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning</th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">99.0000000%</td> <td style="text-align: center;">99.0000000%</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">99.0000000%</td> <td style="text-align: center;">99.0000000%</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">99.0000000%</td> <td style="text-align: center;">99.0000000%</td> </tr> </tbody> </table> K Partner's share of liabilities at year end: Nonrecourse \$ Qualified nonrecourse financing \$ Recourse \$ 0. L Partner's capital account analysis: Beginning capital account \$ 71,966. Capital contributed during the year \$ Current year increase (decrease) \$ 11,678. Withdrawals & distributions \$(..... Ending capital account \$ 83,644. <input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain) M Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach statement (see instructions) | | Beginning | Ending | Profit | 99.0000000% | 99.0000000% | Loss | 99.0000000% | 99.0000000% | Capital | 99.0000000% | 99.0000000% | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">For IRS Use Only</div> | | |
| | Beginning | Ending | | | | | | | | | | | | | |
| Profit | 99.0000000% | 99.0000000% | | | | | | | | | | | | | |
| Loss | 99.0000000% | 99.0000000% | | | | | | | | | | | | | |
| Capital | 99.0000000% | 99.0000000% | | | | | | | | | | | | | |

SCHEDULE K-1 **NONDEDUCTIBLE EXPENSES, BOX 18, CODE C**

| <u>DESCRIPTION</u> | <u>PARTNER FILING INSTRUCTIONS</u> | <u>AMOUNT</u> |
|--|------------------------------------|---------------|
| EXCLUDED MEALS AND ENTERTAINMENT EXPENSES | NONDEDUCTIBLE PORTION | 57. |
| TOTAL TO SCHEDULE K-1, BOX 18, CODE C | | 57. |

Schedule K-1
(Form 1065)**2013**Department of the Treasury
Internal Revenue Service

For calendar year 2013, or tax

year beginning

ending

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See separate instructions.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

| | |
|---|--|
| 1 Ordinary business income (loss) 119. | 15 Credits |
| 2 Net rental real estate income (loss) | 16 Foreign transactions |
| 3 Other net rental income (loss) | |
| 4 Guaranteed payments | |
| 5 Interest income | |
| 6a Ordinary dividends | 17 Alternative min tax (AMT) items |
| 6b Qualified dividends | |
| 7 Royalties | 18 Tax-exempt income and nondeductible expenses C* 1. |
| 8 Net short-term capital gain (loss) | |
| 9a Net long-term capital gain (loss) | |
| 9b Collectibles (28%) gain (loss) | 19 Distributions |
| 9c Unrecaptured sec 1250 gain | 20 Other information |
| 10 Net section 1231 gain (loss) | |
| 11 Other income (loss) | |
| 12 Section 179 deduction | |
| 13 Other deductions | |
| 14 Self-employment earnings (loss) A 119. C 1,611. | |

*See attached statement for additional information.

For IRS Use Only

Part I Information About the Partnership**A** Partnership's employer identification number
45-1749233**B** Partnership's name, address, city, state, and ZIP code**POWER TARGET LLC
211 BLACK ANGUS COURT
MILLERSVILLE, MD 21108****C** IRS Center where partnership filed return
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's identifying number
213-96-9173**F** Partner's name, address, city, state, and ZIP code**JENNIFER D REX
211 BLACK ANGUS COUR
MILLERSVILLE, MD 21108****G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member**H** ☒ Domestic partner ☐ Foreign partner**I1** What type of entity is this partner? **INDIVIDUAL****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

| | Beginning | Ending |
|---------|------------|------------|
| Profit | 1.0000000% | 1.0000000% |
| Loss | 1.0000000% | 1.0000000% |
| Capital | 1.0000000% | 1.0000000% |

K Partner's share of liabilities at year end:

| | | |
|---------------------------------|----|----|
| Nonrecourse | \$ | |
| Qualified nonrecourse financing | \$ | |
| Recourse | \$ | 0. |

L Partner's capital account analysis:

| | | |
|-------------------------------------|----|------|
| Beginning capital account | \$ | 728. |
| Capital contributed during the year | \$ | |
| Current year increase (decrease) | \$ | 118. |
| Withdrawals & distributions | \$ | |
| Ending capital account | \$ | 846. |

☒ Tax basis ☐ GAAP ☐ Section 704(b) book
☐ Other (explain)
M Did the partner contribute property with a built-in gain or loss?☐ Yes ☒ No

If "Yes", attach statement (see instructions)

SCHEDULE K-1

NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

| <u>DESCRIPTION</u> | <u>PARTNER FILING INSTRUCTIONS</u> | <u>AMOUNT</u> |
|--|------------------------------------|---------------|
| EXCLUDED MEALS AND ENTERTAINMENT EXPENSES | NONDEDUCTIBLE PORTION | 1. |
| TOTAL TO SCHEDULE K-1, BOX 18, CODE C | | 1. |



135100005

2013

\$

OR FISCAL YEAR BEGINNING

2013, ENDING

| | |
|--|--|
| Name POWER TARGET LLC | |
| Number and street 211 BLACK ANGUS COURT | |
| City or town MILLERSVILLE | State ZIP code MD 21108 |
| Federal Employer Identification No. (9 digits) 451749233 | Do not write in this space. ME <input type="checkbox"/> |
| FENY Applied for date YE <input type="checkbox"/> | |
| Date of Organization or Incorporation (MMDDYY) 041911 | Business Activity Code No. (6 digits) 541800 |

| | |
|--|--|
| TYPE OF ENTITY: <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Business Trust | AMENDED RETURN <input type="checkbox"/> |
| CHECK HERE IF: <input type="checkbox"/> Name or address has changed <input type="checkbox"/> First filing of the entity <input type="checkbox"/> Inactive entity <input type="checkbox"/> Final return <input type="checkbox"/> This tax year's beginning and ending dates are different from last year's because of an acquisition or consolidation. | |

1. Number of members: a) Individual (including fiduciary) residents of Maryland 2 c) Nonresident entities 0
b) Individual (including fiduciary) nonresidents 0 d) Others 0
e) Total 2
2. Total distributive or pro rata share of income per federal return (Form 1065 or 1120S) - Unistate entities or multistate entities with no nonresident members also enter this amount on line 4 2 **11854**

ALLOCATION OF INCOME

(To be completed by multistate pass-through entities with nonresident members - unistate entities, and multistate entities with no nonresidents, go to line 4.)

