12-1-124-EL-AGG (105)





Original AGG Case Number	Version
12-1424-EL-AGG	May 2016

RENEWAL APPLICATION FOR ELECTRIC AGGREGATORS/POWER BROKERS

title (of the with	te print or type all required information. Identify all attachments with an exhibit label and (Example: Exhibit C-10 Corporate Structure). All attachments should bear the legal name e Applicant. Applicants should file completed applications and all related correspondence the Public Utilities Commission of Ohio, Docketing Division; 180 East Broad Street, mbus, 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.	form. You may also download the form, by saving it to your local disk, for later use. RENEWAL INFORMATION Applicant intends to be certified as: (check all that apply)
A-1	Applicant intends to be certified as: (check all that apply)
	Applicant intends to be certified as: (check all that apply) Power Broker Aggregator
A-2	Applicant's legal name, address, telephone number, PUCO certificate number, and
	web site address
	Legal Name Network Implementation Consulting, Inc.
	Address 4500 Lee Rd., Suite 125, Cleveland, OH 44128
	PUCO Certificate # and Date Certified 12-521E (3) - 6/25/16
	Telephone # (440) 389-1070 Web site address (if any) www.niconsulting.com
A-3	List name, address, telephone number and web site address under which Applicant will do business in Ohio
	Legal Name Network Implementation Consulting, Inc.
	Address ee Rd., Suite 125, Cleveland, OH 44128
	Telephone #440.389.1070 Web site address (if any) www.niconsulting.com
A-4	List all names under which the applicant does business in North America Network Implementation Consulting
	NIC
	Energy Supply Partners
A-5	Contact person for regulatory or emergency matters
	Name Daryl Bunch
	Title President
	Business address ee Rd., Suite 125, Cleveland, OH 44128
	Telephone #(440) 389-1070 Fax #(440) 389-1010
	E-mail address daryl@niconsulting.com

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A-6 Contact person for Commission Staff use in investigating customer complaints Name Daryl Bunch Title President Business address ee Rd., Suite 125, Cleveland, OH 44128 Telephone # (440) 389-1070 Fax # (440) 389-1010 E-mail address daryl@niconsulting.com Applicant's address and toll-free number for customer service and complaints A-7 Customer Service address ee Rd., Suite 125, Cleveland, OH 44128 Toll-free Telephone # Fax # (440) 389-1010 daryl@niconsulting.com E-mail address Applicant's federal employer identification number # 341936688 A-8 Applicant's form of ownership (check one) A-9 ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company (LLC) Limited Liability Partnership (LLP) □ Corporation Other PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED: Exhibit A -10 "Principal Officers, Directors & Partners" provide the names, titles, A-10 addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.

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 1st 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 "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-4 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.

 MNo

 Yes

If yes, provide a separate attachment labeled as **Exhibit B-4 "Disclosure of Consumer Protection Violations"** detailing such violation(s) and providing all relevant documents.

B-5 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-5 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation"** detailing such action(s) and providing all relevant documents.

C. FINANCIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- C-1 <u>Exhibit C-1 "Annual Reports,"</u> 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. (This is generally only applicable to publicly traded companies who publish annual reports.)
- C-2 <u>Exhibit C-2 "SEC Filings,"</u> provide the most recent 10-K/8-K Filings with the SEC. If the applicant does not have such filings, it may submit those of its parent company. An applicant may submit a current link to the filings or provide them in paper form. 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 <u>Exhibit C-3 "Financial Statements,"</u> 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. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns (with social security numbers and account numbers redacted).
- C-4 <u>Exhibit C-4 "Financial Arrangements."</u> 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.).

Renewal applicants can fulfill the requirements of Exhibit C-4 by providing a current statement from an Ohio local distribution utility (LDU) that shows that the applicant meets the LDU's collateral requirements.

First time applicants or applicants whose certificate has expired as well as renewal applicants can meet the requirement by one of the following methods:

- 1. The applicant itself stating that it is investment grade rated by Moody's, Standard & Poor's or Fitch and provide evidence of rating from the rating agencies.
- 2. Have a parent company or third party that is investment grade rated by Moody's, Standard & Poor's or Fitch guarantee the financial obligations of the applicant to the LDU(s).
- 3. Have a parent company or third party that is not investment grade rated by Moody's, Standard & Poor's or Fitch but has substantial financial wherewithal in the opinion of the Staff reviewer to guarantee the financial obligations of the applicant to the LDU(s). The guarantor company's financials must be included in the application if the applicant is relying on this option.
- 4. Posting a Letter of Credit with the LDU(s) as the beneficiary.

If the applicant is not taking title to the electricity or natural gas, enter "N/A" in Exhibit C-4. An N/A response is only applicable for applicants seeking to be certified as an aggregator or broker.

- C-5 Exhibit C-5 "Forecasted Financial Statements," provide two years of forecasted income statements for the applicant's ELECTRIC related business activities in the state of Ohio Only, along with a list of assumptions, and the name, address, email address, and telephone number of the preparer. The forecasts should be in an annualized format for the two years succeeding the Application year.
- **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, Fitch IBCA, Moody's Investors Service, Standard & Poor's, 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 an 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. If an applicant or its parent does not have such a credit rating, enter "N/A" in Exhibit C-6.
- 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. An applicant that provides an investment grade credit rating for Exhibit C-6 may enter "N/A" for Exhibit C-7.
- Exhibit C-8 "Bankruptcy Information," provide a list and description of any C-8 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 two most recent years preceding the application.
- C-10 Exhibit C 10 "Corporate Structure." provide a description of the applicant's corporate structure, not an internal organizational chart, 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 in North America. If the applicant is a stand-alone entity, then no graphical depiction is required and applicant may respond by stating that they are a stand-alone entity with no affiliate or subsidiary companies.

Precident Signature of Applicant & Title

Sworn and subscribed before me this Month

Signature of official administering oath

ADAM KELBACH NOTARY PUBLIC commission expires on _

<u>AFFIDAVIT</u>

State of:	Beschwagel ss.
County of Aughoga:	Beachwood ss. (Town)
Dayl Bunch, Affiant, b	eing duly sworn/affirmed according to law, deposes and says that:
He/She is the fresident	eing duly sworn/affirmed according to law, deposes and says that: (Office of Affiant) of Applicant) (Office of Affiant) of Applicant) (Office of Affiant) of Applicant)
I hat he/she is authorized to and does	make this affidavit for said Applicant,

- The Applicant herein, attests under penalty of false statement that all statements made in the
 application for certification renewal 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.
- 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 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.
- 8. 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.
- 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 renewal 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 of Affiant & Title

Month

Sworn and subscribed before me this 23 rd day of May , 2018

Adom Kelbach Aup, Brash Marager Print Name and Title

Signature of official administering oath

My commission expires on ____

President

12/18/2022

ADAM RELUBLIC NOTARY PUBLIC STATE OF OHIO

Comm. Expires 12-18-2022

Exhibit A-10

Principal Officers, Directors & Partners

Daryl Edward Bunch, President/Secretary Treasurer/Chairman of the Board

Exhibit B-1

Jurisdictions of Operation

Network Implementation Consulting, Inc. and any affiliated interests are not currently certified, licensed, registered, or otherwise authorized to provide retail or wholesale electric services including aggregation services anywhere other than Ohio

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Exhibit B-2

Experience and Plans

Network Implementation Consulting, Inc. has been in business for 18 years. Selling telecommunications for the past 18 years has given me a great foundation for being successful in the utility deregulation market. That includes being successful with regards to profitability but also successful in having happy customers that continue to do business with NIC because of the value I add. That value includes giving sound advice, presenting accurate data and analysis, staying organized and responding in a timely fashion, being available to my customers around the clock for customer service issues and/or billing questions etc.

Network Implementation Consulting, Inc. has been helping Integrity Energy market electric supply in Northeast Ohio for the last 6 years. I have been working as a "sub agent" of Integrity Energy to help my customer's find the best electricity supply contracts. At no time have I been involved with providing aggregation services. I simply help my customers by shopping out the different suppliers and finding the best/cheapest option. The contracts are between the customer and the chosen Electricity Supplier.

My website has several quotes from my customers who have expressed gratitude for my services www.niconsulting.com. I welcome the opportunity to provide contact information for both personal and business references if needed. Please call or email request to 614-316-0777 or daryl@niconsulting.com

Exhibit B-3

Disclosure of Liabilities and Investigations

Network Implementation Consulting, Inc. (NIC) is not and has never been involved in a legal matter or dispute with the State of Ohio. Furthermore, NIC has no existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact its financial or operational status or ability to provide the services it is seeking to be certified to provide.

Exhibit C-1

Annual Reports

Network Implementation Consulting, Inc. (NIC) is an S-Corp and only has 1 employee Daryl E. Bunch therefore; an annual report is not necessary and has never been generated. As a substitute, I have enclosed my 2016 & 2017 Business Tax returns. I hope this will suffice. If further information is needed please contact me at 440-389-1070 or daryl@niconsulting.com

2016

Form 1120S

U.S. Income Tax Return for an S Corporation CLIEN COPY 545-0123

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. NEWMAN & COMPARION about Form 1120S and its separate instructions is at ways its confidence of the County AN.

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Form 8879-S

OMB No. 1545-0123

Pon't send to the IRS. Keep for your recor€LIENT COPY
Information about Form 8879-S and its instructions is at wynthy and the IRS. CEBTIFIED PUBLIC ACCOUNTANTS

CEBTIFIED PUBLIC ACCOUNTANTS

Internal Revenue Service	For calendar year 2016, or tax year beginning	_ , 2016 Feliding		·			
Name of corporation	<u> </u>		Employer identif	ication number			
NETWORK IMPLEMENT	TATION CONSULTING, INC.		34-19366	88			
Part Tax Return in	oformation (Whole dollars only)						
1 Gross receipts or sale	es less returns and allowances (Form 1,120S, line 1	c)	1	56,037.			
2 Gross profit (Form 11	20S, line 3)		2	56,037.			
	come (loss) (Form 1120S, line 21)			4,428.			
4 Net rental real estate	income (loss) (Form 1120S, Schedule K, line 2)		4				
5 Income (loss) recond	iliation (Form 1120S, Schedule K, line 18)		5	4,118.			
Part II Declaration a	nd Signature Authorization of Officer (Be	sure to get a copy of t	he corpora	tion's return)			
complete. I further declare return. I consent to allow not the IRS and to receive from processing the return or reto initiate an electronic fundayment of the corporation payment, I must contact the date. I also authorize the finecessary to answer inquiries for the corporation's electronic testing the corporation's electronic testing the corporation of the corporation.	n and accompanying schedules and statements and that the amounts in Part I above are the amounts in y electronic return originator (ERO), transmitter, or in the IRS (a) an acknowledgement of receipt or reasifund, and (c) the date of any refund. If applicable, I autids withdrawal (direct debit) entry to the financial insits federal taxes owed on this return, and the financial institutions involved in the processing of the sand resolve issues related to the payment. I have selection income tax return and, if applicable, the corporations income tax return and, if applicable, the corporations in the processing of the payment.	shown on the copy of the corp intermediate service provide son for rejection of the transm horize the U.S. Treasury and its stitution account indicated in t ial institution to debit the entr no later than 2 business days electronic payment of taxes	oration's electronic to send the nission, (b) the designated Finithe tax preparty to this according to the prior to the promber (PIN) as	tronic income tax corporation's return to e reason for any delay nancial Agent ation software for unt. To revoke a ayment (settlement) infidential information			
Officer's PIN: check one b	•						
X authorize NEWMAN	& COMPANY, CPAS	to enter my PIN	46688	as my signature			
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on the corporation's 20	16 electronically filed income tax return.						
As an officer of the corporation, will enter my PIN as my signature on the corporation's 2016 electronically filed income tax return. CLIENT COPY							
Part III Certification	and Authentication			· · · · · · · · · · · · · · · · · · ·			
ERO's EFIN/PIN. Enter you certify that the above numer ndicated above. I confirm	ur six-digit EFIN followed by your five-digit self-selectic entry is my PIN, which is my signature on the 2016 ethat I am submitting this return in accordance with the selection of the selectio	electronically filed income tax rether requirements of Pub 3112 .	turn for the cor	plication and			
Participation, and Pub 416	3, Modernized e-File (MeF) Information for Authorize	ed IRS e-file Providers for But	Date Date	S			

ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2016)

Form **7004**

(Rev December 2016)

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

klentifying number NETWORK IMPLEMENTATION CONSULTING, Number, street, and room or suite number. (If P.O. box, see instructions.) 34-1936688 **Print** INC or 32127 SPRINGSIDE LANE Type City, town, state, and ZIP code (if a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). SOLON, OH 44139 Note: File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form. Partilled Automatic Extension for C Corporations With Tax Years Ending December 31. See instructions. 1 a Enter the form code for the return listed below that this application is for...... Application Application Form Form Is For: Code is For: Code Form 1120 12 Form I/120 ND (section 495) daxes) 20× Form 1120-PC 21 Form 1120-F Form 1120/F0te-11 22 15 Figure 1912 Control of the Control o 16 Form 1120-REIT 23 Form 1120-H Form 1120/RIC 24 17 Forer 1120 (per Form 1120-SF 26 Form 1120-ND 19 100 Parall: Automatic Extension for Certain Estates and Trusts. See instructions. **b** Enter the form code for the return listed below that this application is for..... Application Application Form Form ls For: Code Is For: Code 04 Form 1041 (estate other than a bankruptcy estate) - 05 Form SOAS (trust) Rankill Automatic Extension for Entities Not Using Part I, II, or IV. See instructions c Enter the form code for the return listed below that this application is for..... **Application** Form Application Form Is For. Code Is For: Code Form 706-GS(D) Form all 204ND (360) on 40 01 20 Form 706 GS(IA) F 1624 #202 Form 1120-PC 21 Form 1041 (bankruptcy estate only) 03 Form 1120-POLICE TO S Form ACANAMINATION SEC Form 1120-REIT 23 Form 1041-QFT D7 Homean 20-BIC 7240 Boton#1042 80 Form 1120S 25 Form 1065 nq Form #120-SF 26 Form 4065-B 10 Form 3520-A 27 Form 1066 60m 8612 28 Form 1:120 42 Form 8613 29 Form 1120-C Form 8725 34 30 Form 8804 Form 1120 F **77 15** 31 Form 1120-FSC Form 8831 16 32 17 Form 8876 33 Form 1120-L Form 8924 - #24.2 25 18 35,000 Form 1420-NDs and company 19 Form 8928 36 Part V. Automatic Extension for C Corporations With Tax Years Ending June 30. See instructions. d Enter the form code for the return listed below that this application is for..... **Application** Application Form Form Is For: Code is For: Code Form 1120 12 Found 1204ND (section 4951 taxes) 20 Form 11.20-C 34 Form 1120-PC 21 Form 1120-F Kom (120.POL 112 4)25 Per 15 22 Form #120#F\$C 16 Form 1120-REIT 23 Form 1120-H Form #120-RIC As #15 17 24 12.12 Form 11201. 15 Form 1120-SF 18 26

19

Form 1120-ND

Form	17004 (Rev 12-2016) NETWORK IMPLEMENTATION CONSULTING, INC. 34-1936688		Page 2
Pai	All Filers Must Complete This Part		
2	If the organization is a foreign corporation that does not have an office or place of business in the United Stat	tes, check here	<u> </u>
3	If the organization is a corporation and is the common parent of a group that intends to file a consolidated ret if checked, attach a statement listing the name, address, and Employer Identification Number (EIN) for each recovered by this application.		-
4	If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check her	e	► []
5 a	The application is for calendar year 20 $\underline{16}$, or tax year beginning, 20, and ending _	, 20 _	_
k	Short tax year. If this tax year is less than 12 months, check the reason: Initial return	return	
	Change in accounting period Consolidated return to be filed Other (see instructions – attach	explanation)	
6	Tentative total tax	6	0.
7	Total payments and credits (see instructions)	7	0.
8	Balance due. Subtract line 7 from line 6 (see instructions)	8	0.
		Form 7004 (Rev 12	2-2016)

2016	FEDERAL INCOME TAX SUMMARY CLIENT COPY	PAGE 1
CLIENT 2415	NETWORK IMPLEMENTATION CONSTITUTION RICOMPANY, CPAS	34-1936688
4/03/17	GERTIFIED FUBLIC ACCOUNTANTS	3:03 PM
ORDINARY INCOME	RETURNS/ALLOWANCE	56,037
		56,037
TOTAL INCOME (LOSS).		56,037
ORDINARY DEDUCTIONS		
		1,365 5,393
EMPLOYEE BENEFIT PRO	OGRAMS.	3,085
OTHER DEDUCTIONS		41,766
TOTAL DEDUCTIONS		51,609
ORDINARY BUSINESS IN	ICOME (LOSS)	4,428
REFUND OR AMOUNT DUE		
BALANCE DUE		0
SCHEDULE K - INCOME ORDINARY BUSINESS IN	ICOME (LOSS)	4,428
SCHEDULE K - DEDUCTION CHARITABLE CONTRIBUT	IS TIONS	310
SCHEDULE K - ITEMS AFFE		
	ES	3,269 9,794
		3,134
SCHEDULE K - OTHER INFO INCOME (LOSS) RECOND	DRMATION	4,118
		-,
SCHEDULE L - BALANCE S BEGINNING ASSETS		59,115
BEGINNING LIABILITIE	S & EQUITY	59,115
ENDING ASSETS	EQUITY	50,170 50,170
Publing Himitities &	. mgo	50,110

1. .

	n 1120\$ (2016) NETWORK IMPLEMENTATION CONS	<u>ULTING, INC.</u>		34-1936	688	Page 2
Sc	nedule B Other Information (see instructions)				Yes	s No
1	Check accounting method: a X Cash b Accrual	c Other (speci	ify)►			416.00
2	See the instructions and enter the:					
	a Business activity. ► VOICE/DATA_SALES	b Product or service	► VOICE/DA	TA SALES		
3	At any time during the tax year, was any shareholder of the corp	oration a disregarded	l entity, a trust, an	estate, or a		
_	nominee or similar person? If "Yes," attach Schedule B-1, I	nformation on Certa	in Shareholders	of an S Corporation	000000	X
4,	At the end of the tax year, did the corporation: 3 Own directly 20% or more, or own, directly or indirectly, 509	% or more of the tot	al stock issued a	nd outstanding of		
	Own directly 20% or more, or own, directly or indirectly, 509 any foreign or domestic corporation? For rules of constructions	ve ownership, see ir	nstructions. If 'Ye	es,' complete (i)	232.42	
	through (v) below.				I G A M Dam	X
	(i) Name of Corporation	(ii) Employer dentification	(iii) Countr Incorporat		is 100%	entage in (1v , Enter the
		Number (if any)			Date (if any	y) a Qualifie napter S
		i			Subsidia	ry Election
					Was	Made
					<u> </u>	
					· ·	
					 	
	Own directly an interest of 20% or more, or own, directly or indire	antly on internet of El	00/ or more in the	profit loss or	1300000	80 B B B B B B B B B B B B B B B B B B B
,	capital in any foreign or domestic partnership (including an	entity treated as a p	partnership) or in	the beneficial interest		
	of a trust? For rules of constructive ownership, see instruction	ons. If 'Yes,' comple	ete (i) through (v	below		X
	(i) Name of Entity	(ii) Employer Identification	(iii) Type of Entity	(iv) Country of Organization		Maximum %
		Number (if any)	Of Entity	Organization		ed in Profit, , or Capital
	· · · · · · · · · · · · · · · · · · ·	1				
			·			
				•		
58	At the end of the tax year, did the corporation have any outs	standing shares of re	estricted stock? .			X
	If 'Yes ' complete lines (i) and (ii) below	_			22000	
	(i) Total shares of restricted stock.		• • • • • • • • • • • • • • • • • • • •	· •		
	(ii) Total shares of non-restricted stock					
t	At the end of the tax year, did the corporation have any outs If 'Yes,' complete lines (i) and (ii) below.	standing stock option	ns, warrants, or	similar instruments?	****	X
	(i) Total shares of stock outstanding at the end of the tax ye	ear		. ▶		
	(ii) Total shares of stock outstanding if all instruments were					
6	Has this corporation filed, or is it required to file, Form 8918	. Material Advisor D	isclosure Stätem	ent to provide	_	200000000000000000000000000000000000000
Ĭ	information on any reportable transaction?			to provide		X
7	Check this box if the corporation issued publicly offered debi	t instruments with o	riginal issue disc	ount	- 🗆	
	If checked, the corporation may have to file Form 8281 , Info Discount Instruments.	rmation Return for F	Publicly Offered (Original Issue		
ð	If the corporation: (a) was a C corporation before it elected than asset with a basis determined by reference to the basis of the	o be an 5 corporations asset (or the basis of	on or the corpora fany other proper	ation acquired ty) in	2.50	14.60
	the hands of a C corporation and (b) has net unrealized built from prior years, enter the net unrealized built-in gain reduce	t-in gain in excess o	of the net recogn	ized built-in gain		ALC: N
	built-in gain from prior years (see instructions)	eu by het recognize	▶\$			
9	Enter the accumulated earnings and profits of the corporation			\$		
	Does the corporation satisfy both of the following conditions:		an your minner	•		
	The corporation's total receipts (see instructions) for the tax		\$250.000			4
	The corporation's total assets at the end of the tax year were	-				
	If 'Yes,' the corporation is not required to complete Schedule					
11	During the tax year, did the corporation have any non-shareholde	r debt that was cance	eled, was forgiven.	or had the	23.2.2	200000000000000000000000000000000000000
	terms modified so as to reduce the principal amount of the c	lebt?				X
	If 'Yes,' enter the amount of principal reduction			\$		
	During the tax year, was a qualified subchapter S subsidiary					X
	Did the corporation make any payments in 2016 that would r					<u> </u>
b	If 'Yes,' did the corporation file or will it file required Forms 1	099?				1
					Form 112	0S (2016)

