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15-197-EL-AGG



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**SOURCE**  
SOLUTIONS

April 20, 2015

Public Utilities Commission of Ohio  
Docketing Division  
180 East Broad Street  
Columbus, OH 43215-3793

PUCO

2015 APR 23 AM 11:48

RECEIVED-DOCKETING DIV

Re: The Stone River Group - Broker Application

To Whom It May Concern,

On behalf of Don Frontone d/b/a The Stone River Group, enclosed please find an original and three copies of Stone River Group's application for licensure as an energy broker.

Please contact me directly if you have any questions or require any further information regarding the foregoing.

Respectfully Submitted,

Adam Gusman  
Director, Regulatory Compliance  
(202) 421-4855  
[agusman@brightsourcesolutions.com](mailto:agusman@brightsourcesolutions.com)

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Technician AV Date Processed 4/23/15



**Public Utilities  
Commission**

PUCO USE ONLY		
Date Received	Case Number	Version
	15-797-EL-AGG	December 2014

**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 Don Frontone dba The Stone River Group  
Address 19 Rhoads Ave, Lincoln, IL 62656  
Telephone # (217) 737-5811 Web site address (if any) thestonerivergroup.com

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

Legal Name The Stone River Group  
Address 49339 Eagle Drive, E. Liverpool, OH 43920  
Telephone # (217) 737-5811 Web site address (if any) thestonerivergroup.com

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

The Stone River Group \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A-4 Contact person for regulatory or emergency matters**

Name Don Frontone  
Title President

Business address 219 Rhoads Ave, Lincoln, IL 62656  
Telephone # (217) 737-5811 Fax # (866) 900-8141  
E-mail address (if any) stonerivergroup@aol.com

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

Name Don Frontone  
Title President  
Business address 219 Rhoads Ave, Lincoln, IL 62656  
Telephone # (217) 737-5811 Fax # (866) 900-8141  
E-mail address (if any) stonerivergroup@aol.com

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

Customer Service address 110 N. Kickapoo, Lincoln, IL 62656  
Toll-free Telephone # (800) 828-6719 Fax # (866) 900-8141  
E-mail address (if any) stonerivergroup@aol.com

**A-7 Applicant's federal employer identification number # 527455630**

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Sole Proprietorship      | <input type="checkbox"/> Partnership                     |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Corporation                         | <input type="checkbox"/> 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).**

- |   |                                      |                                     |                                     |                                     |
|---|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> <b>First Energy</b>             |                                      |                                     |                                     |                                     |
| <input checked="" type="checkbox"/> Ohio Edison                     | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> Toledo Edison                   | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> Cleveland Electric Illuminating | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> <b>Duke Energy</b>              | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> <b>Monongahela Power</b>        | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> <b>American Electric Power</b>  |                                      |                                     |                                     |                                     |
| <input type="checkbox"/> Ohio Power                                 | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Columbus Southern Power                    | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> <b>Dayton Power and Light</b>   | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |

A-10 Provide the approximate start date that the applicant proposes to begin delivering services

March 20, 2015

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.

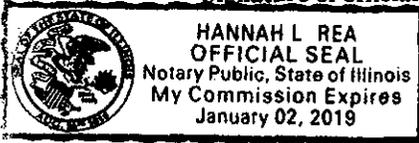
C-9 **Exhibit C-9 "Merger Information."** provide a statement describing any dissolution or merger or acquisition of the applicant within the five most recent years preceding the application.

W. J. A. PRESIDENT  
Signature of Applicant & Title

Sworn and subscribed before me this 7<sup>th</sup> day of April, 2015  
Month Year

Hannah Rea  
Signature of official administering oath

Hannah Rea Legal Secretary  
Print Name and Title



My commission expires on January 2, 2019

# AFFIDAVIT

State of Illinois :

Lincoln ss.  
(Town)

County of Logan :

Don Frontone, Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/She is the Pres/Owner (Office of Affiant) of Stone River Group (Name of Applicant);

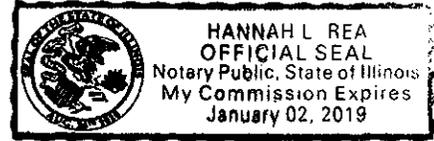
That he/she is authorized to and does make this affidavit for said Applicant,

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.

[Signature] - PRESIDENT  
Signature of Affiant & Title



Sworn and subscribed before me this 3rd day of April, 2018  
Month Year

Hannah Rea  
Signature of official administering oath

Hannah Rea Legal Secretary  
Print Name and Title

My commission expires on January 2, 2019

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

Don Frontone, President

219 Rhoads Ave

Lincoln, IL 62656

Tel. 217-737-5811

Email: [stonerivergroup@aol.com](mailto:stonerivergroup@aol.com)

Applicant is a sole proprietorship.

## **Exhibit A-12 Corporate Structure**

Applicant is a sole proprietorship. It has no affiliates in existence.

Don Frontone is the sole proprietor.