- 3a. Non-Maryland income (for entities using separate accounting). Subtract this amount from line 2 and enter the difference on line 4 3a
- 3b. Maryland apportionment factor from computation worksheet on Page 2 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result on line 4 (If factor is zero, enter 000001.) 3b

4. Distributive or pro rata share of income allocable to Maryland 4 **11854**

NOTE: Complete lines 5 through 19 only if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.)

5. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6 5
6. Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.) 6
7. Nonresident individual tax (Multiply line 6 by 5.75%.) 7
8. Special nonresident tax (Multiply line 6 by 1.25%.) 8
9. Total Maryland tax on individual members (Add lines 7 and 8.) 9

10. Percentage of ownership by nonresident entities shown on line 1c (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11 10
11. Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by percentage on line 10.) 11
12. Nonresident entity tax (Multiply line 11 by 8.25%.) 12

13. Total nonresident tax (Add lines 9 and 12.) 13
14. Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here ☐ 14
15. Nonresident tax due (Enter the lesser of line 13 or line 14.) 15

- 16 a. Estimated pass-through entity nonresident tax paid with Form 510D and MW506NRS 16a
- b. Pass-through entity nonresident tax paid with an extension request (Form 510E) 16b
- c. Credit for nonresident tax paid on behalf of pass-through entity by another pass-through entity (Attach Maryland Form 510 Schedule K-1.) 16c
- d. Total payments and credits (Add lines 16a through 16c.) 16d
17. Balance of tax due (If line 15 exceeds line 16d, enter the difference.) 17
18. Interest and/or penalty from Form 500UP 18 or late payment interest 18 Total 18
19. Total balance due. (Add lines 17 and 18.) Pay in full with this return 19

NOTE: The total tax paid from lines 16d and 17 is to be reported either on the composite return or on the returns of the nonresident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the composite return filed by nonresident individual members. (See instructions.)

Complete line 20 only if there are no nonresident members. (Lines 1b and 1c are both zero.)

20. Amount TO BE REFUNDED (Enter the amount from line 16d if the amount on line 13 is zero.) 20



135100105

NAME POWER TARGET LLC

FEIN 45-1749233

SCHEDULE A - COMPUTATION OF APPORTIONMENT FACTOR

(Applies only to multistate pass-through entities. See instructions.)

NOTE: Special apportionment formulas are required for rental/leasing, transportation, financial institutions and manufacturing companies. See instructions.

| | Column 1 TOTALS WITHIN MARYLAND | Column 2 TOTALS WITHIN AND WITHOUT MARYLAND | Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places) |
|---|--|---|--|
| 1A. Receipts | | | |
| a. Gross receipts or sales less returns and allowances | | | |
| b. Dividends | | | |
| c. Interest | | | |
| d. Gross rents | | | |
| e. Gross royalties | | | |
| f. Capital gain net income | | | |
| g. Other income (Attach schedule.) | | | |
| h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2.) | | | |
| 1B. Receipts Enter the same factor shown on line 1A, Column 3. Disregard this line if special apportionment formula used. | | | |
| 2. Property | | | |
| a. Inventory | | | |
| b. Machinery and equipment | | | |
| c. Buildings | | | |
| d. Land | | | |
| e. Other tangible assets (Attach schedule.) | | | |
| f. Rent expense capitalized (Multiply by eight.) | | | |
| g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) | | | |
| 3. Payroll | | | |
| a. Compensation of officers | | | |
| b. Other salaries and wages | | | |
| c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) | | | |
| 4. Total of factors (Add entries in Column 3.) | | | |
| 5. Maryland apportionment factor Divide line 4 by four for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter 000001 on line 3b page 1.) | | | |

ADDITIONAL INFORMATION REQUIRED

- Address of principal place of business (if other than indicated on page 1):
- Address at which tax records are located (if other than indicated on page 1):
- Telephone number of pass-through entity tax department: **617-251-6315**
- State of organization or incorporation: **MARYLAND**
- Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? ☐ Yes ☒ No
If "yes", indicate tax year(s) here: and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
- Did the pass-through entity file withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? ☐ Yes ☒ No
- Is this entity a multistate corporation that is a member of a unitary group? ☐ Yes ☒ No
- Is this entity a multistate manufacturing corporation with more than 25 employees? If so, complete and attach Form 500MC to your Form 510. ☐ Yes ☒ No

SIGNATURE AND VERIFICATION: Under penalties of perjury, I declare that I have examined this return (including attachments) and, to the best of my knowledge and belief, it is true, correct and complete. (Declaration of preparer other than the taxpayer is based on all information of which preparer has any knowledge.)
Check here ☒ if you authorize your preparer to discuss this return with us.

Signature of general partner, officer or member

Date

P00815551

Preparer's PTIN (required by law)

Preparer's signature

MEMBER

Title

Make checks payable and mail to:
Comptroller of Maryland, Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write Federal Employer Identification Number on check.)

OFFIT AND ROTH, P.A.