		4-1936688 Page 3
Sched	ule K Shareholders' Pro Rata Share Items	Total amount
income	1 Ordinary business income (loss) (page 1, line 21)	1 4,428.
(Loss)	2 Net rental real estate income (loss) (attach Form 8825)	
	3a Other gross rental income (loss)	
	b Expenses from other rental activities (attach statement)	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	
	5 Dividends: a Ordinary dividends	
	bQualified dividends	
	6 Royalties	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)).	
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	
	c Unrecaptured section 1250 gain (attach statement)	
	9 Net section 1231 gain (loss) (attach Form 4797)	
	10 Other income (loss) (see instructions) Type►	10
Deduc- tions	11 Section 179 deduction (attach Form 4562).	
tions	12a Charitable contributions. SEE STATEMENT 2	
	b investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type(2) Amount >	12 c (2)
	d Other deductions (see instructions)Type ►	12d
Credits	13a Low-income housing credit (section 42(j)(5))	
	b Low-income housing credit (other)	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable).	
	d Other rental real estate credits (see instrs) Type ►	
	e Other rental credits (see instrs) Type >	13e
	g Other credits (see instructions)Type▶	13g
Foreign Trans-	14a Name of country or U.S. possession	
actions	b Gross income from all sources	14b
	c Gross income sourced at shareholder level.	14c
	Foreign gross income sourced at corporate level	
	d Passive category	
	e General category	
	f Other (attach statement)	14f
	Deductions allocated and apportioned at shareholder level	
	g interest expense	14g
'	h Other	14h
	Deductions allocated and apportioned at corporate level to foreign source income	
	l Passive category	141
	j General categoryk Other (attach statement).	<u></u>
	Other information	148
	I Total foreign taxes (check one): ► Paid Accrued	141
	m Reduction in taxes available for credit	
	(attach statement)	14m
	m Other foreign tay information (attach statement)	1411
Alterna-	15a Post-1985 depreciation adjustment	15a
tive	b Adjusted gain or loss	15b
Mini- mum	c Depletion (other than oil and gas)	
Tax	d Oil, gas, and geothermal properties — gross income	
(AMT) Items	e Oil, gas, and geothermal properties — deductions	15e
	f Other AMT items (attach statement).	15!
Items	16a Tax-exempt interest income.	16a
Affec-	b Other tax-exempt income	16b
ting Share-	c Nondeductible expenses SEE STATEMENT 3	16c 3,269.
holder Basis	d Distributions (attach stmt if required) (see instrs)	16d 9,794.
∠ 03 3	e Repayment of loans from shareholders	16e
BAA	SPSA0134L 08/17/16	Form 1120S (2016)

	120S (2016) NETWORK IMPLEMENTAL			34-1	<u>9366</u>	المساور المراجع والمراجع
Sche	dule K Shareholders' Pro Rata Sh	iare Items (continu	ed)	· · · · · · · · · · · · · · · · · · ·		Total amount
Other	17a Investment income				17a	
Infor- mation	b Investment expenses	17b				
	c Dividend distributions paid from acci	umulated earnings and	profits		17c	
	d Other items and amounts					
	(attach statement)					
Recon-		ne amounts on lines 1 th	rough 10 in the far right o	olumn.	[
ciliatio	From the result, subtract the sum of				18	4,118.
Sche	delle La Balance Sheets per Books		of tax year		nd of	ax year
	Assets	(a)	(b)	(c)	receive receive	(d)
	ash			36 34 32133414	THE PARTY OF	
2a T	rade notes and accounts receivable		District to			
b L	ess allowance for bad debts				uvarovánsky	
3 km	ventories					
4 U	.S. government obligations	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
5 T	ax-exempt securities (see instructions)					
6 01	ther current assets (attach stmt)	100		1000	W 14	
7 L	oans to shareholders					
8 M	ortgage and real estate loans				100	· · · · · · · · · · · · · · · · · · ·
9 01	ther investments (attach statement)					
10a B	uildings and other depreciable assets					
b Le	ess accumulated depreciation					
11 a D	epletable assets					
b Le	ess accumulated depletion					
12 La	and (net of any amortization)					
13a in	tangible assets (amortizable only)					
b Le	ess accumulated amortization					
14 0	ess accumulated amortizationther assets (attach stmt)			Section 8	6	
15 To	otal assets					
	Liabilities and Shareholders' Equity					
	ccounts payable	COLUMN TO THE PROPERTY OF THE				
	ortgages, notes, bonds payable in less than 1 year					
18 Ot	ther current liabilities (attach stmt)					
19 Lo	oans from shareholders					
20 M	ortgages, notes, bonds payable in 1 year or more			Property and		
21 0t	her liabilities (attach statement)					
22 C:	apital stock					
	dditional paid-in capital	Light State of the				
	etained earnings					
	fjustments to shareholders' equity (att stmt)	CO. OT ANNUAL PROPERTY AND ADDRESS OF THE PROPERTY OF THE PROP				
26 Le	ess cost of treasury stock					
27 To	otal liabilities and shareholders' equity					

SPSA0134L 08/17/16

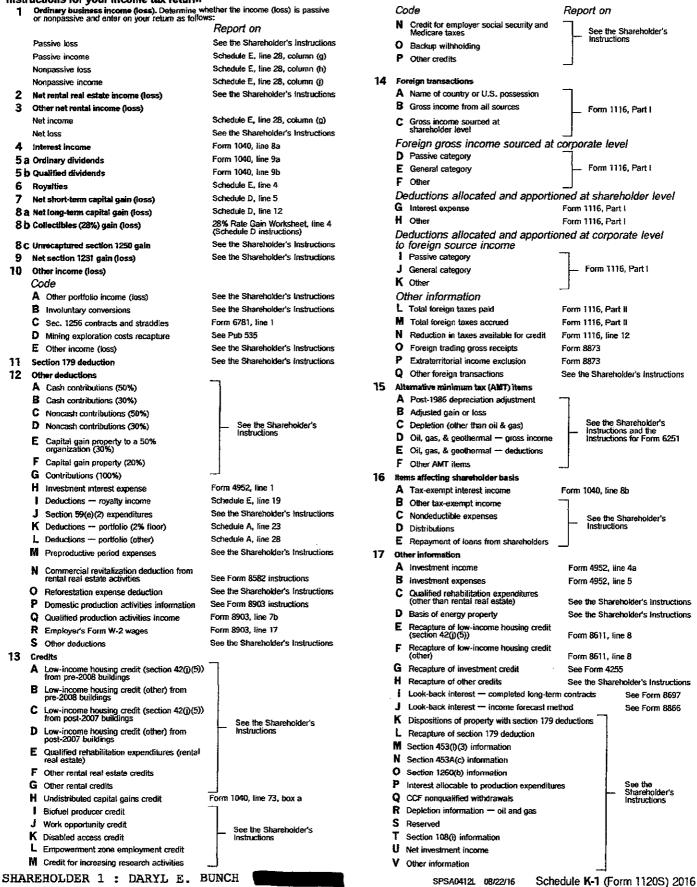
Form 1120S (2016)

For	n 1120S (2016) NETWORK IMPLEMENTATION CONSULTING	, INC.	34-19366	88 Page 5			
Sci	Reconciliation of Income (Loss) per Books With Income (Loss) per Return Note: The corporation may be required to file Schedule M-3 (see instructions)						
2	Net income (loss) per books	5 Income recorded on boo on Schedule K, lines 1 t a Tax-exempt interest \$	ks this year not included hrough 10 (itemize):				
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14l (itemize):	year (itemize):	against book income this				
a t	Depreciation \$ Travel and entertainment. \$						
4	Add lines 1 through 3		K, In 18). Ln 4 less in 7				
Sci	nedule M-2 Analysis of Accumulated Adjustments Accomplete Shareholders' Undistributed Taxable Incom	ount. Other Adjust	ments Account. an				
		(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undis- tributed taxable income previously taxed			
1	Balance at beginning of tax year	59,115.					
2 3	Ordinary income from page 1, line 21	4,428.		A STATE OF THE STA			
4	Loss from page 1, line 21						
5	Other reductions. SEE STATEMENT 4	(3,579.)					
6	Combine lines 1 through 5						
7	Distributions other than dividend distributions	9,794.					
8	Balance at end of tax year. Subtract line 7 from line 6	50,170.					
	SPSA0134L 08/17/16 Form 1120S (2016)						

Ł	. 7	J,	1	1	3
_		_	_	_	

Schedule K-1	20	016	Ш	Final K-1 Ar	mended K-	1 OMB No. 1545-0123
(Form 11205) Department of the Treasury Internal Revenue Service	For calendar year 2016, or tax	016		Deductions	, Credits	e of Current Year Income, , and Other Items
Internal Nevertue Gervice	year beginning	, 2016	1	Ordinary business incom		3 Credits
Shareholder's Share	of Income, Deducti	ons,	2	Net rental real estate income (lo	,428. DSS)	_
Credits, etc. ► See page :		uctions.	3	Other net rental income	(loss)	
tarana Imagai	About the Corporation	, .	4	Interest income		
A Corporation's employer ider 34-1936688	ntification number		5a	Ordinary dividends		_
B Corporation's name, addres						
NETWORK IMPLEMENT 32127 SPRINGSIDE SOLON, OH 44139	ATION CONSULTING, LANE	INC.		Qualified dividends	14	Foreign transactions
SOROW, OH 44139				Royalties		
C IRS Center where corporation	on filed return			Net short-term capital ga		
E-FILE	bout the Shareholder		8a	Net long-term capital gai	n (loss)	
D Shareholder's identifying nu			8b	Collectibles (28%) gain (oss)	
			8 c	Unrecaptured section 125	i0 gain	
E Shareholder's name, addres DARYL E. BUNCH 32127 SPRINGSIDE		İ	9	Net section 1231 gain (lo	ss)	
SOLON, OH 44139			10	Other income (loss)	15	5 Alternative minimum tax (AMT) items
F Shareholder's percentage of	f stock					
ownership for tax year		100%		- 		
			11	Section 179 deduction	16 C	terns affecting shareholder basis 3, 269.
F O R				Other deductions	270 5	
ļ		f	<u>A</u>	·	310.D	<u>9,794</u> .
R S		}		·		
U S E		}				
						Other information
0 X L Y					'	Other Milornation
Y						
		Ī	_			
		ļ				·
		 	i	*See attached staten	nent for a	additional information.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.



NETWORK IMPLEMENTATION CONSULTING	•		_
SCHEDULE K-1 (FORM 1120S) 2016	SUPPLEMENTAL INFORMATION	 PAGE	3
BOX 16 ITEMS AFFECTING SHAREHOLDER BA	ASIS		
* DESCRIPTIVE INFORMATION C DISALLOWED MEALS AND ENTER:	FAINMENT	\$ 3,269.	

SHAREHOLDER 1 : DARYL E. BUNCH

SPSL1201L 06/16/16

2016	FEDERAL STATEMENTS	PAGE 1
CLIENT 2415	NETWORK IMPLEMENTATION CONSULTING, INC.	34-193668
4/03/17		03:03PN
STATEMENT 1 FORM 1120S, LINE 19 OTHER DEDUCTIONS		
BANK CHARGES. COMMISSIONS. MANAGEMENT FEES. MEALS AND ENTERTAINMENT MISCELLANEOUS. OFFICE EXPENSE	T EXPENSE.	7,145. 70. 1,794. 16,000. 3,270. 21. 2,322. 220.
	TOTAL §	6,213. 4,711. 3 41,766.
STATEMENT 2 FORM 1120S, SCHEDULE K,	1 INF 12A	
CHARITABLE CONTRIBUTION	DNS	
CASH CONTRIBUTIONS - 56	0% LIMITATION S TOTAL \$\frac{1}{2}	310. 310.
STATEMENT 3 FORM 1120S, SCHEDULE K, NONDEDUCTIBLE EXPENSE	LINE 16C S	. · · · · · · · · · · · · · · · · · · ·
DISALLOWED MEALS AND EN	VTERTAINMENT STOTAL S	3,269. 3,269.
STATEMENT 4 FORM 1120S, SCHEDULE M- OTHER REDUCTIONS	2, COLUMN A, LINE 5	
CONTRIBUTIONSDISALLOWED MEALS AND EN	STERTAINMENT TOTAL \$	3,269.

)

2016

GENERAL ELECTIONS

PAGE 1

CLIENT 2415

NETWORK IMPLEMENTATION CONSULTING, INC.

34-1936688

4/03/17

03:03PM

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE CORPORATION HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION 1.263(A)-1(F).

NETWORK IMPLEMENTATION CONSULTING, INC. 32127 SPRINGSIDE LANE SOLON, OH 44139 34-1936688

F 27

Regional Income Tax Agency RITA Net Profit Tax Return

RITA's eFile

Easy, Fast, Free & Secure www.rttaohio.com

CLIEN double PY

800.860,7482

CLIEN double PY

856.721,7482

NEWMAN & CANTANY, CPAS 40.526,5332

CERTIFIED PUBLIS ACCOUNTAINS 82,2536

FOR CALENDAR YEAR 2016 OR FISCAL YEAR BEGINNING	AND ENDING		
The federal return with applicable schedules and 1099's MU	JST be attached to be considered a complete tax	return.	
Check if: Initial RITA Return Amended Return Consolidated Return (Attach Form 851)	Moved out of RiTA Out of Business Alternate Method	X Extensi	on
Consolidated filer with 80% ownership of a Pass-Throu			
BUSINESS: C CORPORATION PARTNERSHIP LLC TRUST	Federal Business Activity to SMALL EMPLOYER: Business Activity to SMALL EMPLOYER:	ctivity VOICE/I	
Company Name	Federa	I Identification No	ımber
NETWORK IMPLEMENTATION CONSULTING, INC.	34-1	936688	
Address # Street		uite #	
32127 SPRINGSIDE LANE			
City	•	tate Zip Co	
SOLON	C	DH 4413	9
(per attached Federal Form 1120 (Line 28), 1120S (Sch. K - Line 18), of Net Income (Loss), Page 5 - Line 1), 1041 (Line 17) or the equivalent of the Income (Loss), Page 5 - Line 1), 1041 (Line 17) or the equivalent of the Income (Line 1), 1041 (Line 17) or the equivalent of the Income (Line 1), 1041 (Line 18), 1041 (Line 20), 1041 (Line 18), 1041 (uivalent). Add Deduct	2A 2B 2C	4,118. 1,165. 1,165. 5,283.
C. LESS ALLOWABLE NET LOSS			
Per previous Municipal Income Tax Returns (submit schedule)	······································	3C	
4 AMOUNT SUBJECT TO MUNICIPAL INCOME TAX	_		
(Line 3A or 3B less Line 3C)	······································	4	5,283.
NOTE: Must equal Schedule B on Page 2	•	5	106.
6A. PAYMENTS ON DECLARATIONS OF ESTIMATED MUNICIPAL IN		-	700.
B. AMOUNT OF PREVIOUS YEAR CREDITS			100.
C. TOTAL CREDITS ALLOWABLE (Line 6A + 6B).		6C	700.
7A. BALANCE DUE (Line 5 less Line 6C)			
AMOUNT PAYABLE TO RITA MUST ACCOMPANY THIS FORM	.	7A	0.
B. OVERPAYMENT CLAIMED (if Line 6C exceeds Line 5 enter difference here and check the de	esired box)	7B	594.
Refund			
(Overpayments cannot be split between refund and credit)			
Credit X			
natura di Santa di Sa			Pare

Page

Form 7004

(Rev December 2016)

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

ldentifying number

Print or NETWORK IMPLEMENTATION CONSULTING, INC Number, street, and room of suite number. (If P.O. box, see instructions.)

34-1936688

or Type

32127 SPRINGSIDE LANE

City, town, state, and ZIP code (if a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

SOLON, OH 44139

Note: File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

Application Is For:	Form Code	Application is For:	Form Code
Form 1120	12	Form 1/120-ND (section 4951 taxes)	20
Form 1120-C	24 34	Form 1120-PC	21
Form 1120-F	15	Form 1120 POL	22
Form I120-FSC	76	Form 1120-REIT	23
Form 1120-H	17	Form 1/20-RIC	24
Form 11.20-L	18	Form 1120-SF	26
Form 1120-ND	79		

			See instructions.

b Enter the form code for the return listed below that:	this application	is for	
Application	Form	Application	Form
is For:	Code	ls For:	Code
Form 1041 (estate other than a bankruptcy estate)	04	Form 1041 (trust)	05

Part II Automatic Extension for Entities Not Using Part I, II, or IV. See instructions.

Application	Form	Application	25
is For:	Code	is For:	Code
Form 706-GS(D)	01	Form 1/120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120/POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065	09	Form 1120-SF +	26
Form 1065-B	10	Form 3520-A	27
Form 1066	11	Form 8612	28
Form 1/120	12	Form 8613	29
Form 1120-C	34	Form 8725	30
Form 13204F	· 75	Form 8804	31
Form 1120-FSC	16	Form 8831	32
Form 1120H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND:	19	Form 8928	36

Part IV Automatic Extension for C Corporations With Tax Years Ending June 30. See instructions.

Application Is For:	Form Code	Application Is For:	Form Code	
Form 1120	12	Form 1720:ND (section 4951 taxes)	20	
Form 3120-C	34	Form 1120-PC	21	
Form 1120-F	15	Form 1:120-POL	72	
Form 1120-FSC	76	Form 1120-REIT	23	
Form 1120-H	17	Form 1120-RIC	24	
Form 11204	38	Form 1120-SF	26	
Form 1120-ND	19		######################################	

For	m 7004 (Rev 12-2016) NETWORK IMPLEMENTATION CONSULTING, INC. 34-1936688	Page 2
Pa	art V All Filers Must Complete This Part	
2	If the organization is a foreign corporation that does not have an office or place of business in the United Sta	ates, check here
3	If the organization is a corporation and is the common parent of a group that intends to file a consolidated re If checked, attach a statement listing the name, address, and Employer Identification Number (EIN) for each covered by this application.	
4	If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check he	re ► []
5	a The application is for calendar year 20 16, or tax year beginning, 20, and ending _	, 20
	b Short tax year. If this tax year is less than 12 months, check the reason: Initial return Final Change in accounting period Consolidated return to be filed Other (see instructions – attach	
6	Tentative total tax	6 0.
7	Total payments and credits (see instructions)	7 0.
8	Balance due. Subtract line 7 from line 6 (see instructions)	8 0.
		Form 7004 (Rev 12-2016)

FORM 27

SCHEDULE B — DISTRIBUTION OF TAX WITHIN RITA MUNICIPALITIES

TOTAL TAX DISTRIBUTED BELOW MUST EQUAL AMOUNT FROM PAGE 1, LINE 5

Note: For each separate municipality tisted below, if Tax Due is \$10 or less, enter -0-.