## **Exhibit A-13 Company History**

Applicant has been providing energy broker, aggregation, and consulting services to commercial customers in Illinois since August 2011. (Licensed ABC No. 11-0511)

**Exhibit A-14 Articles of Incorporation/ Bylaws**

Not applicable; Applicant is a sole proprietorship.

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**Exhibit A-15 Secretary of State**

Applicant is registered with the Ohio Secretary of State, effective December 8, 2014. See attached



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/09/2014	201434202144	TRADE NAME REGISTRATION (RNO)	50.00	100.00	0.00	0.00	0.00

**Receipt**

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

STONE RIVER GROUP  
DON FRONTONE  
219 RHOADS AVE  
LINCOLN, IL 62656

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted  
2348536**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**STONE RIVER GROUP**

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

Document(s)

**TRADE NAME REGISTRATION**

Effective Date: 12/08/2014

Document No(s):

**201434202144**

Date of First Use: 08/23/2011

Expiration Date: 12/08/2019

DON FRONTONE  
49339 EAGLE DRIVE  
EAST LIVERPOOL, OH 43920



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  
9th day of December, A.D. 2014.

*Jon Husted*  
Ohio Secretary of State

)

## **Exhibit B-1 Jurisdictions of Operation**

Applicant is a licensed ABC (agent/broker/consultant) in the State of Illinois since 2011.

## **Exhibit B-2 Experience & Plans**

Applicant will leverage a vast prior experience in business and almost five years of experience as a licensed retail energy broker for both electricity and natural gas, in the State of Illinois, building a customer base more than 16,000 strong. See Resume of President, Don Frontone. Applicant has also offered cost segregation and alternative funding services to its Illinois customer base. Mr. Frontone began in the retail energy industry by selling electricity as an exclusive agent for Ameren Energy Marketing in Illinois, developing successful affinity programs that are still in place today. He works closely with ILEPA, the Illinois Energy Professionals Association, which helps develop retail energy laws and regulations.

Mr. Frontone leverages his strong relationships from previous sales experience in the banking and finance industry. Most of Applicant's customers are gained through partnerships formed with retail banks and municipal Chambers of Commerce throughout the State of Illinois (nearly 200 businesses); a similar relationship-building approach is planned for the State of Ohio. Applicant currently represents 25 communities as their consultant for C&I and Municipal Aggregation bidding, as well as the CBAI, Community Bankers Association of Illinois. More than 160 banks have formed a large purchasing group to take advantage of bulk purchase pricing, representing a total portfolio that is approaching 200 Megawatt hours.

Applicant maintains strong relationships with its customers by responding to customer inquiries and complaints in a timely and efficient manner.

Applicant's role is to advise the customer regarding supply options and facilitate a potential transaction between the customer and the applicable Competitive Retail Electricity Supplier. Applicant will not provide any billing statements; all billing will be done by the applicable CRES with whom the customer will contract directly.

### **Exhibit B-3 Summary of Experience**

Since being licensed as a broker/aggregator in the State of Illinois, Applicant has established relationships with the following suppliers: First Energy, Centerpoint Energy, Constellation, Liberty Power, NextEra Energy, energy.me, GDF Suez, Integrys, Mid-American Energy, ConEdison Solutions, Direct Energy, IGS, Dynegy, mc<sup>2</sup>, Nordic Energy, Vanguard, ECS (Energy Curtailment Specialists), and Homefield Energy. Many of these suppliers are active on Ohio, and Applicant would expand its base to serve customers from additional Ohio-based supplier territories.

Applicant has been involved in brokering and aggregating retail load in the following Illinois municipalities: Bloomington, Normal, Roxana, Lexington, Pawnee, Carthage, Girard Randolph Twp., Staunton, Livingston, Mt. Zion, Middletown, Petersburg, Chillicothe, Bunker Hill, and Athens.

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## Exhibit B-4 Liabilities and Investigations

None.

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## **Exhibit C-1 Annual Reports**

Not applicable; Applicant is a sole proprietorship. Most recent Schedule C tax filing and balance sheet is enclosed as Exhibit C-3.

## Exhibit C-2 SEC Filings

Not applicable. As a sole proprietorship, Applicant is not required to make any filings with the SEC.

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## **Exhibit C-3 Financial Statements**

See enclosed 2013 Schedule C tax filing and income statement/balance sheet through 11/18/2014 (for Illinois operations).

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2013**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor  
**DON I. FRONTONE**

Social security number (SSN)  
[REDACTED]

**A** Principal business or profession, including product or service (see instructions)  
**CONSULTING**

**B** Enter code from instructions  
▶ **221000**

**C** Business name. If no separate business name, leave blank.  
**THE STONE RIVER GROUP**

**D** Employer ID number (EIN), (see instrs)

**E** Business address (including suite or room no.) ▶  
City, town or post office, state, and ZIP code

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**G** Did you 'materially participate' in the operation of this business during 2013? If 'No,' see instructions for limit on losses.  Yes  No

**H** If you started or acquired this business during 2013, check here

**I** Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions)  Yes  No

**J** If 'Yes,' did you or will you file all required Forms 1099?  Yes  No

Income			
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked. <input type="checkbox"/>	1	261,666.
2	Returns and allowances.	2	
3	Subtract line 2 from line 1.	3	261,666.
4	Cost of goods sold (from line 42).	4	
5	<b>Gross profit.</b> Subtract line 4 from line 3.	5	261,666.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).	6	
7	<b>Gross income.</b> Add lines 5 and 6.	7	261,666.