Preparer's name, address and telephone number

**8 PARK CENTER CT., SUITE 100
OWINGS MILLS, MD 21117**

410-356-6600

MARYLAND INCOME TAX DECLARATION
FORM FOR BUSINESS ELECTRONIC
EL101B FILING

DO NOT MAIL



13101B005

2013

For fiscal year beginning 2013, ending

| | | | |
|--|--------------|--|----------|
| Name of corporation or pass-through entity | | Federal Employer Identification Number | |
| POWER TARGET LLC | | 45-1749233 | |
| Present address (number and street) | City or town | State | ZIP code |
| 211 BLACK ANGUS COURT | MILLERSVILLE | MD | 21108 |

Part I Tax Return Information (whole dollars only)

| | | |
|---|--------|--|
| 1. Amount of overpayment to be applied to 2014 estimated tax (Corporations only.) | REFUND | |
| 2. Amount of overpayment to be refunded (Corporations only.) | | |
| 3. Total amount due | | |

Part II Declaration

Check appropriate box to consent to: ☐ Direct Deposit of refund or ☐ Electronic Funds Withdrawal (direct debit)

4a. Type of account ☐ Checking ☐ Savings

4b. Routing number

4c. Account number

4d. Direct debit settlement date (Enter the date you want the payment withdrawn from the account.)

4e. Direct debit amount

☐ I consent that the corporation's refund be directly deposited as designated above and declare that the information shown is correct. By consenting, I also agree to disclose to the Maryland State Treasurer's Office certain income tax information including name, amount of refund and the above bank information. This disclosure is necessary to effect direct deposit.

☐ I authorize the State of Maryland and its designated financial agent to initiate an electronic funds withdrawal payment entry to the financial institution account indicated for payment of the Maryland taxes owed by the corporation or pass-through entity and the financial institution to debit the entry to this account. Upon confirmation of consent during the filing of the corporation or pass-through entity state return, this authorization is to remain in full force and effect, and I may not terminate the authorization. I also authorize the financial institutions involved in the processing of this electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☒ I do not want direct deposit of the refund or an electronic funds withdrawal (direct debit) of the balance due.

Under penalties of perjury, I declare that I am an officer, general partner or managing member of the above corporation or of the pass-through entity. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2013 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my electronic return originator or by the electronic return software provider.

Please
Sign
Here

Corporate officer, general partner or managing member's signature

MEMBER

Title

Date

Please wait ten (10) days after the receipt of a valid acknowledgement before calling 410-260-7980 from Central Maryland, or 1-800-638-2937 from elsewhere, about the refund.

Part III Declaration of Electronic Return Originator (paid preparer)

I declare that I have reviewed the return of the corporation or pass-through entity and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the signature of the corporate officer, general partner or managing member, before submitting the return to the Maryland Revenue Administration Division, have provided that official with a copy of all forms and information to be filed with the Maryland Revenue Administration Division, and have followed all other requirements described in the Maryland Business E-File Handbook. This declaration is to be retained at the site of the electronic return originator.

| | | | |
|--|--|----------|--------------|
| Electronic Return Originator Use Only | Originator's signature | Date | EFIN |
| | | | 527394 |
| | Firm's name (or yours if self-employed) and address | ZIP code | Phone |
| | OFFIT AND ROTH, P.A. 8 PARK CENTER CT., SUITE 100 OWINGS MILLS, MD | 21117 | 410-356-6600 |

COMRAD-060
13-05

356101 10-11-13

DO NOT MAIL

**MARYLAND
FORM
510
SCHEDULE B**

**PASS-THROUGH ENTITY
INCOME TAX RETURN
MEMBERS' INFORMATION**



135108005

2013

Name shown on Form 510

POWER TARGET LLC

Federal Employer Identification Number (9 digits)

451749233

PART I - INDIVIDUAL MEMBERS' INFORMATION Enter the information in Social Security Number order.

| | Social Security Number and name of member | Address | Check here if Maryland: | | Distributive or pro rata share of income (See Instructions.) | Distributive or pro rata share of tax paid (See Instructions.) | Distributive or pro rata share of tax credit (See Instructions.) |
|-------------------|---|--|-------------------------|--------------|---|--|--|
| | | | Resident | Non-Resident | | | |
| 1 | ROBERT G REX 055-66-8622 | 211 BLACK ANGUS COUR MILLERSVILLE, MD 21108 | X | | 11735 | 0 | |
| 2 | JENNIFER D REX 213-96-9173 | 211 BLACK ANGUS COUR MILLERSVILLE, MD 21108 | X | | 119 | 0 | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 358411 10-11-13 | | | | | SUBTOTAL from additional Form 510 Schedule B for individual members | | |
| COM/RAD 069 13-05 | | | | | TOTAL: | | |

You must
file Maryland
Form 510
electronically
to pass on
business tax
credits
from
Maryland Form
500CR and/or
Maryland Form
502S to your
members.



OR FISCAL YEAR BEGINNING , ENDING

| | |
|--|---|
| Name of taxpayer(s) POWER TARGET LLC | Taxpayer Identification Number 45-1749233 |
|--|---|

Use this form only if the Maryland return is affected by the use (for any tax year) of any of the following federal provisions from which Maryland has decoupled (Decoupled Provisions):

- Special Depreciation Allowance under the federal Job Creation and Worker Assistance Act of 2002 (JCWAA) as increased and extended under the federal Jobs and Growth Tax Relief Reconciliation Act of 2003 (JGTRRA); and subsequent federal legislation, including the American Recovery and Reinvestment Act of 2009 (ARRA).
- Carryover of a net operating loss (NOL) under IRC Section § 172 without regard to an election under IRC Section 172(b)(1)(H) for a carryback period of up to 5 years.
- Federal Section 179 depreciation deductions taken for a tax year beginning on or after January 1, 2003. For Maryland tax purposes, a taxpayer only is allowed to expense up to \$25,000, reduced dollar-for-dollar by the amount over \$200,000, of the cost of Section 179 property that is purchased and put in service for a trade or business for the tax year. For vehicles placed in service after May 31, 2004, Maryland also has decoupled from the higher depreciation deduction for certain heavy duty SUVs allowed under Internal Revenue Code Section 280F.
- Deferral of recognition of income from discharge of indebtedness under the ARRA.
- Deferral of deduction for original issue discount in debt for debt exchanges under the ARRA.