(if more space is needed, attach additional schedule)

Municipality Name	Taxable incom	e / Loss	Tax Rate		Tax Due	
SOLON	5	,283.	2.0000	<u>)</u> %		106.
		<u></u>		_ % 		
				%		
	COMPUTATION OF I	ESTIMATED TA	×			
ESTIMATED TAX DISTRIBUTION FROM LINE (if more space is needed, attach additional so						
Municipality Name	Taxable Income	Loss	Tax Rate		Tax Due	
SOLON	5	,430.	2.0000	- %		109.
				_ %		
				¥		
8 A. ESTIMATED TAX (from distribution abor				- ► 8/	A	109.
B.CREDIT (if any) FROM PRIOR YEAR (7)	3)			8E	3	109.
C. LINE 8A LESS LINE 8B		.,		80	>	
D.AMOUNT PAID (not less than 1/4 of esti (IF LINE 8A IS LEFT BLANK AN ESTIM TAX LIABILITY AND MUNICIPAL DISTRI	ATE WILL BE CREATED FOR)	
9 TOTAL OF 7A + 8D			************	9		
MAKE CHECKS PAYABLE TO RITA The federal return with applicable schedules and	1099's MUST be attached to be	considered a co	omnlete tax return			
I CERTIFY I HAVE EXAMINED THIS RETURN KNOWLEDGE AND BELIEF, IT IS TRUE, CORRE FEDERAL INCOME TAX PURPOSES.				'S AND TO SAME AS	THE BEST OF USED FOR	MY
	OLAS M. FANOUS ERS SIGNATURE	NICHOLAS PRINT NAME	M. FANOUS			
PRINT NAME CLIENT COPY NEWMAN & COMPANY, CPAS		1801 EAS	ST NINTH STRE ND, OH 44114 DDRESS	ET, SUI	TE 1050	
FRESIDENT PUBLIC ACCOUNTANTS	389-1070 DATE	(216) 78 PREPARER'S P			OMPANY, C	PAS
TO: REGIONAL INCOME TAX AGENCY P.O. BOX 89475	May RITA discuss this return with the preparer shown above?	REMIT RETU TO: REGIONA P.O. BOX 948 CLEVELAND	RN WITH PAYMENT BL INCOME TAX AGENCY B2 OH 44101-4582			Page
	X Yes No	N	EWMAN & COMPANY, I DI EAST NINTH STRE			2 27F16

OHYM0712L 02/03/17

CLEVELAND, OHIO 44114

FORM 27

SCHEDULE X - ADJUSTMENT TO FEDERAL INCOME TAX RETURN

(attach supporting statement for line items utilized below)

ITEBAC	NOT	PENI	181 E
ITEMS		DEDU	IDLE

A.	LOSSES THAT DIRECTLY RELATE TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF AN ASSET DESCRIBED IN 1221 OR 1231 OF THE IRC	
В.	TAXES BASED ON INCOME	1,165.
C.	5% OF THE AMOUNT DEDUCTED AS INTANGIBLE INCOME EXCLUDING THE PORTION DIRECTLY RELATED TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF PROPERTY DESCRIBED IN 1221 OF THE IRC	
D.	AMOUNTS PAID OR ACCRUED TO QUALIFIED SELF-EMPLOYED RETIREMENT AND HEALTH AND LIFE INSURANCE PLANS FOR OWNERS OR OWNER-EMPLOYEES OF NON-C CORPORATION ENTITIES	
E.	REIT'S AND RIC'S - ALL AMOUNTS WITH RESPECT TO DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO THE BENEFIT OF INVESTORS AND ALLOWED AS A DEDUCTION	
F.	OTHER: (ATTACH EXPLANATION)	
G.	TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A)	1,165.
	ITEMS NOT TAXABLE	
N.	INCOME AND GAINS — FEDERALLY REPORTED INCOME AND GAINS FROM IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME AND GAINS APPLY TO THOSE DESCRIBED IN 1245 OR 1250 OF THE IRC	
О.	INTANGIBLE INCOME SUCH AS INTEREST, DIVIDEND, PATENT, AND COPYRIGHT INCOME ALSO INCLUDE ROYALTY INCOME EXCEPT ROYALTIES DERIVED FROM INTEREST IN LAND (i.e. OIL AND GAS RIGHTS, ETC.)	
P.	OTHER: PASS-THROUGH INCOME (LOSS)	
Q.	TOTAL DEDUCTIONS (ENTER ON LINE 2B)	

AFTI WORKSHEET

ADJUSTED FEDERAL TAXABLE INCOME For use by taxpayers that are NOT C Corporations

- 1 Federal Form 1120S (S Corporations) Sch. K Line 18
- 2 Federal Form 1065 (Partnerships, LLC's, LLP's) Sch. K Analysis of Net Income (Loss), Page 5 Line 1
- 3 Federal Form 1041 (Estates, Trusts) Page 1 Line 17

		F	orm 1120S	Form 1065	Form 1041
a	From Federal Return (above)	\$	4,118.\$		\$
b	Excess 179 Deduction / Carryover				
С	Charitable Contribution — In Excess of 10% Limitation				
d	Other:				
e	'ADJUSTED FEDERAL TAXABLE INCOME'	\$	4,118.\$		\$

FORM 27

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA (See Instructions)

SOLON			A. LOCATED EVERYWHERE	B. RITA MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1	AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY.	\$	\$		
ļ	GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$	\$		
1	TOTAL OF STEP 1.	\$	\$	0.	. %
STEP 2	TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$	\$		%
STEP 3	GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED.	\$	\$		% ;
STEP 4	TOTAL OF PERCENTAGES				%
STEP 5	AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES	BY	NUMBER OF PERCENTA	GES USED)	%

		*******	A. LOCATED EVERYWHERE	B. RITA MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1	AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY.	\$	\$		l
	GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$	\$		
1	TOTAL OF STEP 1	\$	\$		%
STEP 2	TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$	\$		%
STEP 3	GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED.	\$	\$		%
STEP 4	TOTAL OF PERCENTAGES			*****	%
STEP 5	AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES	BY	NUMBER OF PERCENTA	AGES USED)	%

			A. LOCATED EVERYWHERE	B. RITA MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1	AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY	\$	4	;	
	GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$	\$	5	
	TOTAL OF STEP 1	\$	\$	}	%
STEP 2	TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$	\$;	%
STEP 3	GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED.	\$	\$;	%
STEP 4	TOTAL OF PERCENTAGES				%
STEP 5	AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES	BY	NUMBER OF PERCENT	AGES USED)	%

SCHEDULE Y-1: RECONCILIATION OF SCHEDULE Y WAGES TO WITHHOLDING RETURNS

1	Total workplace RITA wages shown on your withholding tax returns filed for the year covered by this return	
2	Explanation of any difference between total wages remitted and total wages shown on Schedule Y above:	

3 Provide the EIN, name, and address under which the withholding tax was remitted if different.

EIN: 34-1936688 Address: 32127 SPRINGSIDE LANE

Name: NETWORK IMPLEMENTATION CONSULTING, SOLON, OH 44139

SCHEDULE Z: PASS-THROUGH DISTRIBUTIVE SHARES OF NET INCOME

Attach a schedule of each partner's/shareholder's name, social security number, distributive share, guaranteed payments (if applicable) and taxable percentage.

Page 4

Form 1120S

Department of the Treasury

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

about Form 1120S and its separate instructions is at www.irs.gov/form1120S.

OMB No. 1545-0123

2016

	TALL MOTO	IIII IIII IIII IIII III III III III II								
_	For calendar year 2016 or tax year beginning , 2016, ending ,									
Α	S election	on effective date	D Employer Identification number							
	1/0	01/2001 TYPE NETWORK THOLEMENTS TON CONSTITUTING THE	34-	-1936688						
B	Busines	s activity code NETWORK IMPLEMENTATION CONSULTING, INC.	E Dat	e incorporated						
_	E7797	s activity code (see insurs) OR 32127 SPRINGSIDE LANE OO OF A4139	9/05/2000							
$\overline{\mathbf{c}}$				al assets (see instructions)						
·	M-3 atta	Schedule	s	•						
			•	50,170.						
G	is the c	orporation electing to be an S corporation beginning with this tax year? Yes X No If 'Yes,' attach Form 255.	3 if not	aiready filed						
H	Check	tif: (1) Final return (2) Name change (3) Address change								
		(4) Amended return (5) S election termination or revocation								
	E-tor	the number of shareholders who were shareholders during any part of the tax year		▶ 1						
<u> </u>										
Ca		nclude only trade or business income and expenses on lines 1a through 21. See the instructions for mo		mation.						
	î a i	Gross receipts or sales	•							
		Returns and allowances	200							
I C O M	C I	Balance. Subtract line 1b from line 1a	. 10	<u>56,037.</u>						
	2 (Cost of goods sold (attach Form 1125-A)	. 2							
O.	1	Gross profit, Subtract line 2 from line 1c		56,037.						
Ē		Net gain (loss) from Form 4797, line 17 (attach Form 4797)	·	30,0372						
		Other income (loss) (see instrs — att statement)								
		Fotal income (loss). Add lines 3 through 5		56,037.						
		Compensation of officers (see instructions - attach Form 1125-E)								
_	8 8	Salaries and wages (less employment credits)	. 8							
	9 1	Repairs and maintenance	. 9							
Ď		Bad debts.								
č	_	Rents								
Ţ		Taxes and licenses	12	1,365.						
ONS	1		-	1,303.						
S		nterest	-							
•		Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)								
S E E	1	Depletion (Do not deduct oil and gas depletion.)								
E		Advertising		5,393.						
Ļ	17 F	Pension, profit-sharing, etc, plans	. 17							
<u>ŝ</u>	18 E	Employee benefit programs	. 18	3,085.						
N S T R	19 (Other deductions (attach statement)	19	41,766.						
\$		Total deductions, Add lines 7 through 19.		51,609.						
		Ordinary business income (loss). Subtract line 20 from line 6.		4,428.						
		Excess net passive income or LIFO recapture		2/ 120.						
	t	ax (see instructions)								
T.	ьт	Fax from Schedule D (Form 1120S)								
X	C A	add lines 22a and 22b (see instructions for additional taxes).	. 22 c							
A		2016 estimated tax payments and 2015 overpayment credited to 2016 23a	038208.1							
A N D		Fax deposited with Form 7004	-							
	9 1		-							
P A Y										
Y I		Add lines 23a through 23c	23d							
M E N T S		stimated tax penalty (see instructions). Check if Form 2220 is attached	24							
Ť	25 A	unount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	0.						
S	26 C	Verpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26							
	27 E	Inter amount from line 26 Credited to 2017 estimated tax Refunded	- 27							
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	of my kn	owledge and belief, it is true,						
Sig	ın	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Hei	re	A TOPE CENTERIOR	with the	e IRS discuss this return e meparer shown below structions)?						
		Signature of officer Date PRESIDENT Title	(See III							
			<u>L</u>	X Yes No						
		Print/Type preparer's name Preparer's signature Date Check	îf	PTIN						
Paic	i	NICHOLAS M. FANOUS NICHOLAS M. FANOUS self-empto	red	P00938216						
Prej	parer	Firm's name ► NEWMAN & COMPANY, CPAS Firm's EIN ►		1483212						
USE	Only	Firm's address ➤ 1801 EAST NINTH STREET, SUITE 1050	 -							
			(216)	781-6106						
		1 Children of the same	1440/	19T_0TD0						

	m 1120\$ (2016) NETWORK IMPLEMENTATION CONS	ULTING, INC.		34-19366			Page 2
	inedule B Other Information (see instructions)					Yes	No
	Check accounting method: a X Cash b Accrual	cOther (spec	ify)►		· – –		
2	See the instructions and enter the:	h Dandard on comics	►UOTCE /DI	תא מאדתים			
3	a Business activity. VOICE/DATA SALES At any time during the tax year, was any shareholder of the corp	poration a disregarded	entity, a trust, an	estate, or a	· []		
_	nominee or similar person? If "Yes," attach Schedule B-1, I	nformation on Certa	in Shareholders o	of an S Corporation			X
4	 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50° any foreign or domestic corporation? For rules of constructions of constructions of the construction. 	% or more of the tot we ownership, see in	al stock issued an	nd outstanding of s,' complete (i)			X
	through (v) below	(ii) Employer	(iii) Country	of (iv) Percentage	[(v) #	Percent	
	(i) Name of Corporation	Identification Number (if any)	incorporati	on of Stock Owned	Date (i Subs	UU%, Er	nter the Qualified er S Dection
					<u> </u>		
					 		
;	b Own directly an interest of 20% or more, or own, directly or indirectly in any foreign or domestic partnership (including an of a trust? For rules of constructive ownership, see instructions.)	entity treated as a p	artnership) or in '	the beneficial interest			X
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	9	v) Maxi Owned in Loss, or	mum % n Profit,
				,			
				,			
5	At the end of the tax year, did the corporation have any outs	standing shares of re	estricted stock?		-		X
•	If 'Yes,' complete lines (i) and (ii) below. (i) Total shares of restricted stock.	_			ZX.		
	(ii) Total shares of non-restricted stock			>			
	b At the end of the tax year, did the corporation have any outs	standing stock option	ns, warrants, or s	imilar instruments?			X
	If 'Yes,' complete lines (i) and (ii) below.			_	5		
	(i) Total shares of stock outstanding at the end of the tax ye (ii) Total shares of stock outstanding if all instruments were	executed	• • • • • • • • • • • • • • • • • • • •				
6	Has this corporation filed, or is it required to file, Form 8918	, Material Advisor Di	isclosure Stateme	ent, to provide	-	10.6748018	<u> </u>
7	information on any reportable transaction? Check this box if the corporation issued publicly offered debt						<u> </u>
,	If checked, the corporation may have to file Form 8281 , Info Discount Instruments.	rmation Return for F	Publicly Offered O	riginal Issue			
8	If the corporation: (a) was a C corporation before it elected t	o be an S corporation	on or the corporat	ion acquired			
	an asset with a basis determined by reference to the basis of the the hands of a C corporation and (b) has net unrealized built from prior years, enter the net unrealized built-in gain reduce	asset (or the basis of t-in gain in excess of ed by net recognized	r any other property of the net recognized	/) in ed built-in gain			
	built-in gain from prior years (see instructions)		►\$		8		
9	Enter the accumulated earnings and profits of the corporatio	n at the end of the t	ax year	\$	\$		
	Does the corporation satisfy both of the following conditions:						
	The corporation's total receipts (see instructions) for the tax The corporation's total assets at the end of the tax year were					X	# 16 CAR
	If 'Yes,' the corporation is not required to complete Schedule	es L and M-1.					
11	During the tax year, did the corporation have any non-shareholde terms modified so as to reduce the principal amount of the d	r debt that was cancellebt?	led, was forgiven,	or had the	[X
	If 'Yes,' enter the amount of principal reduction			\$	98	10 RES	\$ 186 B
12	During the tax year, was a qualified subchapter S subsidiary	election terminated	or revoked? If 'Ye	s', see instructions]		X
	Did the corporation make any payments in 2016 that would re						X
ŀ	olf 'Yes,' did the corporation file or will it file required Forms 1	099?					
				F	-orm 1	120S ((2016)

)

Sched	iule K∷ Shareholders' Pro Rata Share Items	To	tal amount
Income	1 Ordinary business income (loss) (page 1, line 21)	. 1	4,428.
(Loss)	2 Net rental real estate income (loss) (attach Form 8825)		
	3a Other gross rental income (loss)	30-100 A	
	b Expenses from other rental activities (attach statement)	7	
	c Other net rental income (loss). Subtract line 3b from line 3a		
	4 Interest income		
	5 Dividends: aOrdinary dividends.		
	b Qualified dividends		······································
	6 Royalties	·	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)).		
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	. 8a	
	b Collectibles (28%) gain (loss)	42000	
	c Unrecaptured section 1250 gain (attach statement)		
	9 Net section 1231 gain (loss) (attach Form 4797)	. 9	
	10 Other income (loss) (see instructions) Type►	10	
Deduc-	11 Section 179 deduction (attach Form 4562).	. 11	
tions	12a Charitable contributions. SEE STATEMENT 2	. 12a	310.
	b Investment interest expense		
	c Section 59(e)(2) expenditures (1) Type ►(2) Amount ►	12c (2)	
	d Other deductions (see instructions)Type ►	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	-1	
0.00.00	b Low-income housing credit (other).		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable).		
		13d	
	d Other rental real estate credits (see instrs) Type >		
	e Other rental credits (see instrs) Type ►	13e	· ·····
	f Biofuel producer credit (attach Form 6478)		
	g Other credits (see instructions)Type▶	13g	
Foreign Trans-	14a Name of country or U.S. possession		
actions	w Cross records from the sources	·	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive category		-
	e General category		
	f Other (attach statement)		
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	i	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		· · · · · · · · · · · · · · · · · · ·
	i Passive category	14;	
	j General category.	141	
	k Other (attach statement).	14k	
	Other information		
	I Total foreign taxes (check one): ► Paid Accrued	141	
	m Reduction in taxes available for credit	1-97	
		14	
	(attach statement).	14m	un ^{er} Aude sahetter und Steutschaft?
A 24	n Other foreign tax information (attach statement)	 	
Alterna- tive	15a Post-1986 depreciation adjustment	15a	
Mini-	b Adjusted gain or loss	15b	
mum Tax	c Depletion (other than oil and gas)		
(AMT)	d Oil, gas, and geothermal properties – gross income	15d	
Items	e Oil, gas, and geothermal properties – deductions	15e	
	f Other AMT items (attach statement)		
Items	16a Tax-exempt interest income.	16a	
Affec- ting	b Other tax-exempt income	16b	
Share-	c Nondeductible expenses SEE STATEMENT 3	76c	3,269.
holder Basis	d Distributions (attach stmt if required) (see instrs)	16d	9,794.
Pasis	e Repayment of loans from shareholders	16e	
BAA	SPSA0134L 08/17/16		m 1120\$ (2016)

Page 3

34-1936688

Form 1120S (2016) NETWORK IMPLEMENTATION CONSULTING, INC.

Form 112	ROS (2016) NETWORK IMPLEMENTA	TION CONSULTING	, INC.	34-1	9366	88 Page 4
Schedu	ule K Shareholders' Pro Rata Sl	n <mark>are Items</mark> (continu	ed)			Total amount
Other	17a investment income				17a	
infor- mation	b investment expenses			************	17b	
(IODSIII)	c Dividend distributions paid from acc	umulated earnings and	profits		17c	
	d Other items and amounts	-	•		4.2	13.17 - 32.47
	(attach statement)					
Recon-	18 Income/loss reconciliation. Combine t	he amounts on lines 1 thi	rough 10 in the far right o	okimo		
ciliation	From the result, subtract the sum of	the amounts on lines	11 through 12d and 14l.		18	4,118.
Schedu	He L Balance Sheets per Books	Beginning	of tax year	E	nd of	tax year
	Assets	(a)	(b)	(c)		(d)
1 Cas	h			100 C 7 1 10 12		
	de notes and accounts receivable					
	s allowance for bad debts					
	entories	T. C.				
	. government obligations					
	exempt securities (see instructions)				100	
	current assets (attach stmt)					
	ns to shareholders	MPRESSOR SHOOL PRODUCTION (\$150,000 CROSS) 1				
	tgage and real estate loans	M 200-80-00200- 00008-01-0000-0000-0000-0000-00-00-00-00-00-0				
	investments (attach statement)					
	dings and other depreciable assets	r :		position of the control of the contr	-, 225 32-4	
	s accumulated depreciation					Charles and Agents and the Control of Control of Control
	letable assets			· · · · · · · · · · · · · · · · · · ·		
bless	s accumulated depletion					ol. Mari Paris Parishop bookings to Good
12 Lane	d (net of any amortization)			94120		
	ngible assets (amortizable only)					
	accumulated amortization		AND THE PROPERTY OF THE PROPER			Transition of Versions Separates and Contractions of Principles (Inc. 77)
	er assøts (attach stmt)	Charles also a del trade del como a de las Microsoft de la como			****	
	al assets					
Li	abilities and Shareholders' Equity				22.02	endergrott an en sitten sit
	ounts payable					
17 Mort	pages, notes, bonds payable in less than 1 year					
18 Other	current liabilities (attach strnt)					
19 Loar	ns from shareholders					
20 Mortg	pages, notes, bonds payable in 1 year or more				0	
21 Other	liabilities (attach statement)					
22 Capi	tal stock					
	tional paid-in capital					
24 Reta	ined earnings					
25 Ad jus	tments to shareholders' equity (att stmt)					
26 Less	cost of treasury stock				I	
97 Tata	Linhilities and chareholders' equity					

SPSA0134L 08/17/16

Form 1129S (2016)