Expenses. Enter expenses for business use of your home only on line 30.			
8	Advertising.	8	
9	Car and truck expenses (see instructions).	9	10,210.
10	Commissions and fees.	10	40,478.
11	Contract labor (see instructions).	11	
12	Depletion.	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13	6,781.
14	Employee benefit programs (other than on line 19).	14	
15	Insurance (other than health).	15	
16	Interest:		
	a Mortgage (paid to banks, etc).	16a	
	b Other.	16b	
17	Legal & professional services.	17	2,475.
18	Office expense (see instructions).	18	3,410.
19	Pension and profit-sharing plans.	19	
20	Rent or lease (see instructions):		
	a Vehicles, machinery, and equipment.	20a	
	b Other business property.	20b	4,000.
21	Repairs and maintenance.	21	
22	Supplies (not included in Part III).	22	
23	Taxes and licenses.	23	
24	Travel, meals, and entertainment:		
	a Travel.	24a	2,609.
	b Deductible meals and entertainment (see instructions).	24b	150.
25	Utilities.	25	4,824.
26	Wages (less employment credits).	26	
27	a Other expenses (from line 48).	27a	1,479.
	b Reserved for future use.	27b	
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a.	28	76,416.
29	Tentative profit or (loss). Subtract line 28 from line 7.	29	185,250.
30	Expenses for business use of your home. Do not report such expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30	
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you must go to line 32.	31	185,250.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the instructions for line 31). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you must attach <b>Form 6198</b> . Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

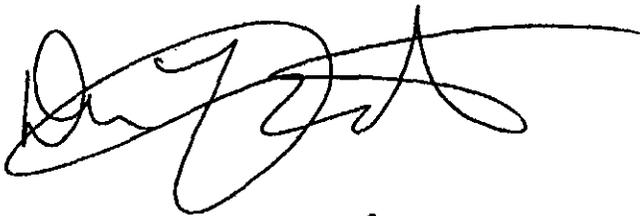
REVENUE

Jan	24,019.45
Feb	29,647.55
Mar	37,628.35
Apr	26,748.21
May	26,409.33
Jun	17,646.25
Jul	23,459.45
Aug	38,603.40
Sept	23,909.00
Oct	14,918.97
Nov	20,894.50
Dec	
2014 YTD	283,884.46

EXPENSES

1099 Payroll	66,493.00
Meetings	900.00
Car Rental	146.00
Plane	325.00
Hotel	1,024.00
Office Supp	894.00
Comcast	880.00
Verizon	550.00
Rent	5,500.00
Phone	3,300.00
Legal	3,950.00
Insurance	400.00
Donations	14,000.00
Printing	298.00
2014 YTD	98,660.00

PROFIT / (LOSS) : 185,224.46



11-18-14

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## **Exhibit C-4 Financial Arrangements**

Applicant maintains sufficient financial resources to continue operations as a broker in the State of Ohio. Applicant will not be taking title to electricity on behalf of customers.

**Exhibit C-5 Forecasted Financial Statements**

Provided herewith.

**PROFIT & LOSS - FORECASTED**  
**The Stone River Group (Ohio operations only)**  
**2015-2017**

**EXHIBIT C-5**  
**FORECASTED FINANCIALS**

Prepared by: Don Frontone, President  
 (217) 737-5811

	<u>Revenue</u>	<u>Payroll Exp</u>	<u>Other Exp</u>	<u>Profit (Loss)</u>
Apr-15	1000			
May-15	1500			
Jun-15	2000			
Jul-15	2000			
Aug-15	2500			
Sep-15	2500			
Oct-15	2500			
Nov-15	3000			
Dec-15	3000			
Jan-16	3000			
Feb-16	3000			
Mar-16	3000			
<b>12-Mos Subtotal =</b>	<b><u>29000</u></b>	<b><u>15000</u></b>	<b><u>10000</u></b>	<b><u>4000.00</u></b>
Apr-16	3000			
May-16	3500			
Jun-16	3500			
Jul-16	4000			
Aug-16	4000			
Sep-16	4000			
Oct-16	4500			
Nov-16	4500			
Dec-16	4500			
Jan-17	4500			
Feb-17	4500			
Mar-17	4500			
<b>12 Mos Subtotal =</b>	<b><u>49000</u></b>	<b><u>25000</u></b>	<b><u>12500</u></b>	<b><u>11500.00</u></b>

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## **Exhibit C-6 Credit Rating**

Not applicable; as a sole proprietorship, Applicant does not maintain a public credit rating.

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**Exhibit C-7 Credit Report**

None.

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**Exhibit C-8 Bankruptcy Information**

None.

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**Exhibit C-9 Merger Information**

None.