Read instructions and complete the worksheet below.

| | Column 1 Federal Return as Filed | Column 2 Federal Return without Decoupled Provisions | Column 3 Difference Increase/ Decrease (-) |
|--|--|---|---|
| 1. Depreciation Deductions Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-). | 17637 | 11800 | 5837 |
| 2. NOL Deductions Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-). | | | |
| 3. Original Issue Discounts Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-). | | | |
| 4. Discharge of Business Indebtedness Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-). | | | |
| 5. Other Changes (See instructions.) | | | |
| 6. Net Decoupling Modification Net the amounts on lines 1 through 5 of Column 3. This is the Decoupling Modification. Enter here and include as a positive number on the appropriate line of the Maryland return being filed. Also enter the applicable letter code(s) in the boxes provided on the return. See table below. | | | 5837 |
| 7. Decoupling from PTE. Enter code letter dp. (See instructions.) | | | |

| Return Filed | If line 6 above is positive enter on the line for: | Use the following code if there is an amount above on: | | | | If line 6 above is negative enter on the line for: | Use the following code if there is an amount above on: | | | |
|--------------|--|--|-------------|-------------|----------------|--|--|-------------|-------------|----------------|
| | | Line 1 only | Line 2 only | Line 4 only | Multiple Lines | | Line 1 only | Line 2 only | Line 4 only | Multiple Lines |
| 500 | Addition Adjustments | e | f | cd | dm | Subtraction Adjustments | j | k | cd | dm |
| 502 | Other Additions | i | m | cd | dm | Other Subtractions | bb | cc | cd | dm |
| 504 | Other Additions | No code required | | | | Other Subtractions | No code required | | | |
| 505 | Other Additions | j | k | cd | dm | Other Subtractions | bb | cc | cd | dm |
| 500X | Total Addition Modifications | No code required | | | | Total Subtraction Modifications | No code required | | | |
| 502X | Additions To Income | No code required | | | | Subtractions from Income | No code required | | | |
| 505X | Additions To Income | No code required | | | | Subtractions from Income | No code required | | | |

**PASS-THROUGH ENTITY
MEMBER S INFORMATION**



13510K005

2013

OR FISCAL YEAR BEGINNING 2013, ENDING

| INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE) | | | |
|---|--------------|--|---|
| PTE Name | | PTE FEIN | |
| POWER TARGET LLC | | 45-1749233 | |
| Street Address | | | |
| 211 BLACK ANGUS COURT | | | |
| City | State | ZIP code | |
| MILLERSVILLE | MD | 21108 | |
| INFORMATION ABOUT THE MEMBER | | | |
| Member Number | Member Name | Member's SSN/FEIN | |
| 1 | ROBERT G REX | 055-66-8622 | |
| Street Address | | Resident | Distributive or Pro Rata Share Percentage |
| 211 BLACK ANGUS COUR | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 99.0000000 % |
| City | State | ZIP code | |
| MILLERSVILLE | MD | 21108 | |

A. Member's Income

- | | |
|---|----------|
| 1. Distributive or pro rata share of income from federal Schedule K-1 | 1. 11735 |
| 2. Distributive or pro rata share allocable to Maryland (Nonresidents only) | 2. _____ |

B. Additions

- | | |
|---|----------|
| 1. Non-Maryland municipal interest and dividends | 1. _____ |
| 2. Tax preference items | 2. _____ |
| 3. Net decoupling modification | 3. 5779 |
| 4. Net decoupling modification from another PTE | 4. _____ |
| 5. Other additions (Specify additions with amounts in part F of this form.) | 5. _____ |

C. Subtractions

- | | |
|---|----------|
| 1. Income from U.S. obligations | 1. _____ |
| 2. Work opportunity credit salary expense | 2. _____ |
| 3. Net decoupling modification | 3. _____ |
| 4. Net decoupling modification from another PTE | 4. _____ |
| 5. Other subtractions (Specify subtractions with amounts in part F of this form.) | 5. _____ |

D. Nonresident Tax - Enter the member's distributive or pro rata share

- | | |
|---|----------|
| 1. Nonresident tax paid by this PTE | 1. _____ |
| 2. Nonresident tax paid by other PTEs on behalf of this entity | 2. _____ |
| 3. Total (Add lines 1 and 2. Members: Include this amount on Form 500, line 15f; Form 502CR, Part I, line 5; Form 504, line 33; Form 505, line 46; Form 510, line 16c.) | 3. _____ |

E. Credits (Required documentation or certification must be attached.)**

Nonrefundable Credits

- | | |
|--|----------|
| 1. Enterprise Zone Tax Credit*** | 1. _____ |
| 2. Maryland Disability Employment Tax Credit | 2. _____ |
| 3. Job Creation Tax Credit*** | 3. _____ |
| 4. Community Investment Tax Credit*** | 4. _____ |

**PASS-THROUGH ENTITY
MEMBER S INFORMATION**



13510K105

- | | |
|--|-----------------------------|
| 5. Businesses that Create New Jobs Tax Credit | 5. _____ |
| 6. Long-Term Employment of Qualified Ex-Felons Tax Credit | 6. _____ |
| 7. RESERVED FOR FUTURE USE | 7. XXXXXXXXXXXXXXXXXXXXXXXX |
| 8. Employer-Provided Long-Term Care Insurance Tax Credit | 8. _____ |
| 9. Security Clearance Costs Tax Credit*** | 9. _____ |
| 10. Small Business First-Year Leasing Security Clearance Costs Tax Credit*** | 10. _____ |
| 11. Research and Development Tax Credit*** | 11. _____ |
| 12. Commuter Tax Credit | 12. _____ |
| 13. Maryland-Mined Coal Tax Credit*** | 13. _____ |
| 14. Oyster Shell Recycling Tax Credit*** | 14. _____ |
| 15. Bio-Heating Oil Tax Credit*** | 15. _____ |
| 16. Cellulosic Ethanol Technology Research & Development Tax Credit*** | 16. _____ |
| 17. Wineries and Vineyards Tax Credit*** | 17. _____ |
| 18. Electric Vehicle Recharging Equipment Tax Credit*** | 18. _____ |