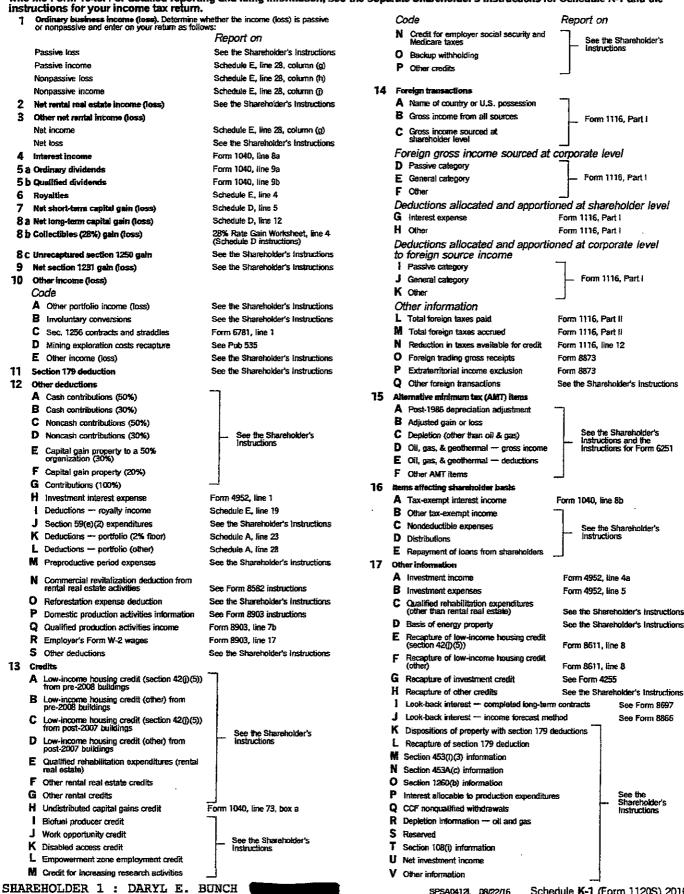
For	m 11205 (2016) NETWORK IMPLEMENTATION CONSULTING	, INC.	34-19366	o88 Page 5
Sc	hedule M-1 Reconciliation of Income (Loss) per Books	With Income (Los	s) per Return	
	Note: The corporation may be required to file Schedule M-	3 (see instructions)	-, por	
1 2	Net income (loss) per books	5 Income recorded on bot on Schedule K, lines 11	oks this year not included through 10 (itemize):	
	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14I (itemize):	6 Deductions included on	Schedule K, lines 1 through against book income this	
	a Depreciation \$b Travel and entertainment. \$			
4	Add lines 1 through 3.	8 Income (loss) (Schedule	e K, in 18). Ln 4 less in 7	
Sc	hedule M-2 Analysis of Accumulated Adjustments Accomulated Taxable Incom	ount, Other Adjust e Previously Taxe	ments Account, and (see instructions)	nd
		(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undis- tributed taxable income previously taxed
1	Balance at beginning of tax year	59,115.		
2	Ordinary income from page 1, line 21			
3				
4	Loss from page 1, line 21			
5	Other reductions SEE STATEMENT 4	(3,579.)		
6	Combine lines 1 through 5	59,964.		and the state of t
7	Distributions other than dividend distributions	9,794.		
8	Balance at end of tax year. Subtract line 7 from line 6	50,170.		
	SPSA0134L 0	9/17/16		Form 1120\$ (2015)

					П	Final K-1	Amended	1 1/2	217777
	hedule K- m 1120S)	1		20 16	_	àrt III	Shareholder's Sh	are (of Current Year Income,
Dep	artment of the Tr mail Revenue Ser	easury price	For calendar year 2016, or tax				Deductions, Cred		
**1651	THAT THE VEHICLE CO.	· ·	year beginning	, 2016	1	Ordinary	business income (loss) 4,428	1	Credits
Sł	narehold	er's Share o	of Income, Dedu	ctions,	2		real estate income (loss)		
					3	Other ne	t rental income (loss)		
		n's employer iden	bout the Corporation)[] 	4	Interest i	income	T	
	34-193	5688			5a	Ordinary	dividends	+-	
B	•	•	s, city, state, and ZIP co		 			┴	
	32127	SPRINGSIDE :	ATION CONSULTING LANE	G, INC.	5 b	Qualified	l dividends	14	Foreign transactions
SOLON, OH 44139		OH 44139			6	Royalties	S		
С	IRS Center	where corporation	n filed return	··································	7	Net short	t-term capital gain (loss	†	
Par	E-FILE			•	8a	Net long-	term capital gain (loss)	T-	
		Information A	bout the Sharehold	er 	8b	Collectibl	les (28%) gain (loss)	†	
	4				8c	Unrecapt	ured section 1250 gain	 - -	
E	DARYL B 32127 S	eholder's name, address, city, state, and ZIP XYL E. BUNCH .27 SPRINGSIDE LANE	·	de	9	Net section	on 1231 gain (loss)	 	
	SOLON,	OH 44139	44139		10	Other inc	ome (loss)	15	Alternative minimum tax (AMT) items
	· · · · · · · · · · · · · · · · · · ·							ļ	
F		er's percentage of for tax year		100%				 	
				i					
		•							
							79 deduction	16 C*	Items affecting shareholder basis 3, 269.
F					12	Other dec			
FOR					A		310.	D	9,794.
R S									
									
U S E									
YTZ0								17	Other information
Ÿ									
				İ					
					†	+			
						*See att	ached statement fo	r ad	ditional information.

Schedule K-1 (Form 1120S) 2016

SPSA0412L 08/22/16

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's instructions for Schedule K-1 and the



NETWORK IMPLEMENTATION CONSULTING, INC. 34-1936688 SUPPLEMENTAL INFORMATION SCHEDULE K-1 (FORM 1120S) 2016

PAGE 3

BOX 16 ITEMS AFFECTING SHAREHOLDER BASIS

3,269.

SHAREHOLDER 1 : DARYL E. BUNCH

SPSL1201L 06/16/16

20 16	FEDERAL STATEMENTS		PAGE 1
CLIENT 2415	NETWORK IMPLEMENTATION CONSULTING, INC.		34-1936688
4/03/17		***	03:03PN
STATEMENT 1 FORM 1120S, LINE 1 OTHER DEDUCTION	9 S		
BANK CHARGES COMMISSIONS MANAGEMENT FEES. MEALS AND ENTERT MISCELLANEOUS OFFICE EXPENSE PARKING AND TOLL TELEPHONE	XPENSE AINMENT EXPENSE TOTA		7,145. 70. 1,794. 16,000. 3,270. 21. 2,322. 220. 6,213. 4,711.
STATEMENT 2 FORM 1120S, SCHEI CHARITABLE CONTI	RIBUTIONS		
CASH CONTRIBUTION	NS - 50% LIMITATIONTOTA	L \$	310. 310.
STATEMENT 3 FORM 1120S, SCHED NONDEDUCTIBLE EX	DULE K, LINE 16C KPENSES		
DISALLOWED MEALS	AND ENTERTAINMENT TOTA	L \$	3,269. 3,269.
STATEMENT 4 FORM 1120S, SCHED OTHER REDUCTIONS	ULE M-2, COLUMN A, LINE 5		<u>". </u>
CONTRIBUTIONS DISALLOWED MEALS	AND ENTERTAINMENT TOTAL	\$ L <u>\$</u>	310. 3,269. 3,579.

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NETWORK IMPLEMENTATION CONSULTING, INC. 32127 SPRINGSIDE LANE SOLON, OH 44139 (440) 389-1070

April 3, 2017

Daryl E. Bunch 32127 Springside Lane Solon, OH 44139

RE:

Network Implementation Consulting, Inc. 34-1936688
2016 S Corporation Schedule K-1 (Form 1120S)

Dear Daryl E. Bunch:

Enclosed is your 2016 Schedule K-1 (Form 1120S) Shareholder's Share of Income, Deductions, Credits, Etc. from Network Implementation Consulting, Inc.. This information reflects the amounts you need in order to complete your income tax return. The amounts shown are your distributive share of tax items from the S Corporation to be reported on your tax return and may not correspond to the actual distributions you have received during the year. This information is included in the S Corporation's 2016 federal income tax return that was filed with the Internal Revenue Service.

If you have any questions concerning this information, please contact us immediately.

Sincerely,

Network Implementation Consulting, Inc.

Enclosure(s)

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	П	Final K-1	Amended	צי	671113
Schedule K-1 201	<u>ہ</u> کا				OMB No. 1545-012
Form (1205)		Part III	Shareholder's Sh Deductions, Cred	are its.	of Current Year Income, and Other Items
Department of the Treasury Internal Revenue Service The Treasury For calendar year 2016, or tax year beginning , 201	16 1	Ordinary	business income (loss)	13	
ending,	2	Net rental I	4,428. real estate income (loss)	+-	
Shareholder's Share of Income, Deduction	1S,	NGL TCHEM	ca came monic (1033)		
Credits, etc. > See page 2 of form and separate instruct	ions, 3	Other ne	t rental income (loss)	† -	
Part I Information About the Corporation	4	Interest i	ncome	┼-	
A Corporation's employer identification number				<u>_</u> _	
34-1936688	5a	Ordinary	dividends		
B Corporation's name, address, city, state, and ZIP code NETWORK IMPLEMENTATION CONSULTING, IN 32127 SPRINGSIDE LANE	IC. 56	Qualified	dividends	14	Foreign transactions
SOLON, OH 44139	6	Royalties		 -	
C IRS Center where corporation filed return	7	Net short	-term capital gain (loss	1	
E-FILE	8a	Net long-	term capital gain (loss)	+-	
Part II Information About the Shareholder	-	O B - EL	(000() :- ()	<u> </u>	ļ
D Shareholder's identifying number	- 80	Collection	es (28%) gain (loss)		
	8c	Unrecapti	red section 1250 gain	† - ·	
E Shareholder's name, address, city, state, and ZIP code	9	Not conti	on 1231 gain (loss)	├ - ·	
DARYL E. BUNCH 32127 SPRINGSIDE LANE	9	iner secu	on real gain (loss)		
SOLON, OH 44139	10	Other inc	ome (loss)	15	Alternative minimum tax (AMT) Items
		 		├	
F Shareholder's percentage of stock				Ĺ	
ownership for tax year	8 0				
		- -		 	
		l		L	
	11	Section 1	79 deduction	16	Items affecting shareholder basis
				C*	3,269.
F O R	12 A	Other dec	auctions 310.	ח	9,794.
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U S E	F-1				
		<u> </u>		17	Other information
				17	Culci ii normadori
NEWMAN & COMPANY, CPAS					
CERTIFIED PUBLIC ACCOUNTANTS 1801 EAST NINTH STREET, SUITE 1050					
CLEVELAND, OHIO 44114				ı	
(p)216.781.6106 (f)216.781.6447	F-1				

BAA For Paperwork Reduction Act Notice, see Instructions for Form 1120S.

Schedule K-1 (Form 1120S) 2016

*See attached statement for additional information.

SHAREHOLDER 1 : DARYL E. BUNCH

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

instructions for your income tax return. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows: Code Report on N Credit for employer social security and Medicare taxes Report on See the Shareholder's instructions See the Shareholder's Instructions Passive loss O Backup withholding Passive income Schedule E, line 28, column (g) P Other credits Schedule E, line 28, column (h) Nonpassive loss Schedule E, line 28, column (i) 14 Foreign transactions Nonpassive income See the Shareholder's Instructions A Name of country or U.S. possession Net rental real estate income (loss) B Gross income from all sources 3 Other net rental income (loss) Form 1116, Part 1 Schedule E. line 28, column (a) Gross income sourced at shareholder level Net income Not inco See the Shareholder's Instructions Foreign gross incorne sourced at corporate level Form 1040, line 8a Interest income D Passive category Form 1040, line 9a 5 a Ordinary dividends Form 1116, Part I E General category 5 b Qualified dividends Form 1040, line 9b Other 6 Royalties Schedule E, line 4 Deductions allocated and apportioned at shareholder level Net short-term capital gain (loss) Schedule D. line 5 G Interest expense Form 1116, Part I 8 & Net long-term capital gain (loss) Schedule D. line 12 28% Rate Gain Worksheet, line 4 (Schedule D instructions) 8 b Collectibles (28%) gain (loss) Deductions allocated and apportioned at corporate level See the Shareholder's Instructions 8 C Unrecaptured section 1250 gain to foreign source income See the Shareholder's Instructions 9 Net section 1231 gain (loss) I Passive category Other income (loss) J General category Form 1116, Part ! K Other Code See the Shareholder's Instructions Other information A Other portfelle income (loss) B Involuntary conversions See the Shareholder's Instructions L Total foreign taxes paid Form 1116, Part II M Total foreign taxes accrued C Sec. 1256 contracts and straddles Form 6781, line 1 Form 1116, Part II D Mining exploration costs recapture See Pub 535 N Reduction in taxes available for credit Form 1116, line 12 E Other income (loss) See the Shareholder's instructions O Foreign trading gross receipts Form 8873 See the Shareholder's Instructions Extraterritorial income exclusion Form 8873 11 Section 179 deduction Q Other foreign transactions See the Shareholder's Instructions 12 Other deductions A Cash contributions (50%) 15 Alternative minimum tax (AMT) items B Cash contributions (30%) A Post-1986 depreciation adjustment B Adjusted gain or loss C Noncash contributions (50%) See the Shareholder's instructions and the instructions for Form 6251 D Noncash contributions (30%) See the Shareholder's Instructions C Depletion (other than oil & gas) D Oil, gas, & geothermal - gross incom Capital gain property to a 50% organization (30%) E Oil, gas, & geothermal -- deductions F Capital gain property (20%) F Other AMT Items G Contributions (100%) items affecting shareholder basis H Investment interest expense Form 4952, line 1 Form 1040, line 8b A Tax-exempt interest income Deductions - royalty income Schedule F. line 19 B Other tax-exempt income Section 59(e)(2) expenditures See the Shareholder's Instructions C Nondeductible expenses See the Shareholder's K Deductions - portfolio (2% floor) Schedule A, line 23 **D** Distributions L Deductions — portfolio (other) Schedule A. line 28 E Repayment of loans from shareholders See the Shareholder's Instructions W Preproductive period expenses 17 Other information Commercial revitalization deduction from rental real estate activities A Investment income Form 4952, fine 4a See Form 8582 instructions B investment expenses Form 4952, line 5 Reforestation excense deduction See the Shareholder's Instructions Qualified rehabilitation expenditures (other than rental real estate) See the Shareholder's instructions Domestic production activities information See Form 8903 instructions D Basis of energy property See the Shareholder's instructions Q Caralified production activities Income Form 8903, line 7b Recapture of low-income housing credit (section 42(j)(5)) R Employer's Form W-2 wages Form 8903, line 17 Form 8611, line 8 S Other deductions See the Shareholder's Instructions Recapture of low-income housing credit 13 Credits Form 8511, line 8 A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings Recapture of investment credit See Form 4255 Recapture of other credits See the Shareholder's Instructions B Low-income housing credit (other) from pre-2008 buildings Look-back interest — completed long-term contracts See Form 8697 Look-back interest -- income forecast method Low-income housing credit (section 42(j)(5)) from post-2007 buildings See Form 8866 K Dispositions of property with section 179 deductions See the Shareholder's Instructions Low-income housing credit (other) from post-2007 buildings L Recapture of section 179 deduction M Section 453(I)(3) information Cualified retrabilitation expenditures (rental real estate) Section 453A(c) information F Other rental real estate credits O Section 1260(b) information G Other rental credits Interest allocable to production expenditures See the Shareholder's H Undistributed capital gains credit Form 1040, line 73, box a Q CCF nonqualified withdrawals R Depletion information — oil and gas Biofuel producer credit Work opportunity credit Reserved See the Shareholder's K Disabled access credit Section 108(i) information L Empowerment zone employment credit U Net investment income M. Credit for increasing research activities V Other information

SPSA0412L 08/22/16

Schedule K-1 (Form 1120S) 2016

NETWORK IMPLEMENTATION CONSULTING, INC. 34-1936688 SCHEDULE K-1 (FORM 11205) 2016 BOX 16 ITEMS AFFECTING SHAREHOLDER BASIS * DESCRIPTIVE INFORMATION C DISALLOWED MEALS AND ENTERTAINMENT. \$ 3,269.

SHAREHOLDER 1 : DARYL E. BUNCH

Ohio Shareholder Summary

Shareholder's Share of Income, Deductions, Modifications and Credits

2016

D	Distributive Share Items - Ohio Pass-Through Return IT 1140						
		I					
1	Bonus depreciation addback	1					
2	Bonus depreciation deduction.	2					
3	Bonus section 179 addback	3					
4	Bonus section 179 deduction	4					
5	Net credits	5					

BONUS DEPRECIATION DEDUCTION AND SECTION 179 DEDUCTION SHOULD BE VERIFIED IF OWNERSHIP PERCENTAGE HAS CHANGED SINCE ORIGINAL ADDBACK.

Ohio Cities Shareholder **Summary**

Shareholder's Share of Income and Tax Paid

2016

For calendar year 2016 or tax year beginning

, 2016 and ending

Shareholder's Identifying Nun	nber 🔳		S Corporation's Identifying Number	34-1936688
Shareholder's name, address, and ZIP Code			S Corporation's name, address and ZIP Code	
DARYL E. BUNCH			NETWORK IMPLEMENTATION CONSUL	TING, INC.
32127 SPRINGSIDE LANE			32127 SPRINGSIDE LANE	
SOLON	OH	44139	SOLON OF	I 44139

City Name	Amount Taxable	Tax Rate	Tax Paid	Amended	Final
SOLON	5,283.	2.00	106.		

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Form 1120S U.S. Income Tax Return for									n	-	OMB No. 154	5-0123		
			}	► !	o not file this f	orm unle	ss the corpora	ation ha	s filed	or is		- }	201	7
Dep	artment o	of the Treasury enue Service	İ ,	- Co to um	attaching Forn w.irs.gov/Form	1 2553 to	elect to be an	S corp	oration	7. Info	nation Et	P74 .		/
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_		dar year 2017 o	or tax yea	r beginning		, 2017	, ending				[· · · ·	. J. S. A.	(A) ():	
Α		on effective date		Į.							<u>₽</u>		lover identificatio	n number
		01/2001	TYPE	MENTACO	Z TMDT EMEN	መንመፕ ለእ	CONCUE	F37/7	TNIC		L		<u> 1936688</u>	
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	5170	100 i			ORMBY DRIV	<u>r</u> .					**************************************	∵9/	05/2000	
Ç		Schedule C	PRINT	POTON,	OH 44139						7	loja	assets (see instr	ictions)
	M-3 atta	iched		1								\$ _		,366.
G	la tha a	arnaration alastina	to bo on C	erporation bor	inning with this tax	woor?	Yes X N	lo If "	Vac I a	ttook	Form 2552	if not	already filed	, , , , , ,
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H	Check	:if: (1) ∐Fi	inal return	1 (2)	Name chang	e (3)	Address ch	ange						
		(4) A	mended r	eturn (5) S electio	n termina	ation or revoca	เมือก						
4	Enter	the number of	sharehold	iers who we	ere shareholders	s during a	env part of the	tax vea	r.	_				▶ 1
(a)	ition: In	clude only trade	or husines	se income ar	d expenses on lir	nes la thro	unh 21 See the	includ	ione fo	r more	information			
											<u>61,318.</u>			
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i N					1a							1 c	6	<u>1,318.</u>
N C O M					25-A)									
M	3 (Gross profit. Su	ubtract lin	e 2 from lin	e 1c							3	- 6	1,318.
£					e 17 (attach For									
					ent)							5		
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	6	Total income (i	((C	ines 5 and	ough 5	C		• • • • • • •				- 0		1,318.
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SEE	15	Depletion (Do n	ot geauc	t on and ga	s depletion.)	** † †		• • • • • • •				15		
	16 /	Aavertising				M.		• • • • • • • •				16		$6, \overline{419}$.
Ŋ		Pension, profit-										17		
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Ŕ	19 (Other deduction	is (attach	statement)					SEE. S	STAT	EMENT. 1	19	2	8,525.
5	20 1	Fotal deduction	ns. Add lii	nes 7 throu	ah 19						>	20		6,343.
	21 (Ordinary busin	ess incor	ne (loss). S	ubtract line 20 t	from line	6					21		4,975.
	22 a F	Excess net pas	sive incor	ne or i IFO	recapture							***		-70701
	t	ax (see instruc	tions)					. 22a						
Ą	b 7	Tax from Sched	dule D (Fo	orm 1120S).				. 22b						
Х	c/	Add lines 22a and 2	2b (see inst	ructions for ac	(ditional taxes)							22 c		
Α					016 overpaymer			23a				77.72		
A D		Tax deposited v						23 b						
P					attach Form 413									
Á			-	-	attacii FUIII 413						 .			
AYMENTS		Add lines 23a tl										23 d	· - · · · · · · · · · · · · · · · · · ·	
E					ons). Check if F					• • • • • •	▶∐	24		
ťΪ					total of lines 22c an							25		0.
S	26 (Overpayment.	f line 23d	is larger th	ian the total of l	lines 22c	and 24, enter	amount	overp	aid		26		
	27 E	Enter amount fi	rom line 2	6 Credited	to 2018 estimal	ted tax 🕨	•]	Re	efunded, ►	27		
		Under penalties o	f perjury, I d	eclare inat i ha	ve examined this return (other than taxpaye	ırn, including	accompanying sch	nedules an	nd staten	nents, a	nd to the best o	f my kn	wledge and belie	, it is true,
Sig	ın	correct, and comp	nete. Declara	ation of prepare	r comer man taxpaye	erjis dased (I	on all information o	T which pr	eparer h	as any k	inowiedge.			
He	re	 		_, _, ~_	'		k	יסמפם	וונגיטרנ	ħ		Wax H	e IRS discuss this e preparer shown istructions)?	pelow
		Signature of	officer	ووائر المارات	P. Dr. Str. Str. St. No.	Date 🛕		PRESI	ואינע	L		(566)		
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Pre	parer	Firm's name	► NEW	MAN & CO	OMPANY, CP	AS			,		Firm's EIN		1483212	
USE	Only	Firm's address			NINTH STRE	ET. SI	JITE 1050							
					OH 44114			·	-		Phone no. (216)	781-610	6
BA	A For	Paperwork Red			ee separate ins	tructions		SDC A	0105L (<u> 4/</u>	Form 1120	
_, ,					h		-	J. JA	I				1 0111 1120	√ (∠∪1/)

Form 8879-S

Department of the Treasury

IRS e-file Signature Authorization for Form 1120S

► Return completed Form 8879-S to ERO. (Don't send to IRS.)
► Go to www.irs.gov/Form8879S for the latest information.