Refundable Credits

- | | |
|---|-----------|
| 19. Film Production Employment Tax Credit*** | 19. _____ |
| 20. Biotechnology Investment Incentive Tax Credit*** | 20. _____ |
| 21. Clean Energy Incentive Tax Credit*** | 21. _____ |
| 22. Health Enterprise Zone Hiring Tax Credit*** | 22. _____ |
| 23. Small Business Research & Development Tax Credit*** | 23. _____ |
| 24. Maryland Sustainable Communities Tax Credit*** | 24. _____ |

One Maryland Economic Development Tax Credit***

☐ Refundable ☐ Nonrefundable

- | | |
|--|------------|
| 25a. Total number of "qualified employees" | 25a. _____ |
| 25b. If the amount on line 25a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 26. Tax year in which the project was put into service | 26. _____ |
| Enter Member's Distributive or Pro Rata Share of the Following: | |
| 27. Portion of PTE's income attributable to project | 27. _____ |
| 28. Non-project taxable income from PTE | 28. _____ |
| 29. Number of "qualified employees" multiplied by \$10,000 | 29. _____ |
| 30. Amount of Maryland income tax required to be withheld from employees reported on line 25a of this form | 30. _____ |
| 31. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum) | 31. _____ |
| 32. Total cumulative eligible start-up costs (\$500,000 PTE maximum) | 32. _____ |

F. Additional Information

**PASS-THROUGH ENTITY
MEMBER S INFORMATION**



13510K005

2013

OR FISCAL YEAR BEGINNING 2013, ENDING

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)

| | | | |
|-------------------------------------|----------------|--|---|
| PTE Name | | PTE FEIN | |
| POWER TARGET LLC | | 45-1749233 | |
| Street Address | | | |
| 211 BLACK ANGUS COURT | | | |
| City | State | ZIP code | |
| MILLERSVILLE | MD | 21108 | |
| INFORMATION ABOUT THE MEMBER | | | |
| Member Number | Member Name | Member's SSN/FEIN | |
| 2 | JENNIFER D REX | 213-96-9173 | |
| Street Address | | Resident | Distributive or Pro Rata Share Percentage |
| 211 BLACK ANGUS COUR | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 1.0000000 % |
| City | State | ZIP code | |
| MILLERSVILLE | MD | 21108 | |

A. Member's Income

- Distributive or pro rata share of income from federal Schedule K-1 1. 119
- Distributive or pro rata share allocable to Maryland (Nonresidents only) 2.

B. Additions

- Non-Maryland municipal interest and dividends 1.
- Tax preference items 2.
- Net decoupling modification 3. 58
- Net decoupling modification from another PTE 4.
- Other additions (Specify additions with amounts in part F of this form.) 5.

C. Subtractions

- Income from U.S. obligations 1.
- Work opportunity credit salary expense 2.
- Net decoupling modification 3.
- Net decoupling modification from another PTE 4.
- Other subtractions (Specify subtractions with amounts in part F of this form.) 5.

D. Nonresident Tax - Enter the member's distributive or pro rata share

- Nonresident tax paid by this PTE 1.
- Nonresident tax paid by other PTEs on behalf of this entity 2.
- Total (Add lines 1 and 2. Members: Include this amount on Form 500, line 15f; Form 502CR, Part I, line 5; Form 504, line 33; Form 505, line 46; Form 510, line 16c.) 3.

E. Credits (Required documentation or certification must be attached.)**

Nonrefundable Credits

- Enterprise Zone Tax Credit*** 1.
- Maryland Disability Employment Tax Credit 2.
- Job Creation Tax Credit*** 3.
- Community Investment Tax Credit*** 4.



13510K105

- | | |
|--|-----------------------------|
| 5. Businesses that Create New Jobs Tax Credit | 5. _____ |
| 6. Long-Term Employment of Qualified Ex-Felons Tax Credit | 6. _____ |
| 7. RESERVED FOR FUTURE USE | 7. XXXXXXXXXXXXXXXXXXXXXXXX |
| 8. Employer-Provided Long-Term Care Insurance Tax Credit | 8. _____ |
| 9. Security Clearance Costs Tax Credit*** | 9. _____ |
| 10. Small Business First-Year Leasing Security Clearance Costs Tax Credit*** | 10. _____ |
| 11. Research and Development Tax Credit*** | 11. _____ |
| 12. Commuter Tax Credit | 12. _____ |
| 13. Maryland-Mined Coal Tax Credit*** | 13. _____ |
| 14. Oyster Shell Recycling Tax Credit*** | 14. _____ |
| 15. Bio-Heating Oil Tax Credit*** | 15. _____ |
| 16. Cellulosic Ethanol Technology Research & Development Tax Credit*** | 16. _____ |
| 17. Wineries and Vineyards Tax Credit*** | 17. _____ |
| 18. Electric Vehicle Recharging Equipment Tax Credit*** | 18. _____ |

Refundable Credits

- | | |
|---|-----------|
| 19. Film Production Employment Tax Credit*** | 19. _____ |
| 20. Biotechnology Investment Incentive Tax Credit*** | 20. _____ |
| 21. Clean Energy Incentive Tax Credit*** | 21. _____ |
| 22. Health Enterprise Zone Hiring Tax Credit*** | 22. _____ |
| 23. Small Business Research & Development Tax Credit*** | 23. _____ |
| 24. Maryland Sustainable Communities Tax Credit*** | 24. _____ |