OMB No. 1545-0123

2017

For calendar year 2017, or tax year beginning . 2017, and ending Internal Revenue Service Name of corporation Employer identification number NETWORK IMPLEMENTATION CONSULTING, INC 34-1936688 Tax Return Information (Whole dollars only) 61,318. 1 Gross receipts or sales less returns and allowances (Form 1120S, line 1c) Gross profit (Form 1120S, line 3)..... 2 61,318 Ordinary business income (loss) (Form 1120S, line 21)..... 3 14,975. Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)..... 4 5 14,825. Income (loss) reconciliation (Form 1120S, Schedule K, line 18). Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return) Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2017 electronic income tax return 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 corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) return to the processing of the electronic navment of taxes to receive confidential information. date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize NEWMAN & COMPANY, CPAS to enter my PIN 46688 as my signature ERO firm name Don't enter all zero on the corporation's 2017 electronically filed income tax return. As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed income tax return. Paralle Certification and Authentication ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN...... 34411412231 I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed income tax return for the corporation 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. 4/140/18 C(X) NICHOLAS M. FANOUS ERO's signature ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-\$ (2017)

(Rev December 2017)

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns File a separate application for each return. Go to www.irs.gov/Form7004 for instructions and the latest information.

OMB No. 1545-0233

Department of the Treasury Internal Revenue Service

		Name				ldentifying numb	er
Prin	nt	NETWORK IMPLEMENTATION CO		INC.		34-19366	88
or		Number, street, and room or suite no. (If P.O. box, se	e instructions.)	-			
Тур	е	7257 FORMBY DRIVE City, town, state, and ZIP code (if a foreign address,	enter city province o	y state and country (follow th	a country's aractica for enter	Mahoo letoon oni	· · · · · · · · · · · · · · · · · · ·
		SOLON, OH 44139	enter city, province o	s state, and country (lollow in	e country's practice for enter	ing posizi code;).	
Not	P. File reques	t for extension by the due date of the return. See	instructions before	completion this form			
		matic Extension for Certain Busi			and Other Retu	rns See in	structions
		rm code for the return listed below that t			·	11131 000 111	· ·- ·- ·-
	ication	THE CODE FOR BIE FELLIT ISSEED DELOW GIAL C	Form	Application		<u> </u>	Form 25
Is Fo			Code	Is For:			Code
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	12706-GS(T)		02 34	Form 1120-ND (sectio	л 4951 taxes)		20
200		ruptcy estate only)	03	Formal 120/BC 200	<u> </u>		214
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Form	1065		09	Form #520-As-5		100	` 27 j
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	1066		11	Form 8613	3.00		29
Fort	1120		12	Form 8725	11		30
Form	1120-C		34	Form 8804			311
Form	412045		15	Form 88			32
	1120-FSC		16	Form 887		100	33.2
Action Co.	10120 ff			Form 8924			35
Form	1120-L		139	Form 8928			36
Par	III All F	ilers Must Complete This Pur					
2	If the organ	nization is a foreign corporation that does	s not have an of	ffice or place of busine	ess in the United Stat	es, check her	a ►
3	If checked,	nization is a corporation and is the commattach a statement listing the name, add this application.					re ► 🗍
4	If the organ	nization is a corporation or partnership th	at qualifies und	er Regulations section	1.6081-5, check her	e	► []
5 a	The applica	ation is for calendar year 20 $\underline{17}$, or tax	year beginning	·, ²⁰	, and ending _		, 20
b	Short tax y	ear. If this tax year is less than 12 month	ns, check the re	ason: Initial retu	ırn Final	return	
	Change	in accounting period Consolida	ted return to be	filed Other (see	instructions – attach		•
6	Tentative to	otal tax		•••••		6	0.
7	Total paym	ents and credits (see instructions)	• • • • • • • • • • • • • • • • • • • •	•••••		7	0.
8		e. Subtract line 7 from line 6 (see instruc				8	0.
BAA	For Privacy	Act and Paperwork Reduction Act Notice,	see separate insl	tructions. c	PCZ0701L 09/11/17	Form 7004 (Rev 12-2017)

2017 FEDERAL INCOME 1	17 FEDERAL INCOME TAX SUMMARY						
CLIENT 2415 NETWORK IMPLEMENTATIO	N CONSULTING	, ING () () () (34-1936688				
4/05/18			2:08 PM				
ORDINARY INCOME	2017	2016	DIFF				
GROSS RECEIPTS LESS RETURNS/ALLOWANCE GROSS PROFIT	61,318 61,318	56,037 56,037	5,281 5,281				
TOTAL INCOME (LOSS)	61,318	56,037	5,281				
ORDINARY DEDUCTIONS COMPENSATION OF OFFICERS. TAXES AND LICENSES. ADVERTISING EMPLOYEE BENEFIT PROGRAMS OTHER DEDUCTIONS.	9,000 1,199 6,419 1,200 28,525	0 1,365 5,393 3,085 41,766	9,000 -166 1,026 -1,885 -13,241				
TOTAL DEDUCTIONS	46,343	51,609	-5,266				
ORDINARY BUSINESS INCOME (LOSS)	14,975	4,428	10,547				
REFUND OR AMOUNT DUE BALANCE DUE	0	0	0				
SCHEDULE K - INCOME ORDINARY BUSINESS INCOME (LOSS)	14,975	4,428	10,547				
SCHEDULE K - DEDUCTIONS CHARITABLE CONTRIBUTIONS	150	310	-160				
SCHEDULE K - ITEMS AFFECTING BASIS NONDEDUCTIBLE EXPENSES. PROPERTY DISTRIBUTIONS. SCHEDULE K - OTHER INFORMATION INCOME (LOSS) RECONCILIATION	12,530	3,269 9,794	-170 2,736				
SCHEDULE K - OTHER INFORMATION INCOME (LOSS) RECONCILIATION	14,825	4,118	10,707				
SCHEDULE L - BALANCE SHEET BEGINNING ASSETS. BEGINNING LIABILITIES & EQUITY.	50,170 50,170	59,115 59,115	-8,945 -8,945				
ENDING ASSETSENDING LIABILITIES & EQUITY	49,366 49,366	50,170 50,170	-804 -804				

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A Secretary of the sold of the sound

Form 1120S (2017) NETWORK IMPLEMENTATION CONSULTING, INC. 34-1936688						
Schedule B Other Information (see instructions)			·	Yes	No	
1 Check accounting method: a X Cash b Accrual	c Uther (speci	ify)►				
2 See the instructions and enter the:	-			45.0		
a Business activity. VOICE/DATA SALES b Product or service VOICE/DATA SALES						
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation						
4 At the end of the tax year, did the corporation:	illoritation on Certa	III SHALEHQIQEIS (n an 3 Corporation		X	
a Own directly 20% or more, or own, directly or indirectly, 509 any foreign or domestic corporation? For rules of construction through (v) below.	ve ownership, see ir	al stock issued an estructions, if 'Ye	nd outstanding of s,' complete (i)		X	
(i) Name of Corporation	(ii) Employer	(iii) Country	of (iv) Percentage	(v) If Percen		
ty Haite or corporation	Identification	Încorporati	on of Stock Owned	is 100%, E Date (if any)	nter the	
	Number (if any)			Subchar	rter S	
				Subsidiary Was M	Election	
				1943 19	auc	
b Own directly an interest of 20% or more, or own, directly or indire	ectiv. an interest of 5	0% or more in the	profit, loss, or		w-626	
capital in any foreign or domestic partnership (including an	entity treated as a p	artnership) or in	the beneficial interest		77	
of a trust? For rules of constructive ownership, see instruction			·····		X	
(i) Name of Entity	(ii) Employer	(iii) Type of Entity	(iv) Country of Organization		dmum % in Profit,	
	Number (if any)	Or Linkey	Organization		r Capital	
				·		
			· · · · · · · · · · · · · · · · · · ·			
5a At the end of the tax year, did the corporation have any out	standing shares of re	estricted steck.			X	
If 'Yes,' complete lines (i) and (ii) below.	_	4 VII			SAME TO SE	
(i) Total shares of restricted stock.		11.	· _			
(ii) Total shares of non-restricted stock					v	
b At the end of the tax year, did the corporation have any put If 'Yes,' complete lines (i) and (ii) below.	a ding stock option	ns, warrants, or s	amiliar instruments		X	
(i) Total shares of stock outstanding at the not of the tax ye	ear		. ►			
(ii) Total shares of stock outstanding if all instruments were	executed		. -			
6 Has this corporation filed, or is it required to file, Form 8918 information on any reportable transaction?	, Material Advisor D	isclosure Stateme	ent, to provide		х	
7 Check this box if the corporation issued publicly offered deb	t instruments with o	riginal issue disc	ount 🕨	- 🗆		
If checked, the corporation may have to file Form 8281 , Info Discount Instruments.		-	_			
8 If the corporation: (a) was a C corporation before it elected t an asset with a basis determined by reference to the basis of the	to be an S corporation	on or the corpora	tion acquired			
the hands of a C corporation and (b) has net unrealized built from prior years, enter the net unrealized built-in gain reduc	t-in gain in excess o	of the net recogni	zed built-in gain			
		· · · · · · · · · · · · · · · · · · ·	<u></u>			
9 Enter the accumulated earnings and profits of the corporation	m at the end of the	tax year	т			
10 Does the corporation satisfy both of the following conditions		43E0 000				
a The corporation's total receipts (see instructions) for the tax b The corporation's total assets at the end of the tax year wer	-	•		l		
If 'Yes,' the corporation is not required to complete Schedule	es L and M-1.					
11 During the tax year, did the corporation have any non-shareholde terms modified so as to reduce the principal amount of the or	er debt that was cance debt?	eled, was forgiven,	or had the		х	
If 'Yes,' enter the amount of principal reduction	ata ata a a a a a a a a a a a a a a a a	• • • • • • • • • • • • • • • • • • • •	\$		A	
12 During the tax year, was a qualified subchapter S subsidiary	election terminated	or revoked? If 'Y	'es', see instructions		Х	
13a Did the corporation make any payments in 2017 that would a					 	
b If 'Yes,' did the corporation file or will it file required Forms	-	• •				
				Form 11209	(2017)	

Schedi	## K Shareholders' Pro Rata Share Items		Total amount
Income	1 Ordinary business income (loss) (page 1, line 21)	1	14,975.
(Loss)	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)		
	b Expenses from other rental activities (attach statement)		
	c Other net rental income (loss). Subtract line 3b from line 3a	3 c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends		
	bQualified dividends5b		
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)		
	c Unrecaptured section 1250 gain (attach statement)		
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type ►	10	
Deduc-	11 Section 179 deduction (attach Form 4562)	11	
tions	12a Charitable contributions. SEE STATEMENT 2	12a	150.
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ►(2) Amount ►	12c (2)	
	d Other deductions (see instructions). Type h	12d	
Credits	13a Low-income housing credit (section 42(j)(5))		
Credits	b Low-income housing credit (section 42()(3))		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable).		
		13d	
	d Other rental real estate credits (see instrs) Type	13u	<u> </u>
	e Other rental credits (see instrs) Type	13f	
	f Biofuel producer credit (attach Form 6478)		
	g Other credits (see instructions)Type	13g	
Foreign Trans-	b Gross income from all sources	14b	
actions	D Gross income from all sources	14c	<u> </u>
	c Gross Income sourced at snareholder level	NAME AND ADDRESS OF THE OWNER, WHEN	
	Foreign gross income sourced at corp prattalevel.	14-1	
	d Passive categorye General category	140	
			····
	f Other (attach statement)	14f	· · · · · · · · · · · · · · · · · · ·
	Deductions allocated and apportioned at shareholder level	14-	
	g Interest expense	· · · · · ·	
	h Other	14h	<u></u>
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
	k Other (attach statement)	14k	
	Other information		
	I Total foreign taxes (check one): ► ☐ Paid ☐ Accrued	141	
	m Reduction in taxes available for credit		
	(attach statement)	14m	
	n Other foreign tax information (attach statement)		
Alterna- tive	15 a Post-1986 depreciation adjustment	15a	
Mini-	b Adjusted gain or loss	15b	<u> </u>
mum Tax	c Depletion (other than oil and gas)	15 c	<u> </u>
(AMT)	d Oil, gas, and geothermal properties – gross income	15d	
items	e Oil, gas, and geothermal properties — deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affec-	16 a Tax-exempt interest income	16a	
ting	b Other tax-exempt income	16b	
Share- holder	c Nondeductible expenses SEE STATEMENT 3	16c	3,099.
noider Basis	d Distributions (attach stmt if required) (see instrs)	16d	12,530.
	e Repayment of loans from shareholders	16e	
BAA	SPSA0134L 08/17/17		Form 1120S (2017)

34-1936688

Page 3

Form 1120S (2017) NETWORK IMPLEMENTATION CONSULTING, INC.

	111203 (2017) NEIWORK IMPLEMENIA.			34-19	<u> 3005</u>	rage 4
Sel	redule K Shareholders' Pro Rata Sh	nare Items (continu	ed)			Total amount
Othe					17a	
Infoi mati	h Investment avnences				17b	
HEAU	c Dividend distributions paid from acc	umulated earnings and	profits		17 c	
	d Other items and amounts	-	•			
	(attach statement)					
Reco	n- 18 Income/loss reconciliation. Combine to	he amounts on lines 1 th	rough 10 in the far right o	olumn.		
ciliat		the amounts on lines	11 through 12d and 14i.	Oldini.	18	14,825.
Scł	edule La Balance Sheets per Books		of tax year		d of ta	ax year
2011 : T9-EN	Assets	(a)	(b)	(c)		(d)
1	Cash					
2 a	Trade notes and accounts receivable	- Second Street, Stree	75.00		ercessore V	
	Less allowance for bad debts			<u> </u>	s	
3	Inventories	The second control of the second control of				
4	U.S. government obligations					
5	Tax-exempt securities (see instructions)					
6	Other current assets (attach stmt)		•			
7	Loans to shareholders		···			
8	Mortgage and real estate loans				XX -	
9	Other investments (attach statement)					
-	Buildings and other depreciable assets				2000 2000 2000 2000 2000 2000 2000 200	
	Less accumulated depreciation			<u> </u>		
	Depletable assets		. To			
H	Lace accumulated depletion					
12	Land (net of any amortization)					
12-	Intangible assets (amortizable only)					
	Long angumulated amortimation			*		
	Other assets (attach strnt)					··
	Total assets					
15	Liabilities and Shareholders' Equity		4 1VV			
16	Accounts payable	-10		1	*	
17	Mortgages, notes, bonds payable in less than 1 year.	O NO	· · · · · · · · · · · · · · · · · · ·			
18	Other current liabilities (attach stmt)	()) , -				
19	Loans from shareholders					
20	Mortgages, notes, bonds payable in 1 year or more					
21	Other liabilities (attach statement)				-	
22	Capital stock		· —		-	
23	Additional paid-in capital					
24	Retained earnings					
2 5	Adjustments to shareholders' equity (att stmt)				-	
	Less cost of treasury stock					
	Total liabilities and shareholders' equity				-	
	Total Industriate and and ordered ordered.	SPSA0134L 0	8/17/17	A 100 CO. C. C. C. C. C. C. C. C. C. C. C. C. C.	70.84564	Form 1120S (2017)

	n 1120S (2017) NETWORK IMPLEMENTATION CONSULTING		34-19366	88 Page 5
Scl	nedule Main Reconciliation of Income (Loss) per Books	With Income (Loss	s) per Return	
	Note: The corporation may be required to file Schedule M-	······································		
1	Net income (loss) per books	5 income recorded on boo	ks this year not included	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):	on Schedule K, lines 1 t a Tax-exempt interest \$		
	oa, 5, and 10, not recorded on books this year (nemize).	a tax-exempt interest >		
3	Expanses recorded an banks this year not	6 Boductions included an	Cahadula K lines 1 through	· · · · · · · · · · · · · · · · · · ·
J	Expenses recorded on books this year not included on Schedule K, lines 1 through 12,	6 Deductions included on 12 and 14l, not charged	against book income this	
	and 14I (itemize):	year (itemize):		
а	Depreciation \$	a Depreciation \$		
b	Travel and entertainment. \$			
_			W 10 400 to 4100 to 7	
	Add lines 1 through 3.		K, In 18). Ln 4 less In 7	
JCI	iedule M ²² Analysis of Accumulated Adjustments Acco Shareholders' Undistributed Taxable Incom	ount, Other Adjust e Previously Taxe	ments Account, an d (see instructions)	a .
	Official of Official Control of C		 	(c) Shareholders' undis-
	•	(a) Accumulated adjustments account	(b) Other adjustments account	tributed taxable income previously taxed
1	Balance at beginning of tax year			previously takeu
2	Ordinary income from page 1, line 21			
2	Other additions.			编 罗 美
1				
5	Loss from page 1, line 21	(3,249.)		
6	Combine lines 1 through 5			
7	Distributions other than dividend distributions.			
8	Balance at end of tax year. Subtract line 7 from line 6	49,366.		
_ <u>-</u> _	SPSA0134L 0		<u> </u>	Form 1120S (2017)

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			r n		671117
Schedule K-1 2017		Final K-1	Amended		OMB No. 1545-0123
(Form 1120S)		art III	Shareholder's Sha Deductions, Credi	are d	of Current Year Income, and Other Items
Internal Revenue Service	1	Ordinary	business income (loss)		
beginning / / 2017 ending / /		<u> </u>	14,975.	Ĺ	
Shareholder's Share of Income, Deductions,	2	Net rental re	eal estate income (loss)	L	
Credits, etc. ► See page 2 of form and separate instructions.	3	Other net	rental income (loss)		
Part Information About the Corporation	4	Interest in	ncome		
A Corporation's employer identification number 34–1936688	5 a	Ordinary	dividends		
B Corporation's name, address, city, state, and ZIP code					
NETWORK IMPLEMENTATION CONSULTING, INC. 7257 FORMBY DRIVE		Qualified	dividends	14	Foreign transactions
SOLON, OH 44139	6	Royalties			
O IDC Contes where compacting filed action	7	Net short-	term capital gain (loss)	Γ-	
C IRS Center where corporation filed return E-FILE	8 a	Net long-t	term capital gain (loss)		
Part III Information About the Shareholder	8 b	Collectible	es (28%) gain (loss)		
D Shareholder's identifying number					
- E Shareholder's name, address, city, state, and ZIP code	8c	Unrecaptu	red section 1250 gain	!	
DARYL E. BUNCH	9	Net section	n 1231 gain (loss)		
7257 FORMBY DRIVE SOLON, OH 44139	10	Other inco	(Jeel) serio	15	Alternative minimum tax (AMT) items
		F	// C.		<u> </u>
F Shareholder's percentage of stock					
F Shareholder's percentage of stock ownership for tax year					
V			*		
	11	Section 1	79 deduction	16	Items affecting shareholder basis
				C*	3,099.
F O R	12 A	Other ded	uctions 150.	ת	12,530.
	_ <u></u>	ļ -		- 	
R S					
U S E					
O N				17	Other information
O N L Y		 .			
<u>.</u>	<u>-</u>		 	L <u> </u>	
			-	<u> </u>	
			į		
		*See att	ached statement fo	rac	iditional information.