One Maryland Economic Development Tax Credit***

☐ Refundable ☐ Nonrefundable

- | | |
|--|------------|
| 25a. Total number of "qualified employees" | 25a. _____ |
| 25b. If the amount on line 25a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 26. Tax year in which the project was put into service | 26. _____ |
| Enter Member's Distributive or Pro Rata Share of the Following: | |
| 27. Portion of PTE's income attributable to project | 27. _____ |
| 28. Non-project taxable income from PTE | 28. _____ |
| 29. Number of "qualified employees" multiplied by \$10,000 | 29. _____ |
| 30. Amount of Maryland income tax required to be withheld from employees reported on line 25a of this form | 30. _____ |
| 31. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum) | 31. _____ |
| 32. Total cumulative eligible start-up costs (\$500,000 PTE maximum) | 32. _____ |

F. Additional Information

C-2 Exhibit C-2 SEC Filings

Provide the most recent 10-K/8-K Filings with the SEC. If applicant does not have such filings, it may submit those of its parent company. If the applicant does not have such filings, then the applicant may indicate in Exhibit C-2 that the applicant is not required to file with the SEC and why.

Power Target LLC is not required to file with the SEC as an LLC.

C-3 Exhibit C-3 Financial Statements

Provide copies of the applicant's two most recent years of audited financial statements (balance sheet, income statement, and cash flow statement). If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business.

Please see copies of our two most recent years of audited financial statements in order of officer qualification, balance sheet, income statement, and cash flow statement on the following six pages.



Power Target, LLC

211 Black Angus Ct. • Millersville, MD 21108

p: 410.344.7858 • f: 443.267.0042 • w: <http://www.PowerTargetllc.com>

Officer Qualification

I am the duly qualified and acting Officer of the Company, and I am familiar with the financial statement and financial affairs of the Company and its Subsidiaries and am authorized to execute this Certificate on behalf of the Company.

Robert Rex, Founder

Date

Power Target Balance Sheet

As of December 31, 2012

| | Total |
|--|--------------------|
| ASSETS | |
| Current Assets | |
| Bank Accounts | |
| Powel Target Checking | 6,454.84 |
| Power Target Checking | 55,052.69 |
| Total Bank Accounts | \$61,507.53 |
| Total Current Assets | \$61,507.53 |
| TOTAL ASSETS | \$61,507.53 |
| LIABILITIES AND EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Credit Cards | |
| Business Gold Rewards Card (XXXXXXXXXXXX 1009) | 12,178.70 |
| Total Credit Cards | \$12,178.70 |
| Total Current Liabilities | \$12,178.70 |
| Total Liabilities | \$12,178.70 |
| Equity | |
| Opening Balance Equity | 184,442.29 |
| Retained Earnings | |
| Net Income | -135,113.46 |
| Total Equity | \$49,328.83 |
| TOTAL LIABILITIES AND EQUITY | \$61,507.53 |

Wednesday, Feb 05, 2014 12:59:33 PM PST GMT-5 - Accrual Basis

Power Target Balance Sheet

As of December 31, 2013

| | Total |
|--|---------------------------|
| ASSETS | |
| Current Assets | |
| Bank Accounts | |
| Powel Target Checking | 16,457.68 |
| Power Target Checking | 54,263.36 |
| Total Bank Accounts | <u>\$70,721.04</u> |
| Total Current Assets | <u>\$70,721.04</u> |
| TOTAL ASSETS | <u><u>\$70,721.04</u></u> |
| LIABILITIES AND EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Credit Cards | |
| Business Gold Rewards Card (XXXXXXXXXXXX 1009) | 3,736.14 |
| Total Credit Cards | <u>\$3,736.14</u> |
| Total Current Liabilities | <u>\$3,736.14</u> |
| Total Liabilities | <u>\$3,736.14</u> |
| Equity | |
| Opening Balance Equity | 213,940.14 |
| Retained Earnings | -135,113.46 |
| Net Income | -11,841.78 |
| Total Equity | <u>\$66,984.90</u> |
| TOTAL LIABILITIES AND EQUITY | <u><u>\$70,721.04</u></u> |

Wednesday, Feb 05, 2014 01:01:04 PM PST GMT-5 - Accrual Basis

Power Target Statement of Cash Flows

January - December 2012

| | Total |
|---|-----------------------|
| OPERATING ACTIVITIES | |
| Net Income | -135,113.46 |
| Adjustments to reconcile Net Income to Net Cash provided by operations: | |
| Business Gold Rewards Card (XXXXXXXXXXXX 1009) | 12,178.70 |
| Net cash provided by operating activities | \$ -122,934.76 |
| FINANCING ACTIVITIES | |
| Opening Balance Equity | 184,442.29 |
| Net cash provided by financing activities | \$184,442.29 |
| Net cash increase for period | \$61,507.53 |
| Cash at end of period | \$61,507.53 |

Wednesday, Feb 05, 2014 12:58:21 PM PST GMT-5

Power Target Statement of Cash Flows

January - December 2013

| | Total |
|---|----------------------|
| OPERATING ACTIVITIES | |
| Net Income | -11,841.78 |
| Adjustments to reconcile Net Income to Net Cash provided by operations: | |
| Business Gold Rewards Card (XXXXXXXXXXXX 1009) | -8,442.56 |
| Net cash provided by operating activities | \$ -20,284.34 |
| FINANCING ACTIVITIES | |
| Opening Balance Equity | 29,497.85 |
| Net cash provided by financing activities | \$29,497.85 |
| Net cash increase for period | \$9,213.51 |
| Cash at beginning of period | 61,507.53 |
| Cash at end of period | \$70,721.04 |