SHAREHOLDER 1 : DARYL E. BUNCH

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

SPSA0412L 12/11/17

Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows: Code Report on N Credit for employer social security and Report on See the Shareholder's See the Shareholder's instructions Passive loss O Backup withholding Schedule E. line 28, column (a) Passive income Other credits See the Shareholder's Instructions Nonpassive loss Schedule E. line 28, column (i) 14 Foreign transactions Nonpassive income See the Shareholder's Instructions A Name of country or U.S. possession Net rental real estate income (loss) B Gross income from all sources Other net rental income (loss) Form 1116, Part I Schedule E. line 28, column (a) Net income C Gross income sourced at shareholder level See the Shareholder's Instructions Net loss Foreign gross income sourced at corporate level Form 1040, line 8a A interest income D Passive category 5 a Ordinary dividends Form 1040, line 9a Form 1116, Part I F General category Form 1040, line 9b 5 b Qualified dividends Schedule E, line 4 Royalties Deductions allocated and apportioned at shareholder level Net short-term capital gain (loss) Schedule D. line 5 Interest expense Form 1116, Part I 8 a Net long-term capital gain (loss) Schedule D, line 12 H Other Form 1116, Part I 28% Rate Gain Worksheet, line 4 (Schedule D instructions) 8 b Collectibles (28%) gain (loss) Deductions allocated and apportioned at corporate level See the Shareholder's Instructions 8 C Unrecaptured section 1250 gain to foreign source income See the Shareholder's Instructions 9 Net section 1231 gain (loss) Passive category Form 1116, Part I Other income (loss) General category K Other Code See the Shareholder's Instructions A Other portfolio income (loss) Other information B involuntary conversions See the Shareholder's Instructions Total foreign taxes paid Form 1116, Part II Total foreign taxes accrued C Sec. 1256 contracts and straddles Form 6781, line 1 Form 1116, Part II Mining exploration costs recapture See Pub 535 Reduction in taxes available for credit Form 1116, line 12 O E Other income (loss) See the Shareholder's Instructions Foreign trading gross receipts Form 8873 See the Shareholder's Instructions Extraterritorial income exclusion Form 8873 11 Section 179 deduction Q Other foreign transa See the Shareholder's Instructions 12 Other deductions Alternative n A Cash contributions (50%) B Cash contributions (30%) C Noncash contributions (50%) See the Shareholder's (other than oil & gas) Noncash contributions (30%) Instructions and the Instructions for Form 6251 Oil, gas, & geothermal -- gross income Capital gain property to a 50% organization (30%) E Oil, gas, & geothermal - deductions Capital gain property (20%) F Other AMT items Contributions (100%) 16 Items affecting shareholder basis Investment interest expense Tax-exempt interest income Form 1040, line 8b ■ Deductions — royally income Schedule E, line 19 Other tax-exempt income J Section 59(e)(2) expenditures See the Shareholder's Instructions C Nondeductible expenses See the Shareholder's K Deductions - portfolio (2% floor) Schedule A, line 23 Instructions **D** Distributions Deductions - portfolio (other) Ĺ Schedule A. line 28 E Repayment of loans from shareholders M Preproductive period expenses See the Shareholder's Instructions 17 Other information Α Form 4952, line 4a Commercial revitalization deduction from Investment income See Form 8582 instructions rental real estate activities investment expenses Form 4952, line 5 Reforestation expense deduction See the Shareholder's Instructions Qualified rehabilitation expenditures (other than rental real estate) See the Shareholder's Instructions See Form 8903 instructions Domestic production activities information D Basis of energy property See the Shareholder's Instructions Qualified production activities income Form 8903, line 7b Recapture of low-income housing credit (section 42(j)(5)) Form 8903, line 17 R Employer's Form W-2 wages Form 8611, line 8 S Other deductions See the Shareholder's Instructions Recapture of tow-income housing credit (other) 13 Credits Form 8611, line 8 A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings G Recapture of investment credit See Form 4255 Recapture of other credits See the Shareholder's Instructions Low-income housing credit (other) from pre-2008 buildings Look-back interest - completed long-term contracts See Form 8697 Low-income housing credit (section 42(j)(5)) from post-2007 buildings Look-back interest - income forecast method See Form 8855 Dispositions of property with section 179 deductions See the Shareholder's Instructions Low-income housing credit (other) from post-2007 buildings Recapture of section 179 deduction M Section 453(I)(3) information Qualified rehabilitation expenditures (rental N Section 453A(c) information Other rental real estate credits Section 1260(b) information G Other rental credits Interest allocable to production expenditures See the Shareholder's Instructions CCF nonqualified withdrawals Form 1040, line 73, box a H Undistributed capital gains credit Depletion information - oil and gas Biofuel producer credit Work opportunity credit See the Shareholder's Instructions K Disabled access credit Section 108(i) information Empowerment zone employment credit U Net investment income M Credit for increasing research activities Other information

BOX 16 ITEMS AFFECTING SHAREHOLDER BASIS

* DESCRIPTIVE INFORMATION

C DISALLOWED MEALS AND ENTERTAINMENT. \$

3,099.

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2017	FEDERAL STATEMENTS	PAGE 1
CLIENT 2415	NETWORK IMPLEMENTATION CONSULTING, INC.	34-1936688
4/05/18		02:09PN
AUTO AND TRUCK EX	PENSE \$	3,930. 7,578. 354.
DELIVERY AND FREI INSURANCE MEALS AND ENTERTA OFFICE EXPENSE OUTSIDE SERVICES	GHT	354. 81. 350. 3,100. 3,595. 4,180. 68.
TELEPHONE	TOTAL \$	3,317. 1,972. 28,525.
STATEMENT 2 FORM 1120S, SCHEDI CHARITABLE CONTR	ULE K, LINE 12A	
CASH CONTRIBUTION:	S - 50% LIMITATION	150. 150.
STATEMENT 3 FORM 1120S, SCHEDI NONDEDUCTIBLE EX	S - 50% LIMITATION TOTAL \$ S ULE K, LINE 16C PENSES AND ENTER AINMENT TOTAL \$ TOTAL \$. "
DISALLOWED MEALS A	and enterminment	3,099. 3,099.
STATEMENT 4 FORM 1120S, SCHEDU	JLE M-2, COLUMN A, LINE 5	
OTHER REDUCTIONS		
OTHER REDUCTIONS	AND ENTERTAINMENT TOTAL \$	150. 3,099. 3,249.

2017

GENERAL ELECTIONS

PAGE 1

CLIENT 2415

NETWORK IMPLEMENTATION CONSULTING, INC.

34-1936688

4/05/18

02:09PM

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE CORPORATION HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION $1.263\,(\text{A})-1\,(\text{F})$.

NETWORK IMPLEMENTATION CONSULTING, INC. 7257 FORMBY DRIVE SOLON, OH 44139 34-1936688

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(Rev. February 2018)

Department of the Treasury Internal Revenue Service

Change of Address or Responsible Party — Business > Please type or print. > See instructions. > Do not attach this form to your return.

► Go to www.irs.gov/Form8822B for the latest information.



-	are a tax-exempt organization (see	instructions), check here		SCOULT H
1		and other business returns (Forms 720, 940, 941, 990, 1041, 1	1065, 1120, etc.)
•	Employee plan returns (Form			
2		5 0000, 0000-LE, etc./		
3	X Business location			
4 a	Business name			4 b Employer Identification number
	NETWORK IMPLEMENTATION	M CONSILTING INC	•	34-1936688
5	Oid mailing address (no., street, roo also complete spaces below, see	m or suite no., city or town, sta		
	32127 SPRINGSIDE LANE			
	SOLON, OH 44139 Foreign country name		Foreign province/county	Foreign postal code
	Foreign country name		Poreign province/coding	Poreign postal code
6	New mailing address (no., street, roo also complete spaces below, see 7257 FORMBY DRIVE		ate, and ZIP code). If a P.O. box, se	e instructions. If foreign address,
	SOLON, OH 44139	<u></u>		
	Foreign country name		Foreign province/county	Foreign postal code
7	New business location (no., street below, see instructions. 7257 FORMBY DRIVE			eign address, also complete spaces
	SOLON, OH 44139		~ T WIT	
	Foreign country name	_ 11	ore in province/county	Foreign postal code
			Poreitin province/county	Foreign postal code
9a	Foreign country name New responsible party's name		ore in province/county	Foreign postal code
9a 10	New responsible party's name New responsible party's SSN, ITII Signature Daytime telephone number of pers	N, or EIN	ore in province/county	Foreign postal code
9a	New responsible party's name New responsible party's SSN, ITII Signature Daytime telephone number of pers	son to contact (optional)	ore in province/county	Foreign postal code

° 27

Regional Income Tax Agency RITA Net Profit Tax Return

RITA's eFile Easy, Fast, Free & Secure www.ritaohio.com

The first consider dail of large stress there is a super-

Contact us toll free: Cleveland Columbus Youngstown TOD Fax

الأستأه ألاستانا فتساد

1.800.860.7482 1.866.721.7482 1.866.750.7482 440.526.5332 440.922.3536

FOR CALENDAR YEAR 2017 OR FISCAL YEAR BEGINNING AND ENDING			
The federal return MUST be attached to be considered a complete tax return. Please also attach schedules an	d.1099-MIS	C to av	oid delays/
•	V. O.		
	· · · · ·	24 37 14	64 N
Check if:		_	T mutanaisa
		_ L	Extension
Amended Return Out of Business			
Consolidated Return (Attach Form 851) Alternate Method			
Consolidated filer with 80% ownership of a Pass-Through Entity (see instructions)			
Federal Busin			
	isiness Act	iivity <u>T</u>	OICE/DATA SAL
X S CORPORATION ESTATE TRUST			
Company Name			ication Number
NETWORK IMPLEMENTATION CONSULTING, INC.	34-19	<u> 3668</u>	8
Address # Street	Su	uite#	
7257 FORMBY DRIVE			
City	Sta	ate	Zip Code
SOLON	01	H	44139
1 INCOME PER ATTACHED FEDERAL RETURN			
(per attached Federal Form 1120 (Line 28), 1120S (Sch. K - Line 18), 990T (Line 30), 1065 (Sch. K - Analy	sis		
of Net Income (Loss), Page 5 - Line 1), 1041 (Line 17) or the equivalent)		1 _	14,825.
A LITTLE NOT DEPLICATION FOR SOME AND A COLUMN AND A COLU	8.11	~ .	
2 A. ITEMS NOT DEDUCTIBLE (from Page 3, Schedule X, Line G)	Add	2A_	
B. ITEMS NOT TAXABLE (from Page 3, Schedule X, Line Q)	. Deduct	2B_	
C. ENTER EXCESS OF LINE 2A OR 2B.		2C_	
3 A. ADJUSTED FEDERAL TAXABLE INCOME			
(Line 1 plus or minus Line 20) if Schedule X is used	• • • • • • • • • • • • • • • • • • • •	3A_	14,825.
2 A. ITEMS NOT DEDUCTIBLE (from Page 3, Schedule X, Line G) B. ITEMS NOT TAXABLE (from Page 3, Schedule X, Line Q). C. ENTER EXCESS OF LINE 2A OR 2B. 3 A. ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus Line 2C) if Schedule X is used. B. AMOUNT ALLOCABLE TO RITA If Schedule Y, Page 4 is used C. LESS ALLOWABLE NET LOSS			
If Schedule Y, Page 4 is used% if the 3A	• • • • • • • •	3B_	
C. LESS ALLOWABLE NET LOSS			
Per previous Municipal Income Tax Returns (submit schedule)	►	3C_	
4 AMOUNT SUBJECT TO MUNICIPAL INCOME TAX			
(Line 3A or 3B less Line 3C)	🏲	4 _	14,825.
5 MUNICIPAL INCOME TAX DUE (see instructions)			
NOTE: Must equal Schedule B on Page 2		5	297.
6A. PAYMENTS ON DECLARATIONS OF ESTIMATED MUNICIPAL INCOME TAX		6 A	
B. AMOUNT OF PREVIOUS YEAR CREDITS		6B	594.
C. TOTAL CREDITS ALLOWABLE (Line 6A + 6B)	►	6C_	594.
7A. BALANCE DUE (Line 5 less Line 6C)		_	
AMOUNT PAYABLE TO RITA MUST ACCOMPANY THIS FORM		7 A	0.
B. OVERPAYMENT CLAIMED		_	
(if Line 6C exceeds Line 5 enter difference here and check the desired box),		7B	297.
Refund		_	
(Overpayments cannot be split between refund and credit)			
Credit X			
			Page
			1
			[1

(Rev December 2017)

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns File a separate application for each return. Go to www.irs.gov/Form7004 for instructions and the latest information.

OMB No. 1545-0233

Department of the Treasury

		Name				Identifying numb	er
Prir	•	NETWORK IMPLEMENT	ATTON CONSULTING	TNC		34-19366	
	ıı	Number, street, and room or suite no		110.		154 15500	
or Typ		7257 FORMBY DRIVE			'		
ıур		City, town, state, and ZIP code (If a f	oreign address, enter city, province o	r state, and country (follow	the country's practice for ente	ering postal code)).	
		SOLON, OH 44139					
		st for extension by the due date of the			 -	-	
Par	ti Auto	matic Extension for Ce	rtain Business Incom	e Tax, Informatio	on, and Other Retu	ı ms. See in	structions.
_1	Enter the fo	orm code for the return listed	below that this application	is for	<u></u>	<u></u>	25
Appl	lication		Form Code	Application is For:			Form Code
	706-GS(D)		01	Form 4120 NB			<u>219</u>
	706.GS(T)		. is 2 5 02	Form 1120-ND (sec	tion 4951 taxes)		20
A 425 V.C.		kruptcy estate only)	03	Forme(1/20 PC)			221
		omer trån a Carkrupity estat		Form 1120-POL			22
	1041 (trust)	Section of the sectio	05	Form N. 120-REH			23.8
	(31041AN)		2 06	Form 1120-RIC			24
3 37.27.75	1041-QFT		07	Form 31205 - 3			美 25 ≙高
-	3042			Form 1120-SF			26
\$200.00	1065		09	Eorn 3520-A	1944	12.6	274.1
Förm	1065-B	THE DESCRIPTION OF	44 22 103	Form 8612			28
0.222	1066		11	Form 8613			29
Forn	1.U20 xx3		12	Form 8725	-1		30
Form	ı 1120-C		34	Form 8804 📥			**#31 ' **
Forfi	1120 F 14		15	Form 88	71-		32
	1120-FSC		16	Fd m 887			33
Form	M120.H		1	Form 8924			35
Form	1120-L		- V 14-	Form 8928			36
Par	tili All F	ilers Must Complete Th	EAL				
	4 4	nization is a foreign corporati		ffice or place of busi	ness in the United Sta	tes, check her	e ► 🗍
3	If the organ	nization is a corporation and attach a statement listing the this application.	is the common parent of a	group that intends to	file a consolidated re	turn, check he	ليبا
4	If the organ	nization is a corporation or pa	artnership that qualifies und	er Regulations sections	on 1.6081-5, check he	re	► 📋
5 a	The applica	ation is for calendar year 20	$\underline{17}$, or tax year beginning	,2	0, and ending _	 -	, 20
b	Short tax y	rear. If this tax year is less the	an 12 months, check the re	ason: 🔲 Initial re	eturn [Final	return	
	Change	in accounting period	Consolidated return to be	filed Other (s	ee instructions - attach	explanation)	
6	Tentative to	otal tax		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	6	0.
7	Total paym	ents and credits (see instruc	tions)	•••••••	• • • • • • • • • • • • • • • • • • • •	7	0.
8	Balance du	ue. Subtract line 7 from line 6	(see instructions)	····		8	0.
BAA	For Privacy	Act and Paperwork Reduction	Act Notice, see separate ins	nuctions.	CPCZ0701L 09/11/17	Form 7004	(Rev 12-2017)

FORM 27

umahay ilia

SCHEDULE B - DISTRIBUTION OF TAX WITHIN RITA MUNICIPALITIES
TOTAL TAX DISTRIBUTED BELOW MUST EQUAL AMOUNT FROM PAGE 1, LINE 5 Note: For each separate municipality listed below, if Tax Due is \$10 or less, enter -0-. (if more space is needed, attach additional schedule)

Municipality Name	Taxable Incon	ne / Loss	Tax Rate	Tax Due
SOLON	1	4,825.	2.0000 %	297.
			%	
			· · · · · · · · · · · · · · · · · · ·	
	COMPUTATION OF	ESTIMATED T	TAX	
ESTIMATED TAX DISTRIBUTION FROM (if more space is needed, attach addition				
Municipality Name	Taxable Incom	ne / Loss	Tax Rate	Tax Due
SOLON	1	4,825.	2.0000 %	297.
			*	
	,		%	
8 A. ESTIMATED TAX (from distribution	a above)		······································	8A <u>297.</u>
B. CREDIT (if any) FROM PRIOR YEA	AR (7B)	T[]		8B <u>297.</u>
C.LINE 8A LESS LINE 8B	NC)		8C
D. AMOUNT PAID (not less than 1/4 o (IF LINE 8A IS LEFT BLANK AN ES TAX LIABILITY AND MUNICIPAL D	STIMATOWILL BE CREATED FO	R YOU BASED	ON YOUR PRIOR YEAR'S	
9 TOTAL OF 7A + 8D		• • • • • • • • • • • • • • • • • • • •		9
MAKE CHECKS PAYABLE TO RITA				
The federal return MUST be attached to be onotices from RITA, please also attach all			processing delays and	
I CERTIFY I HAVE EXAMINED THIS RET KNOWLEDGE AND BELIEF, IT IS TRUE, CO FEDERAL INCOME TAX PURPOSES.	TURN, INCLUDING ACCOMPANY	NG SCHEDUL	ES AND STATEMENTS AN SED HEREIN ARE THE SAMI	D TO THE BEST OF MY E AS USED FOR
	ICHOLAS M. FANOUS	NICHOLZ PRINT NAME	AS M. FANOUS	
PRINT NAME			AST NINTH STREET, AND, OH 44114	SUITE 1050
PRESIDENT (440		(216) PREPARER'S		& COMPANY, CPAS
RENIT RETURN WITHOUT PAYMENT TO: REGIONAL INCOME TAX AGENCY P.O. BOX 89475 CLEVELAND, OH 44101-6475 www.ritaohio.com	May RITA discuss this return with the preparer shown above? X Yes No	REMIT RETORES	TURN WITH PAYMENT INAL INCOME TAX AGENCY	Page 2 2 27517

OHYM0712L 01/05/18

1801 EAST NINTH STREET, SUITE 1050 CLEVELAND, OHIO 44114

FORM 27

SCHEDULE X - ADJUSTMENT TO FEDERAL INCOME TAX RETURN

(attach supporting statement for line items utilized below)

ľ	ΓE	М	21	A	ł	വ	Г	n	E	וח	H	\sim	۲ı		ΙF
,		п		ŧ١	ľ	v.	ŀ	u	Е.	Ľ	u			Ю	ᇆ

A.	LOSSES THAT DIRECTLY RELATE TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF AN ASSET DESCRIBED IN 1221 OR 1231 OF THE IRC	
В.	TAXES BASED ON INCOME	
C.	5% OF THE AMOUNT DEDUCTED AS INTANGIBLE INCOME EXCLUDING THE PORTION DIRECTLY RELATED TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF PROPERTY DESCRIBED IN 1221 OF THE IRC	
D.	AMOUNTS PAID OR ACCRUED TO QUALIFIED SELF-EMPLOYED RETIREMENT AND HEALTH AND LIFE INSURANCE PLANS FOR OWNERS OR OWNER-EMPLOYEES OF NON-C CORPORATION ENTITIES	
E.	REIT'S AND RIC'S - ALL AMOUNTS WITH RESPECT TO DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO THE BENEFIT OF INVESTORS AND ALLOWED AS A DEDUCTION	
F.	OTHER: (ATTACH EXPLANATION)	·
G.	TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A)	
	ITEMS NOT TAXABLE	
N.	INCOME AND GAINS — FEDERALLY REPORTED INCOME AND GAINS FROM IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME AND GAINS APPLY TO THOSE DESCRIBED IN 1245 OR 1250 OF THE IRC	
Ο.	INTANGIBLE INCOME SUCH AS INTEREST, DIVIDEND, PATENT, AND COPYRIGHT JASONE, ALSO INCLUDE ROYALTY INCOME EXCEPT ROYALTIES DERIVED FROM IT SELECTION AND (i.e. OIL AND GAS RIGHTS, ETC.) OTHER: PASS-THROUGH INCOME (LOSS) TOTAL DEDUCTIONS (ENTER ON LINE 18)	
P.	OTHER: PASS-THROUGH INCOME (LOSS)	
Q.	TOTAL DEDUCTIONS (ENTER ON LINE 18)	

AFTI WORKSHEET

ADJUSTED FEDERAL TAXABLE INCOME For use by taxpayers that are NOT C Corporations

- 1 Federal Form 1120S (S Corporations) Sch. K Line 18
- 2 Federal Form 1065 (Partnerships, LLC's, LLP's) Sch. K Analysis of Net Income (Loss), Page 5 Line 1
- 3 Federal Form 1041 (Estates, Trusts) Page 1 Line 17

		F	orm 1120S	Form 1065	Form 1041
a	From Federal Return (above)	\$	14,825.	\$	\$
b	Excess 179 Deduction / Carryover				
C	Charitable Contribution — In Excess of 10% Limitation				
d	Other:				
е	'ADJUSTED FEDERAL TAXABLE INCOME'	\$	14,825.	\$	\$

FORM 27

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA (See Instructions)

SOLON			A. LOCATED EVERYWHERE		B. RITA MUNICIPALITY		C. PERCENTAGE (B / A)
STEP 1	AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY	ŝ		ŝ			
	GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$		\$			
	TOTAL OF STEP 1	\$		\$		0.	8
STEP 2	COMPENSATION PAID TO ALL EMPLOYEES	\$		\$			8
STEP 3	GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	\$		\$		0.	9.
STEP 4	TOTAL OF PERCENTAGES		• • • • • • • • • • • • • • • • • • • •				8
STEP 5	AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES	BY	NUMBER OF PERCEN	TAG	ES USED)		8
			A. LOCATED EVERYWHERE	•	B. RITA MUNICIPALITY		C. PERCENTAGE (B / A)
STEP 1	AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY.	\$		\$. ,
	GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$		\$			

1				
STEP 1	AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY	\$	\$	
	GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$	\$	
	TOTAL OF STEP 1	\$	\$	8
STEP 2	TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$	\$	%
STEP 3	GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	\$	£1	%
STEP 4	TOTAL OF PERCENTAGES			%
STEP 5	AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES	BY NUMBER OF PIR E	WAGES USED)	%

	~ N	C	A LOCATED EVERYWHERE	B. RITA MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1	AVERAGE ORIGINAL COST OF REAL C	\$	\$		
	GROSS ANNUAL RENTALS MULTIPLES BY 8	\$	\$		
1	TOTAL OF STEP 1	\$	\$		કૃ
STEP 2	TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$	\$		ok Ok
STEP 3	GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	\$	\$		8
STEP 4	TOTAL OF PERCENTAGES				96
STEP 5	AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES	BY	NUMBER OF PERCENTAG	ES USED)	8

SCHEDULE Y-1: RECONCILIATION OF SCHEDULE Y WAGES TO WITHHOLDING RETURNS

- 1 Total workplace RITA wages shown on your withholding tax returns filed for the year covered by this return.
- 2 Attach explanation of any difference between total wages remitted and total wages shown on Schedule Y above.