Wednesday, Feb 05, 2014 12:46:57 PM PST GMT-5

Power Target Profit & Loss

January - December 2013

| | Total |
|----------------------------------|----------------------|
| Income | |
| Sales | 25,997.64 |
| Uncategorized Income | 105,621.05 |
| Total Income | \$131,618.69 |
| Gross Profit | \$131,618.69 |
| Expenses | |
| Advertising | 46,220.69 |
| Advertising Management | 4,384.10 |
| Total Advertising | 50,604.79 |
| Bank Charges | 2,335.00 |
| Conferences | 2,358.33 |
| Dues & Subscriptions | 3,241.82 |
| Hosting | 12,886.31 |
| Insurance - Liability | 317.17 |
| Legal & Professional Fees | 6,724.55 |
| Meals and Entertainment | 116.75 |
| Office Expenses | 1,307.67 |
| Other General and Admin Expenses | 2,500.00 |
| Promotional | 59.34 |
| Subcontractors | 25,314.00 |
| Supplies | 6,917.33 |
| Taxes & Licenses | 2,725.00 |
| Travel | 34.20 |
| Uncategorized Expense | 1,960.86 |
| Utilities | 581.27 |
| Web Design & Development | 23,476.08 |
| Total Expenses | \$143,460.47 |
| Net Operating Income | \$ -11,841.78 |
| Net Income | \$ -11,841.78 |

Wednesday, Feb 05, 2014 01:21:05 PM PST GMT-5 - Accrual Basis

C-4 Exhibit C-4 Financial Arrangements

Provide copies of the applicant's financial arrangements to conduct CRES as a business activity (e.g., guarantees, bank commitments, contractual arrangements, credit agreements, etc.).

As a small company, focused solely on the marketing side of the business, we never take ownership of the electric supply. We are purely a marketing organization that helps residents understand their electricity supplier options.

Power Target LLC will not be providing billing or metering services. The only service Power Target LLC will be providing is brokering or assisting customers in enrolling with retail electricity providers. Power Target LLC will never take title to electricity and will only act as an intermediary between customers and the retail electricity provider.

C-5 Exhibit C-5 Forecasted Financial Statements

Provide two years of forecasted financial statements (balance sheet, income statement, and cash flow statement) for the applicant's CRES operation, along with a list of assumptions, and the name, address, e- mail address, and telephone number of the preparer.

Please see our forecasted financial statements on the following page.

The preparer: Robert Rex

211 Black Angus Court Millersville MD 21108

Rob.Rex@powertargetllc.com

410-344-7858

Power Target Profit & Loss January - December 2013

| | Total |
|----------------------------------|------------|
| Income | |
| Sales | 25,907.54 |
| Uncategorized Income | 0.00 |
| Total Income | 25,907.54 |
| Gross Profit | 131,616.66 |
| Expenses | |
| Advertising | 49,220.94 |
| Advertising Management | 4,544.10 |
| Total Advertising | 53,765.04 |
| Bank Charges | 2,335.70 |
| Conferences | 2,335.70 |
| Dues & Subscriptions | 12,183.26 |
| Hosting | 12,183.26 |
| Insurance - Liability | 1,733.23 |
| Legal & Professional Fees | 9,124.55 |
| Meals and Entertainment | 1,075.92 |
| Office Expenses | 1,503.82 |
| Other General and Admin Expenses | 2,875.00 |
| Promotional | 68.24 |
| Subcontractors | 43,033.80 |
| Supplies | 5,198.00 |
| Taxes & Licenses | 3,133.75 |
| Travel | 39.33 |
| Uncategorized Expense | 2,254.99 |
| Utilities | 668.46 |
| Web Design & Development | 14,085.65 |
| Total Expenses | 203,835.49 |
| Net Operating Income | 5,368.49 |
| Net Income | 5,368.49 |

Power Target Profit & Loss January - December 2014

| | Total |
|----------------------------------|------------|
| Income | |
| Sales | 129,986.20 |
| Uncategorized Income | 79,215.79 |
| Total Income | 209,202.99 |
| Gross Profit | 209,203.99 |
| Expenses | |
| Advertising | 92,441.38 |
| Advertising Management | 10,960.25 |
| Total Advertising | 103,401.63 |
| Bank Charges | 350.25 |
| Conferences | 353.75 |
| Dues & Subscriptions | 3,728.09 |
| Hosting | 14,819.26 |
| Insurance - Liability | 364.75 |
| Legal & Professional Fees | 7,733.23 |
| Meals and Entertainment | 233.50 |
| Office Expenses | 1,503.82 |
| Other General and Admin Expenses | 2,875.00 |
| Promotional | 68.24 |
| Subcontractors | 43,033.80 |
| Supplies | 5,198.00 |
| Taxes & Licenses | 3,133.75 |
| Travel | 39.33 |
| Uncategorized Expense | 2,254.99 |
| Utilities | 668.46 |
| Web Design & Development | 14,085.65 |
| Total Expenses | 203,835.49 |
| Net Operating Income | 5,368.49 |
| Net Income | 5,368.49 |

Power Target Profit & Loss January - December 2015

| | Total |
|----------------------------------|------------|
| Income | |
| Sales | 389,964.60 |
| Uncategorized Income | 59,411.84 |
| Total Income | 449,376.44 |
| Gross Profit | 449,376.44 |
| Expenses | |
| Advertising | 184,882.76 |
| Advertising Management | 27,400.63 |
| Total Advertising | 212,283.39 |
| Bank Charges | 367.76 |
| Conferences | 371.44 |
| Dues & Subscriptions | 3,914.50 |
| Hosting | 15,560.22 |
| Insurance - Liability | 382.98 |
| Legal & Professional Fees | 8,893.22 |
| Meals and Entertainment | 457.00 |
| Office Expenses | 1,729.39 |
| Other General and Admin Expenses | 3,306.25 |
| Promotional | 78.48 |
| Subcontractors | 73,157.46 |
| Supplies | 3,891.00 |
| Taxes & Licenses | 3,603.81 |
| Travel | 45.23 |
| Uncategorized Expense | 2,593.24 |
| Utilities | 768.73 |
| Web Design & Development | 16,198.50 |
| Total Expenses | 347,612.58 |
| Net Operating Income | 101,763.86 |
| Net Income | 101,763.86 |

C-6 Exhibit C-6 Credit Rating

Provide a statement disclosing the applicant's credit rating as reported by two of the following organizations: Duff & Phelps, Dun and Bradstreet Information Services, Fitch IBCA, Moody's Investors Service, Standard & Poors, or a similar organization. In instances where an applicant does not have its own credit ratings, it may substitute the credit ratings of a parent or affiliate organization, provided the applicant submits a statement signed by a principal officer of the applicant's parent or affiliate organization that guarantees the obligations of the applicant.

We, Power Target LLC, are a new small company, as you can see from our balance sheets in Exhibit C-3. We have minimal expenses and have minimal opportunity to build a credit rating. Please also refer to our credit report in Exhibit C-7.

C-7 Exhibit C-7 Credit Report

Provide a copy of the applicant's credit report from Experion, Dun and Bradstreet or a similar organization.

Please see a copy of our credit report from Dun and Bradstreet on the following five pages.

1.800.700.2733 Chat

Welcome, Rob ▼

✕ Sign Out

Selected Company: POWEL TARGET LLC
D-U-N-S #: 02-400-0040

Overview

Company Name: POWEL TARGET LLC

D-U-N-S #: 02-400-0040

DBA's: N/A

Address: 211 Black Angus Ct

City: Millersville

State: MD

Zip: 21108

Phone:

Principal:

Year Started: 2011

Employs: UNDETERMINED.

SIC Code(s): 99992222 Duns Support Record, nonclassifiable establishment

NAICS Code(s): 999990 Unclassified Establishments

Legal Structure: N/A

07/24/2012 -

Business address has changed from 425 Grindall St, Baltimore, MD, 21230 to 211 Black Angus Ct, Millersville, MD, 21108.

History and Operations

Current Officers

No officers have been listed in this company report.

Current Directors

No directors have been listed in this company report.

Duns Support Record.

Employees

UNDETERMINED.

Facilities

Occupies premises in building.

Location

This Company's Operating Results Year Over Year

| | | | |
|-------------------------|----|----|----|
| Net Sales | NA | NA | NA |
| Gross Profit | NA | NA | NA |
| Net Profit | NA | NA | NA |
| Dividends / Withdrawals | NA | NA | NA |
| Working Capital | NA | NA | NA |

This Company's Assets Year Over Year

| | | | |
|---------------------|----|----|----|
| Cash | NA | NA | NA |
| Accounts Receivable | NA | NA | NA |
| Notes Receivable | NA | NA | NA |
| Inventories | NA | NA | NA |
| Other Current | NA | NA | NA |
| Total Current | NA | NA | NA |
| Fixed Assets | NA | NA | NA |
| Other Non Current | NA | NA | NA |
| Total Assets | NA | NA | NA |

This Company's Liabilities Year Over Year

| | | | |
|---------------------------------|----|----|----|
| Accounts Payable | NA | NA | NA |
| Bank Loan | NA | NA | NA |
| Notes Payable | NA | NA | NA |
| Other Current | NA | NA | NA |
| Total Current | NA | NA | NA |
| Long Term Debt | NA | NA | NA |
| Deferred Credit | NA | NA | NA |
| Net Worth | NA | NA | NA |
| Total Liabilities And Net Worth | NA | NA | NA |

**Fiscal Consolidated Statement Dated**

| | | | |
|--|--|--|--|
| We currently do not have any recent financial statement on file for this business. | | | |
|--|--|--|--|



(Industry Median is based on this number of firms:)

| | This Company | Industry Median | Industry Quartile |
|----------------------------------|--------------|-----------------|-------------------|
| Solvency | | | |
| Quick Ratio | NA | NA | NA |
| Current Ratio | NA | NA | NA |
| Current Liabilities to Net Worth | NA | NA | NA |
| Current Liabilities to Inventory | NA | NA | NA |
| Total Current | NA | NA | NA |

| | | | |
|---------------------------|----|----|----|
| Fixed Assets to Net Worth | NA | NA | NA |
| Efficiency | | | |
| Collection Period | NA | NA | NA |
| Inventory Turn Over | NA | NA | NA |
| Sales to NWC | NA | NA | NA |
| Acct Pay to Sales | NA | NA | NA |
| Profitability | | | |
| Return on Sales | NA | NA | NA |
| Return on Assets | NA | NA | NA |
| Return on NetWorth | NA | NA | NA |

Public Filings



This following public filing data includes both open and closed filings found in D&B's database on this company. It is for informational purposes only and is not the official record. Certified copies can be obtained from the official source.

| | | |
|--|--|--|
| | | |
|--|--|--|

Government History 1 N/A



Judgements

No judgments have been reported to D&B on this company.

Liens

No liens have been reported to D&B on this company.

Suits

No suits have been reported to D&B on this company.

UCC Filings

No UCC Filings have been reported to D&B on this company.

Bankruptcies

No bankruptcies have been reported to D&B on this company.

Government History

Borrower(Dir/Guar):

Administrative Debt:

Contractor:

Grantee:

**Party excluded
from federal program(s):**

Labor Surplus Area:

Small Business:

8(A) Firm:





C-8 Exhibit C-8 Bankruptcy Information

Provide a list and description of any reorganizations, protection from creditors or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or within the two most recent years preceding the application.

Power Target LLC and its officers have never been involved in any bankruptcy proceedings.