TOTAL Sum all STEP 5 percentages for each municipality, enter on Page 1, Line 3B.

3 Provide the Company Name, and Federal Identification Number under which the withholding tax was remitted, if different than information on page 1.

Company Name

Federal Identification Number

NETWORK IMPLEMENTATION CONSULTING, INC.

34-1936688

SCHEDULE Z: PASS-THROUGH DISTRIBUTIVE SHARES OF NET INCOME

Attach a schedule of each partner's/shareholder's name, social security number, distributive share, guaranteed payments (if applicable) and taxable percentage.

SCHEDULE ZZ: CONSOLIDATED RETURN INFORMATION

If filing a consolidated return, you must attach Federal Form 851 or a schedule listing each name, address and employer identification number.

Page 4

NETWORK IMPLEMENTATION CONSULTING, INC. 7257 FORMBY DRIVE SOLON, OH 44139 (440) 389-1070

April 5, 2018

Daryl E. Bunch 7257 Formby Drive Solon, OH 44139

RE:

Network Implementation Consulting, Inc. 34-1936688 2017 S Corporation Schedule K-1 (Form 1120S)

Dear Daryl E. Bunch:

Enclosed is your 2017 Schedule K-1 (Form 1120S) Shareholder's Share of Income, Deductions, Credits, Etc. from Network Implementation Consulting, Inc.. This information reflects the amounts you need in order to complete your income tax return. The amounts shown are your distributive share of tax items from the S Corporation to be reported only ur tax return and may not correspond to the actual distributions you have received during the pear. This information is included in the S Corporation's 2017 federal income as return in a was filed with the Internal Revenue Service.

If you have any questions content in mis information, please contact us immediately.

Sincerely,

Network Implementation Consulting, Inc.

Enclosure(s)

C.L			Final K-1	Amended	K-1	671117 OMB No. 1545-012
(Fon	nedule K-1 2017 m 1120S) riment of the Treasury at Revenue Service For calendar year 2017, or tax year	<u> </u>	Part III.	Shareholder's Sha Deductions, Cred		of Current Year Income,
	at Revenue Service Policeira year 2017, or tax year eginning / / 2017 ending / /	1	Ordinary	business income (loss) 14,975.		
	areholder's Share of Income, Deductions,	2	<u>.</u>	eal estate income (loss)		Ţ
	edits, etc. See page 2 of form and separate instructions.	3	Other net	t rental income (loss)		
	Corporation's employer identification number	4	Interest in	ncome		† -
	34-1936688	5 a	Ordinary o	dividends		
В	Corporation's name, address, city, state, and ZIP code NETWORK IMPLEMENTATION CONSULTING, INC. 7257 FORMBY DRIVE	5 b	Qualified	dividends	14	Foreign transactions
	SOLON, OH 44139	6	Royalties			
C	IRS Center where corporation filed return	7	Net short-	-term capital gain (loss)	 -	
	E-FILE	8 a	Net long-t	term capital gain (loss)		
	Information About the Shareholder Shareholder's identifying number	86	Collectible	es (28%) gain (loss)		
į	Shareholder's name, address, city, state, and ZIP code	8 c	Unrecaptu	ured section 1250 gain		
	DARYL E. BUNCH 7257 FORMBY DRIVE	9	Net sectio	on 1231 gain (loss)		
	SOLON, OH 44139	10	Other inco	TIZO PIC	15	Alternative minimum tax (AMT) items
_	Shareholder's percentage of stock		1,			
	Shareholder's percentage of stock ownership for tax year					
	V					
					Ī	
		11	Section 17	79 deduction	16 C*	Items affecting shareholder basis 3,099.
F O R		1 1	Other ded	·		J
1		A	ļ- -	<u>150.</u>	D 	12,530.
R S		Γ-†	}- 		 	
U S E		[-+	 		- - -	
O N	CONTRACTOR AND AND AND AND A	[}		17	Other information
Ľ	NEWMAN & COMPANY, CPAS CERTIFIED PUBLIC ACCOUNTANTS	Γ - †	} -			
	1801 EAST NINTH STREET, SUITE 1050 CLEVELAND, OHIO 44114	+				
	(p)216.781.6106 (f)216.781.6447	 †				
			*See att	ached statement fo	r ac	 ditional information.

Credit for increasing research activities

SHAREHOLDER 1 : DARYL E. BUNCH

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows: Code Report on Credit for employer social security and Medicare taxes Report on See the Shareholder's Instructions See the Shareholder's Instructions Passive loss Backup withholding Schedule E, line 28, column (g) Passive income Other credits See the Shareholder's Instructions Nonpassive loss Schedule E. line 28, column (i) 14 Foreign transactions Nonpassive income See the Shareholder's Instructions Net rental real estate income (loss) A Name of country or U.S. possession Other not rental income (loss) B Gross income from all sources Form 1116, Part I Net income Schedule E, line 28, column (g) Gross income sourced at shareholder level See the Shareholder's Instructions Net loss Foreign gross income sourced at corporate level Form 1040, line 8a 4 Interest income D Passive category 5 a Ordinary dividends Form 1040, line 9a Form 1116, Part I E General category Form 1040, line 9b 5 b Qualified dividends Other Schedule E, line 4 Royallies Deductions allocated and apportioned at shareholder level Net short-term capital gain (loss) Schedule D. line 5 G Interest expense Form 1116, Part I Schedule D, line 12 8 a Net long-term capital gain (loss) Other Form 1116, Part ! 28% Rate Gain Worksheet, line 4 (Schedule D instructions) 8 b Collectibles (28%) gain (loss) Deductions allocated and apportioned at corporate level See the Shareholder's instructions **B** C Unrecaptured section 1250 quin to foreign source income See the Shareholder's Instructions 9 Net section 1231 gain (loss) Passive category Form 1116, Part I General category 10 Other income (loss) Code K Other A Other portfolio income (loss) See the Shareholder's instructions Other information See the Shareholder's Instructions L Total foreign taxes paid Form 1116, Part II B Involuntary conversions C Sec. 1256 contracts and straddles Form 6781, line 1 W Total foreign taxes accrued Form 1116, Part II D Mining exploration costs recapture See Pub 535 N Reduction in taxes available for credit Form 1116, line 12 O E Other income (loss) See the Shareholder's Instructions Foreign trading gross receipts Form 8873 11 Section 179 deduction See the Shareholder's instructions Extraterritorial income exclusion Form 8873 See the Shareholder's Instructions 12 Other deductions Other foreign transact A Cash contributions (50%) Alternative AMT) items R Cash contributions (30%) C Noncash contributions (50%) See the Shareholder's D Noncash contributions (30%) (other than oil & gas) Instructions and the Instructions for Form 6251 Oil, gas, & geothermal - gross income Capital gain property to a 50% organization (30%) Oil, gas, & geothermal - deductions Ε Capital gain property (20%) F Other AMT items Contributions (100%) 16 Items affecting shareholder basis H Investment interest expense A Tax-exempt interest income Form 1040, line 8b Schedule E. line 19 Deductions - royalty income Other tax-exempt income See the Shareholder's Instructions Section 59(e)(2) expenditures C Nondeductible excenses See the Shareholder's K Deductions - portfolio (2% floor) Schedule A. line 23 Instructions Distributions L Deductions - partfolio (other) Schedule A. line 28 E Repayment of loans from shareholders M Preproductive period expenses See the Shareholder's Instructions 17 Other information A Investment income Form 4952, line 4a Commercial revitalization deduction from rental real estate activities See Form 8582 instructions Investment expenses Form 4952, line 5 See the Shareholder's Instructions Reforestation expense deduction Qualified rehabilitation expenditures (other than rental real estate) See the Shareholder's Instructions Domestic production activities information See Form 8903 instructions Basis of energy property See the Shareholder's Instructions Form 8903, line 7b Qualified production activities income Recapture of low-income housing credit (section 42(j)(5)) R Employer's Form W-2 wages Form 8903, line 17 Form 8611, line 8 S Other deductions See the Shareholder's Instructions Recapture of low-income housing credit (other) Form 8611, line 8 13 Credits Low-income housing credit (section #2(j)(5)) from pre-2008 buildings Recapture of investment credit See Form 4255 Recapture of other credits See the Shareholder's Instructions Low-income housing credit (other) from pre-2008 buildings В Look-back interest -- completed long-term contracts See Form 8697 Look-back interest - income forecast method See Form 8866 Low-income housing credit (section 42(i)(5)) from post-2007 buildings K Dispositions of property with section 179 deductions See the Shareholder's Instructions Low-income housing credit (other) from post-2007 buildings Recapture of section 179 deduction Section 453(I)(3) information Qualified rehabilitation expenditures (rental real estate) Section 453A(c) information Other rental real estate credits Section 1260(b) information See the Shareholder's Other rental credits Interest allocable to production expenditures H Undistributed capital gains credit Form 1040, line 73, box a **Q** CCF nonqualified withdrawals instructions Depletion information - oil and gas Biofuel producer credit Work opportunity credit Reserved See the Shareholder's Instructions Section 108(i) information Disabled access credit T Empowerment zone employment credit Net investment income

Other information

SPSA0412L 12/11/17

SCHEDULE K-1 (FORM 1120S) 2017 SUPPLEMEN

SUPPLEMENTAL INFORMATION

PAGE 3

BOX 16 ITEMS AFFECTING SHAREHOLDER BASIS

* DESCRIPTIVE INFORMATION

C DISALLOWED MEALS AND ENTERTAINMENT.....\$

3,099.

DO NOT MAIL

Ohio Shareholder Summary

Shareholder's Share of Income, Deductions, Modifications and Credits

of the Marian and the second of the second o

2017

	For calendar year 2017 or lax year beginning	, 2017 and ending					
Shareholder's Identifying number ***-****		S Corporation's Identifying number > 34-1936688					
Shareholder No. 1		S Corporation's name, address and ZIP code					
Shareholder's nam	e, address and ZIP code						
DARYL E. BUN	NCH	NETWORK IMPLEMENTATION CONSULTING, INC.					
		7257 FORMBY DRIVE					
7257 FORMBY	DRIVE	SOLON, OH 44139					
SOLON, OH 44	1139						

Distributive Share Items — Ohio Pass-Through Return IT 1140			Amount
1	Bonus depreciation addback	1_	<u>.</u>
2	Bonus depreciation deduction	2	
3	Bonus section 179 addback	3	
4	Bonus section 179 deduction	4	
5	Net credits	5	

BONUS DEPRECIATION DEDUCTION AND SECTION 170 DEDUCTION SHOULD BE VERIFIED IF OWNERSHIP PERCENTAGE HAS CHANGED SINCE ORIGINAL ALDRACT.

Ohio Cities Shareholder's Share of Income and Tax Paid 2017 Shareholder Summary For calendar year 2017 or tax year beginning , 2017 and ending Shareholder's Identifying Number ***-**-** S Corporation's Identifying Number 34-1936688 Shareholder's name, address, and ZIP Code S Corporation's name, address and ZIP Code DARYL E. BUNCH NETWORK IMPLEMENTATION CONSULTING, INC. 7257 FORMBY DRIVE 7257 FORMBY DRIVE 44139 OH SOLON SOLON Shareholder's percentage of stock ownership for the tax year..... 100.000000 %

City NameAmount Taxable Tax RateTax PaidAmended FinalSOLON14,825.2.00297.

DO NOT MAIL

SEC Filings

Network Implementation Consulting, Inc. is not required to file with the SEC because it is a privately held S-Corp.

)

Financial Statements

Please see Exhibit C-1 & enclosed 2016 & 2017 Tax Returns

Financial Arrangements

Not Applicable – NIC does not conduct CRES as a business activity

Exhibit C-5

Forecasted Financial Statements

a result I will spend less time selling Energy in 2018 and 2019. Furthermore, when I renew customers the lower margins will result 2018 will look similar to 2017 but with declining revenues due to increased competition, rising rates and much lower margins. As

in lower revenues.

gy Residuals TOTAL Revenue from Energy 2016 \$7,850.00 \$8,150.00 :5 (\$2,000.00) VUE \$6,150.00	gy Residuals TOTAL Revenue from Energy 2017 \$31,298.00 \$31,559.00 :5 (\$23,473.00)	Finergy Residuals Estimated TOTAL Revenue from Energy 2018 \$20,000.00 \$20,000.00 \$20,050.00 PENSES \$5,050.00 \$5,050.00
2016 Integrity Energy Residuals EXPENSES NET REVENUE	2017 Integrity Energy Residuals \$ EXPENSES NET REVENUE	2018 Estimated Integrity Energy Residuals \$20,00 ESTIMATED EXPENSES NET REVENUE
2016 AEP Residuals \$300.00	2017 AEP Residu als \$261.00	2018 Estimated AEP Residuals \$50.00

Credit Rating

Please see the following personal credit reports.

I guarantee the obligations of the applicant.

Daryl Bunch

President

Network Implementation Consulting, Inc.

)



Prepared for DARYL BUNCH

Personal & Confidential

Date Generated May 22, 2018 Report Number 0198-1124-15

At a Glance

37 Accounts

O Public Records

4 Hard Inquiries

Personal Information

∧ Names

13 Addresses

4 Employers

7 Other Records

This information is reported to us by you, your creditors and/or other sources. Each source may report your information differently, which may result in variations of your name, address, Social Security number, etc. This is used for identification purposes only and does not factor into your Credit Score.

Names

DARYL E BUNCH Name ID #31412 DARYL BUNCH Name ID #30013 DARYL C BUNCH Name ID #967 DARYLE E BUNCH Name ID #1537

Addresses

7257 FORMBY DR SOLON, OH 44139-7038 Address ID #0637879716 Single family 30015 ASHTON LN BAY VILLAGE, OH 44140-1712 Address ID #0095133452 Single family 2619 PIEDMONT CT WESTLAKE, OH 44145-2976 Address ID #0226663967 Single family 35350 CHESTER RD AVON, OH 44011-1255 Address ID #0093798182 Single family

5201 ANNABELLES GRN NEW ALBANY, OH 43054-8606 Address ID #0291283195 Single family

30559 ATLANTA LN WESTLAKE, OH 44145-1882 Address ID #0095212456 Single family 100 MAIDEN LN APT809 NEW YORK, NY 10038-4876 Address ID #0614266954 Apartment complex 8546 NORTHBLUFF LN POWELL, OH 43065-8084 Address ID #0544413405 Single family

425 W LAKESIDE AVE APT501 CLEVELAND, OH 44113-1027 Address ID #0250223271 Apartment complex 6105 RED WINESAP WAY DUBLIN, OH 43016-7829 Address ID #0377980948 Single family 425 W LAKESIDE AVE APT310 CLEVELAND, OH 44113-1026 Address ID #0094560055 Apartment complex 8596 PENFIELD DR SAGAMORE HILLS, OH 44067-3408 Address ID #0322580850 Single family

298 BRADLEY RD BAY VILLAGE, OH 44140-1175 Address ID #0095131428 Single family

Year of Birth				
1970				
Phone Numbers				
(614) 316-0777	(614) 339-4525	(740) 881-0831		
Spouse or Co-Applicat	nt			
MELISSA				
Employers		,		
NETWORK IMPLEMENTATION CONSULTIN	NIC	LUMENIS	NIC	
Notices				
This address has pertained to a business: 7257 FORMBY DR SOLON OH 44139.				
ENGINEERING-MANAGEMENT SERV	ICE: 7257 FORMBY DR, SOLON, OH, 441	39 .		

Accounts

Includes credit cards, retail credit cards, real estate loans and installment loans. This information is reported to the credit bureaus from your creditors.

AMERICAN EXPRESS

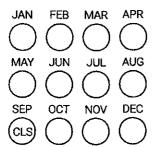
Account Name	AMERICAN EXPRESS	Balance	-
Account Number	349991XXXXXXXXX	Balance Updated	-
Account Type	Credit card	Recent Payment Amount	-
Responsibility	Individual	Monthly Payment	\$0
Date Opened	04/28/2006	Credit Limit	\$22,500
Status	Paid, Closed/Never late.	Highest Balance	\$481
Status Updated	09/19/2009	Terms	NA
		On Record Until	Sep 2019

Payment History

LEGEND



2009



Historical Info

First Reported 09/2009

Creditor Info

 Phone Number
 (800) 874-2717

 Address
 PO BOX 981537 EL PASO, TX 79998

Comment

Account closed at consumer's request.

BANK OF AMERICA

Account Name	BANK OF AMERICA	Balance	\$0
Account Number	749745XXXXXXX	Balance Updated	04/08/2011
Account Type	Line of Credit	Recent Payment Amount	\$0
Responsibility	Individual	Monthly Payment	\$0
Date Opened	01/29/2004	Credit Limit	\$23,500
Status	Closed/Never late.	Highest Balance	\$20,162
Status Updated	04/08/2011	Terms	NA
		On Record Until	Apr 2021

Payment History

LEGEND

OK Current on payments

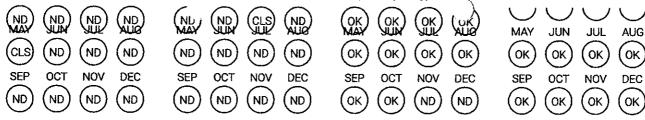
ND No data for this time period

CLS Closed

2011	2010	2009	2008
JAN FEB MAR APR	JAN FEB MAR APR	JAN FEB MAR APR	JAN FEB MAR APR
(ND) (ND) (CLS)	(ND) (ND) (ND) (ND)	(ND) (ND) (ND) (ND)	(ND) (ND) (ND) (ND)
MAY JUN JUL AUG	MAY JUN JUL AUG	MAY JUN JUL AUG	MAY JUN JUL AUG
0000	(ND) (ND) (ND) (ND)	(ND) (ND) (ND) (ND)	(CLS) (ND) (ND) (ND)
SEP OCT NOV DEC	SEP OCT NOV DEC	SEP OCT NOV DEC	SEP OCT NOV DEC
0000	(ND) (ND) (ND) (ND)	(ND) (ND) (ND) (ND)	(ND) (ND) (ND)

2007 2006 2005 2004

JAN FEB MAR APR JAN FEB MAR APR JAN FEB MAR APR



Historical Info

First Reported 01/2004

Creditor Info

Phone Number (800) 421-2110

Address PO BOX 982238 EL PASO, TX

79998

Comment

Account closed at consumer's request.

BARCLAYS BANK DELAWARE

Account Name	BARCLAYS BANK	Balance	-
	DELAWARE		
		Balance Updated	-
Account Number	000094XXXXXXXXX		
		Recent Payment Amount	-
Account Type	Credit Card	-	
		Monthly Payment	\$0
Responsibility	Individual		
		Credit Limit	\$26,000
Date Opened	10/17/2008		·
		Highest Balance	\$3,684
Status	Paid, Closed/Never late.	_	*****
		Terms	1 Months
Status Updated	12/16/2009		
		On Record Until	Dec 2019

Payment History

LEGEND



Current on payments



Closed

2009	2008		
JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC OK OK OK OK CLS	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC OK OK OK		

Historical Info

First Reported

10/2008

Creditor Info

Phone Number

(866) 370-5931

Address

PO BOX 8803 WILMINGTON,

DE 19899

Comment

Account closed at consumer's request.

BARCLAYS BANK DELAWARE

Account Name	BARCLAYS BANK DELAWARE	Balance	\$1,544
		Balance Updated	05/06/2018
Account Number	000180XXXXXXXXX		
		Recent Payment Amount	\$153
Account Type	Credit Card		
		Monthly Payment	\$27
Responsibility	Individual		,
		Credit Limit	\$17,200

Date Opened 10/26/2001

Highest Balance

\$24,660

Status

Open/Never late.

Terms

NA

Status Updated

05/06/2018

Payment History

LEGEND



2018 JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG OK OK OK SEP OCT NOV DEC	JAN FEB MAR APR OK OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC OK OK OK OK	2016 JAN FEB MAR APR OK OK OK OK OK MAY JUN JUL AUG OK OK OK OK OK SEP OCT NOV DEC OK OK OK OK OK	JAN FEB MAR APR OK OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC OK OK OK OK
2014 JAN FEB MAR APR OK OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC OK OK OK OK	ZO13 JAN FEB MAR APR OK OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC OK OK OK OK	ZO12 JAN FEB MAR APR OK OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC OK OK OK OK	2011 JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC OK OK

Historical Info		Balance H	Balance History			
First Reported	11/2011	APR 2018	\$153 Balance	\$27 Scheduled Payment	\$2,800 Paid on 03/29/2018	
Creditor Info						
Phone Number	(866) 370-5931	MAR 2018	\$2,136 Balance	\$37 Scheduled Payment	\$200 Paid on 03/01/2018	
Address	PO BOX 8803 WILMINGTON,			J		

DE 19899

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	FEB 2018	\$1,56L Balance	\$27 Scheduled Payment	\$1,000 Paid on 01/31/2018
	JAN 2018	\$1,429 Balance	\$27 Scheduled Payment	\$1,747 Paid on 12/24/2017
	DEC 2017	\$1,747 Balance	\$27 Scheduled Payment	\$14,134 Paid on 11/08/2017
	NOV 2017	\$13,997 Balance	\$202 Scheduled Payment	\$200 Paid on 10/20/2017
	OCT 2017	\$14,134 Balance	\$174 Scheduled Payment	\$200 Paid on 09/13/2017
	SEP 2017	\$14,300 Balance	\$178 Scheduled Payment	\$160 Paid on 08/15/2017
	AUG 2017	\$14,424 Balance	\$144 Scheduled Payment	\$160 Paid on 07/18/2017
	JUL 2017	\$14,584 Balance	\$145 Scheduled Payment	\$160 Paid on 06/20/2017
	JUN 2017	\$14,744 Balance	\$147 Scheduled Payment	\$160 Paid on 05/12/2017
	MAY 2017	\$14,904 Balance	\$149 Scheduled Payment	\$160 Paid on 04/17/2017
	APR 2017	\$15,064 Balance	\$150 Scheduled Payment	\$160 Paid on 03/14/2017
	MAR 2017	\$15,224 Balance	\$152 Scheduled Payment	\$160 Paid on 02/15/2017
	FEB 2017	\$15,384 Balance	\$153 Scheduled Payment	\$360 Paid on 01/12/2017
	JAN 2017	\$15,781 Balance	\$194 Scheduled Payment	\$0 Paid on 11/23/2016
	DEC 2016	\$15,744 Balance	\$157	\$160

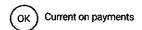
om/#/printReport?type=CDI&acr=true				
)	Scheduled Payment	Paid on 11/23/2016	
NOV 2016	\$15,904 Balance	\$159 Scheduled Payment	\$361 Paid on 10/14/2016	
OCT 2016	\$16,265 Balance	\$199 Scheduled Payment	\$0 Paid on 08/25/2016	
SEP 2016	\$16,228 Balance	\$162 Scheduled Payment	\$200 Paid on 08/25/2016	
AUG 2016	\$16,428 Balance	\$164 Scheduled Payment	\$450 Paid on 07/26/2016	
JUL 2016	\$16,878 Balance	\$169 Scheduled Payment	\$120 Paid on 06/16/2016	
JUN 2016	\$10,237 Balance	\$102 Scheduled Payment	\$270 Paid on 05/24/2016	
MAY 2016	\$6,745 Balance	\$94 Scheduled Payment	\$0 Paid on 12/15/2015	

BEST BUY/CBNA

Account Name	BEST BUY/CBNA	Balance	\$0
Account Number	603535XXXXXXXXXX	Balance Updated	05/04/2018
Account Type	Charge Card	Recent Payment Amount	\$0
Responsibility	Individual	Monthly Payment	\$141
Date Opened	03/05/2016	Credit Limit	\$4,500
Status	Open/Never late.	Highest Balance	\$3,713
Status Updated	05/04/2018	Terms	NA

Payment History

LEGEND



JAN FEB MAR APR JAN FEB MAR APR JAN FEB OK OK OK OK OK OK OK	2017 2016	2016
MAY JUN JUL AUG MAY JUN JUL AUG MAY JUN OK OK OK OK OK OK OK SEP OCT NOV DEC SEP OCT NOV DEC SEP OCT OK OK OK OK OK OK OK OK	OK OK OK OK OK OK OK OK OK OK OK OK OK O	OK OK OK OK OK OK DEC SEP OCT NOV DEC

Historical Info		Balance H	History		
First Reported	94/2016	APR 2018	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
Creditor Info					
Phone Number Address	(888) 237-8289 PO BOX 6497 SIOUX FALLS, SD	MAR 2018	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
	57117	FEB 2018	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
		JAN 2018	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
		DEC 2017	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
		NOV 2017	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
		OCT 2017	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
		SEP 2017	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016

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lan.com/#/printReport	:?type≕CDI&acr	=true	
AUG 2017	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
JUL 2017	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
JUN 2017	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
MAY 2017	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
APR 2017	\$0 Batance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
MAR 2017	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
FEB 2017	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
JAN 2017	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
DEC 2016	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
NOV 2016	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
OCT 2016	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
SEP 2016	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
AUG 2016	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
JUL 2016	\$0 Balance	\$141 Scheduled Payment	\$0 Paid on 05/26/2016
JUN 2016	\$0 Balance	\$141	\$0

MAY 2016

\$3,713

Balance

Scheduled Paid on
Payment 05/26/2016

\$141 \$0
Scheduled Paid on Invalid

date

Payment

BK OF AMER

Account Name	BK OF AMER	Balance	-
Account Number	9459XXXX	Balance Updated	-
Account Type	Mortgage	Recent Payment Amount	-
Responsibility	Individual	Monthly Payment	\$0
Date Opened	06/24/2005	Original Balance	\$288,000
Status	Paid, Closed/Never late.	Highest Balance	\$0
Status Updated	08/12/2013	Terms	30 Years
		On Record Until	Aug 2023
		Mortgage Agency Name	Freddie Mac ID
		Mortgage Identification Number	100017933150600550

Payment History

LEGEND

OK Current on payments CLS Closed

2013	2012	2011	2010
JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG OK OK OK CLS SEP OCT NOV DEC	JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC	JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC	JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC





















2009	2008	2007	2006
JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC OK OK OK OK	JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC OK OK OK OK	JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC OK OK OK OK	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC OK) OK) OK) OK)

Historical Info

09/2005 First Reported

Creditor Info

Phone Number (800) 669-6607 Address

PO BOX 31785 TAMPA, FL

33631

CAP1/SAKS

Account Name	CAP1/SAKS	Balance	-
Account Number	784379XXXX	Balance Updated	-
Account Type	Charge Card	Recent Payment Amount	~
Responsibility	Individual	Monthly Payment	\$0
Date Opened	07/07/2004	Credit Limit	\$1,600
Status	Paid, Closed/Never late.	Highest Balance	\$507
Status Updated	04/17/2013	Terms	NA
		On Record Until	Apr 2023

Payment History

LEGEND



Current on payments



2013	2012	2011
JAN FEB MAR APR OK OK OK CLS MAY JUN JUL AUG SEP OCT NOV DEC	JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG OK OK OK OK SEP OCT NOV DEC OK OK OK OK	JAN FEB MAR APR MAY JUN JUL AUG OK OK OK OK OK SEP OCT NOV DEC OK OK OK OK

Historical Info

First Reported

07/2004

Creditor Info

Phone Number

(800) 221-8340

Address

3455 HIGHWAY 80 W JACKSON, MS 39209

Comment

Account closed at consumer's request.

CAP1/SAKS

Account Name	CAP1/SAKS	Balance	_
Account Number	759040XXXX	Balance Updated	-
Account Type	Charge Card	Recent Payment Amount	-
Responsibility	Individual	Monthly Payment	\$0

Date Opened	11/26/2013	Credit Limit	\$4,000
Status	Paid, Closed/Never late.	Highest Balance	\$937
Status Updated	10/16/2015	Terms	NA
		On Record Until	Oct 2025

Payment History

LEGEND





Historical Info

First Reported 12/2013

Creditor Info

Phone Number (800) 221-8340

Address 3455 HIGHWAY 80 W

JACKSON, MS 39209

Comment

Account closed at consumer's request.

CAPITAL ONE

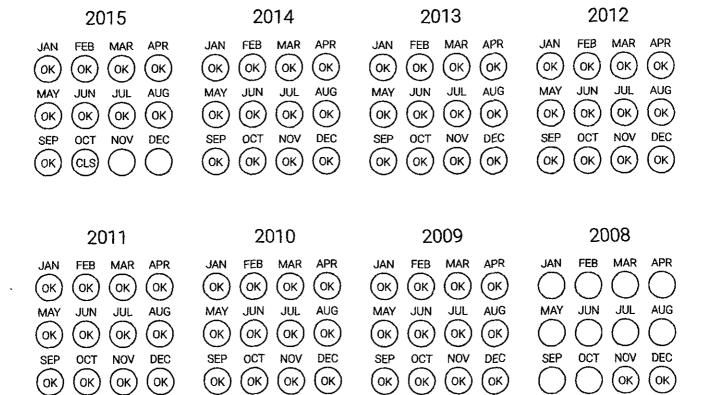
Account Name	CAPITAL ONE	Balance	-
Account Number	480213XXXXXXXXXXX	Balance Updated	-
Account Type	Business Card	Recent Payment Amount	-
Responsibility	Individual	Monthly Payment	\$0
Date Opened	09/10/2007	Credit Limit	\$5,000
Status	Paid, Closed/Never late.	Highest Balance	\$5,832
Status Updated	10/12/2015	Terms	NA
		On Record Until	Oct 2025

Payment History

LEGEND

OK Current on payments

(CLS) Closed



Historical Info

First Reported 10/2007

Creditor Info

Phone Number (800) 227-4825

Address PO BOX 30285 SALT LAKE

CITY, UT 84130

Comment

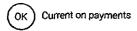
Account closed at consumer's request.

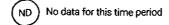
CHASE CARD

Account Name	CHASE CARD	Balance	-
Account Number	411820XXXXXXXXX	Balance Updated	-
Account Type	Credit card	Recent Payment Amount	-
Responsibility	Individual	Monthly Payment	\$0
Date Opened	11/14/2000	Credit Limit	\$24,200
Status	Paid, Closed/Never late.	Highest Balance	\$15,996
Status Updated	10/18/2008	Terms	NA
		On Record Until	Oct 2018

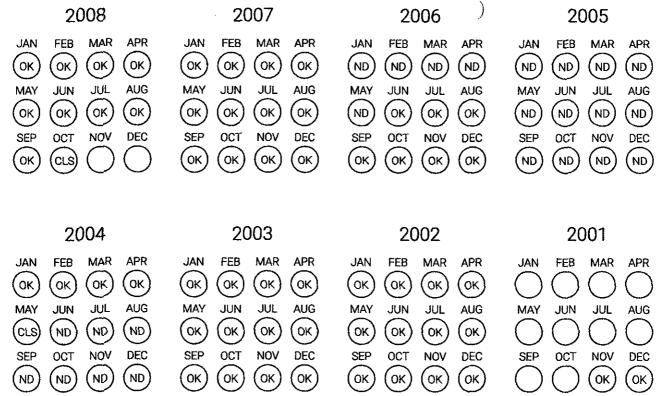
Payment History

LEGEND









Historical Info

First Reported 11/2000

Creditor Info

Phone Number

(800) 432-3117

Address

PO BOX 15298 WILMINGTON,

DE 19850

Comment

Account closed at consumer's request.

CHASE CARD

Account Name

CHASE CARD

Balance

Account Number

540168XXXXXXXXXXX

Balance Updated

https://usa.experian.com/#/printReport?type=CDI&acr=true

		On Record Until	May 2020
Status Updated	05/19/2010	Terms	NA
Status	Paid, Closed/Never late.	Highest Balance	\$2,930
Date Opened	06/20/2007	Credit Limit	\$3,000
Responsibility	Individual	Monthly Payment	\$0
Account Type	Credit card	Recent Payment A. Junt	-

Payment History

LEGEND

OK Current on payments

(CLS) Closed

2010	2009	2008	2007
JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG CLS	JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG OK OK OK OK	JAN FEB MAR APR OK OK OK OK MAY JUN JUL AUG OK OK OK OK	JAN FEB MAR APR MAY JUN JUL AUG OK OK)
SEP OCT NOV DEC	SEP OCT NOV DEC OK OK OK OK	SEP OCT NOV DEC OK OK OK OK	SEP OCT NOV DEC OK OK OK OK

Historical Info

First Reported 07/2007

Creditor Info

Phone Number (800) 432-3117

Address PO BOX 15298 WILMINGTON,

DE 19850

Comment

Account closed at credit grantor's request.

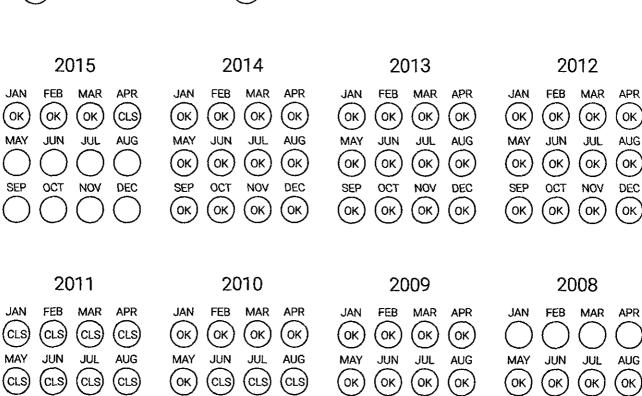
CHASE CARD

Account Name	CHASE CARD	Balance	-
Account Number	426684XXXXXXXXXX	Balance Updated	-
Account Type	Credit card	Recent Payment Amount	-
Responsibility	Individual	Monthly Payment	\$0
Date Opened	10/02/2007	Credit Limit	\$19,300
Status	Paid, Closed/Never late.	Highest Balance	\$19,619
Status Updated	04/02/2015	Terms	NA
		On Record Until	Apr 2025

Payment History

LEGEND

OK Current on payments CLS Closed



NOV

DEC

SEP

OCT

NOV

DEC

SEP

OCT

NOV

DEC

SEP

OCT

NOV

DEC

SEP

OÇT

Hard Inquiries

When applying for credit or financing or as a result of a collection, a "hard inquiry" will appear on your Credit Report. Below you will find the names of businesses that have reviewed your Report over the last two years. Hard inquiries stay on your Credit Report for 25 months.

WF CRD SVC Inquired on 03/01/2018

PO BOX 14517 DES MOINES, IA

(800) 642-4720

50306

Unspecified. This inquiry is scheduled to continue on record until Apr 2020.

AMERICAN EXPRESS

Inquired on 06/22/2017

PO BOX 31525 SALT LAKE CITY, UT 84131

(800) 874-2717

Unspecified. This inquiry is scheduled to continue on record until Jul 2019.

STERLING JEWELERS/GFS

Inquired on 05/23/2017

PO BOX 4480 BEAVERTON, OR 97076

(888) 498-7796

Unspecified. This inquiry is scheduled to continue on record until Jun 2019.

SYNCHRONY BANK

Inquired on 06/17/2016

C/O PO BOX 965037 ORLANDO, FL 32896

Unspecified. This inquiry is scheduled to continue on record until Jul 2018.

Soft Inquiries

Soft inquiries occur when you check your own credit report or give permission to someone like a potential employer to review your credit report. Soft inquiries may also occur when businesses, such as lenders, insurance companies, or credit card companies, check your credit to pre-approve you for offers, or when you use credit monitoring services from companies like Experian. Because soft inquiries aren't linked to a specific application for new credit, they're only visible on your credit report to you. One exception is that insurance companies may be able to see other insurance company inquiries. These inquiries have no effect on your credit score as they are never considered as a factor in credit scoring models. Soft inquiries are not disputable but are available here for reference.

CIC EXPERIAN CONSUMER SE Inquired on 05/22/2018

535 ANTON BLVD STE 100 COSTA MESA, CA 92626 EXPERIAN Inquired on 05/22/2018

535 ANTON BLVD COSTA MESA, CA 92626 BARCLAYS BANK DELAWARE Inquired on 05/11/2018

100 SOUTH WEST AVE WILMINGTON, DE 19801

(866) 283-6635

AMERICAN EXPRESS 2

Inquired on 05/10/2018

KEY BANK Inquired on 05/10/2018 WF CRD SVC Inquired on 05/02/2018

5/22/2018

PO BOX 981537 EL PASO, TX

79998

(800) 874-2717

https://usa.experian.com/#/printReport?type=CDI&acr=true

4910 TIEDMAN ROAD BROOKLYN, OH 44144

(800) 539-2968

PO BOX 14517 DES MOINES, IA

50306

(800) 642-4720

WF CRD SVC

inquired on 04/03/2018

CONSUMERINFO.COM

INC

Inquired on 03/28/2018

PO BOX 19729 IRVINE, CA

92623

TD BANK

Inquired on 03/13/2018

PO BOX 9500 MINNEAPOLIS,

MN 55440

WF CRD SVC

Inquired on 03/02/2018

PO BOX 14517 DES MOINES, IA

50306

(800) 642-4720

WF CRD SVC

Inquired on 03/01/2018

PO BOX 14517 DES MOINES, IA

50306

(800) 642-4720

EXPERIAN/CSID

Inquired on 09/14/2017

535 ANTON BLVD STE 100 COSTA MESA, CA 92626

(000) 042-4720

TD/TARGET

Inquired on 09/14/2017

PO BOX 673 MINNEAPOLIS, MN

55440

(612) 307-8622

AMERICAN EXPRESS

Inquired on 06/22/2017

PO BOX 31525 SALT LAKE CITY,

UT 84131

(800) 874-2717

LEXISNEXIS/INS/P&C

Inquired on 01/29/2017 and

01/27/2017

1000 ALDERMAN DR

ALPHARETTA, GA 30005

(866) 323-0932

LEXISNEXIS/INS/P&C

Inquired on 01/27/2017

LEXISNEXIS/INS/P&C

Inquired on 01/27/2017 and

01/27/2017

01/2//201/

1000 ALDERMAN DR

ALPHARETTA, GA 30005

(866) 323-0932

LEXISNEXIS/INS/P&C

Inquired on 01/27/2017

LEXISNEXIS/INS/P&C

Inquired on 01/27/2017 and 07/27/2016

DOMINION ENERGY SERVICES

Inquired on 01/03/2017 and

01/03/2017

PO BOX 5759 CLEVELAND, OH

44101

DOMINION ENERGY SERVICES

Inquired on 01/03/2017

(800) 362-7557

CMS ID PROOFING SERVICE

Inquired on 12/13/2016

7500 SECURITY BLVD BALTIMORE, MD 21244

(877) 267-2323

TIME WARNER INC -CTX

Inquired on 11/28/2016

1600 DUBLIN RD COLUMBUS,

OH 43215

EXPERIAN CONNECT

Inquired on 10/24/2016

475 ANTON BLVD COSTA

MESA, CA 92626

(214) 726-4110

LEXISNEXIS/INS/P&C

Inquired on 07/12/2016

1000 ALDERMAN DR ALPHARETTA, GA 30005

(866) 323-0932

EXPERIAN

inquired on 03/21/2013

PO BOX 9600 ALLEN, TX 75013

(800) 311-4769

Contact Experian

Online

Visit Experian.com/dispute (https://www.experian.com/dispute) to dispute any inaccurate information, or click the dispute link next to the item. For FAQs and online access to your Experian Credit Report, Fraud Alerts, and Security Freezes, visit Experian.com/help (https://www.experian.com/help)

Phone

Monday - Friday 8am to 10pm CST Saturday - Sunday

10am to 7pm CST

(855) 414-6047

Mail

Experien PO Box 9701

Allen, TX 75013

Important Messages

Experian collects and organizes information about you and your credit history from public records, your creditors and other reliable sources. By law, we cannot disclose certain medical information (relating to physical, mental, or behavioral condition). Although we do not generally collect such information, it could appear in the name of a data furnisher (i.e., "Cancer Center") that reports your payment history to us. If so, those names display on your report but on reports to others they display only as "MEDICAL PAYMENT DATA." Consumer statements included on your report at your request that contain medical information are disclosed to others.

Know Your Rights

Amended Exhibit C-7

Credit Report

Please see Exhibit C-6 for Experian Credit Report

Bankruptcy Information

Not Applicable

j

Merger Information

Not Applicable

Corporate Structure

Network Implementation Consulting is a stand alone entity.

Network Implementation Consulting, Inc. sells Electricity Supply to Commercial Businesses throughout Ohio as an independent agent for Integrity Energy, Ltd.

Below is a geographical depiction of the 2 possible structures:

below is a geographical depiction of the 2 possible structures.
Example 1
AEP or others like them Network Implementation Consulting, Inc. (Independent Agent / 1099 contractor) markets AEP to the end user/commercial business
Example 2
AEP or others like them Integrity Energy, Ltd. (Master Agent / 1099 contractor)
Network Implementation Consulting, Inc. (Sub-Agent / 1099 contractor) markets 3 rd party