

FILE

19-1878-EL-AGG



PUCOHSE ONLY		
Date Received	Case Number	Version
10/8/2019	19-1878-EL-AGG	May 2016

INITIAL CERTIFICATION APPLICATION FOR ELECTRIC AGGREGATORS/ POWER BROKERS

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit A-12 Company History). All attachments should bear the legal name of the Applicant. Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division; 180 East Broad Street, Columbus, Ohio 43215-3793.

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

A. APPLICANT INFORMATION

A-1 Applicant intends to be certified as: (check all that apply)

☒ Power Broker ☐ Aggregator

A-2 Applicant's legal name, address, telephone number and web site address

Legal Name Ronnie L Fain
Address 17570 Fairlawn Drive, Chagrin Falls, OH 44023
Telephone # (440) 479-9880 Web site address (if any) _____

A-3 List name, address, telephone number and web site address under which Applicant will do business in Ohio

Legal Name The Energy Company of Ohio LLC
Address 17570 Fairlawn Drive, Chagrin Falls, OH 44023
Telephone # (800) 252-2166 Web site address (if any) www.ricenergy.com

A-4 List all names under which the applicant does business in North America

The Energy Company of Ohio LLC _____

A-5 Contact person for regulatory or emergency matters

Name Ronnie L Fain
Title President

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician ML Date Processed OCT 08 2019

Business address 17570 Fairlawn Drive, Chagrin Falls, OH 44023
Telephone # (440) 479-9880 Fax # (440) 384-3524
E-mail address ciec.4us@gmail.com

A-6 Contact person for Commission Staff use in investigating customer complaints

Name Ronnie L Fain
Title President
Business address 17570 Fairlawn Drive, Chagrin Falls, OH 44023
Telephone # (440) 479-9880 Fax # (440) 384-3524
E-mail address ciec.4us@gmail.com

A-7 Applicant's address and toll-free number for customer service and complaints

Customer Service address 17570 Fairlawn Drive, Chagrin Falls, OH 44023
Toll-free Telephone # (800) 252-2166 Fax # (440) 384-3524
E-mail address ciec.4us@gmail.com

A-8 Applicant's federal employer identification number # 461858286

A-9 Applicant's form of ownership (check one)

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

A-10 (Check all that apply) Identify each electric distribution utility certified territory in which the applicant intends to provide service, including identification of each customer class that the applicant intends to serve, for example, residential, small commercial, mercantile commercial, and industrial. (A mercantile customer, as defined in (A) (19) of Section 4928.01 of the Revised Code, is a commercial customer who consumes more than 700,000 kWh/year or is part of a national account in one or more states).

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

- A-11 Provide the approximate start date that the applicant proposes to begin delivering services
September 28, 2019

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- A-12 **Exhibit A-12 "Principal Officers, Directors & Partners"** provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-13 **Exhibit A-13 "Company History,"** provide a concise description of the applicant's company history and principal business interests.
- A-14 **Exhibit A-14 "Articles of Incorporation and Bylaws,"** if applicable, provide the articles of incorporation filed with the state or jurisdiction in which the Applicant is incorporated and any amendments thereto.
- A-15 **Exhibit A-15 "Secretary of State,"** provide evidence that the applicant has registered with the Ohio Secretary of the State.

B. APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

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

B-3 **Exhibit B-3 "Summary of Experience,"** provide a concise summary of the applicant's experience in providing aggregation service(s) including contracting with customers to combine electric load and representing customers in the purchase of retail electric services. (e.g. number and types of customers served, utility service areas, amount of load, etc.).

B-4 **Exhibit B-4 "Disclosure of Liabilities and Investigations,"** provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational status or ability to provide the services it is seeking to be certified to provide.

B-5 Disclose whether the applicant, a predecessor of the applicant, or any principal officer of the applicant have ever been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years.

☒ No ☐ Yes

If yes, provide a separate attachment labeled as **Exhibit B-5 "Disclosure of Consumer Protection Violations"** detailing such violation(s) and providing all relevant documents.

B-6 Disclose whether the applicant or a predecessor of the applicant has had any certification, license, or application to provide retail or wholesale electric service including aggregation service denied, curtailed, suspended, revoked, or cancelled within the past two years.

☒ No ☐ Yes

If yes, provide a separate attachment labeled as **Exhibit B-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation"** detailing such action(s) and providing all relevant documents.

C. APPLICANT FINANCIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

C-1 **Exhibit C-1 "Annual Reports,"** provide the two most recent Annual Reports to Shareholders. If applicant does not have annual reports, the applicant should provide similar information in Exhibit C-1 or indicate that Exhibit C-1 is not applicable and why. (This is generally only applicable to publicly traded companies who publish annual reports)

C-2 **Exhibit C-2 "SEC Filings,"** 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 Exhibit C-3 “Financial Statements,” provide copies of the applicant’s two most recent years of audited financial statements (balance sheet, income statement, and cash flow statement). If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business. 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 Exhibit C-4 “Financial Arrangements,” provide copies of the applicant’s financial to satisfy collateral requirements to conduct retail electric/gas business activity (e.g., parental or third party guarantees, 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:

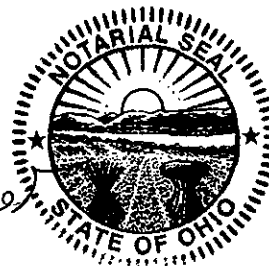
1. The applicant itself stating that it is investment grade rated by Moody’s, Standard & Poor’s or Fitch and provide evidence of rating from the rating agencies.
2. Have a parent company or third party that is investment grade rated by Moody’s, Standard & Poor’s or Fitch guarantee the financial obligations 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, Dun and Bradstreet Information Services, Fitch IBCA, Moody's Investors Service, Standard & Poors, or a similar organization. In instances where an applicant does not have its own credit ratings, it may substitute the credit ratings of a parent or affiliate organization, provided the applicant submits a statement signed by a principal officer of the applicant's parent or affiliate organization that guarantees the obligations of the applicant. 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.
- C-8 Exhibit C-8 "Bankruptcy Information,"** provide a list and description of any reorganizations, protection from creditors or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or within the two most recent years preceding the application.
- C-9 Exhibit C-9 "Merger Information,"** provide a statement describing any dissolution or merger or acquisition of the applicant within the 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.


 Signature of Applicant & Title



MARK R MADDEN

Notary Public

State of Ohio

Recorded in Cuyahoga County

My Commission Expires

October 3, 2021

Sworn and subscribed before me this 28th day of September, 2019
 Month Year


 Signature of official administering oath

Print Name and Title

My commission expires on _____

AFFIDAVIT

State of OHIO :

County of CUYAHOGA

BEAUFORD ss.
(Town)

RONNIE L. FAIR Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/She is the PRESIDENT (Office of Affiant) of RONNIE L. FAIR (Name of Applicant);

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

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

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

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

Thomas R. D. Presider
Signature of Affiant & Title

Sworn and subscribed before me this 28th day of September, 2019
Month Year

[Signature]
Signature of official administering oath

Print Name and Title



My commission expires on _____
MARK R MADDEN

Notary Public
State of Ohio

Recorded in Cuyahoga County

My Commission Expires
October 3, 2021

Exhibits A-12 to A-15

A-12 Principal Officers, Directors & Partners

Ronnie L. Fain, President
17570 Fairlawn Drive
Chagrin Falls, OH 44023

A-13 Company History

The Energy Company of Ohio LLC was founded in January 2013 and registered with the Ohio Secretary of State on January 18, 2013 as a limited liability corporation. The company is a broker for electric and gas energy and also sells LED lighting products.

A-14 Articles of Incorporation and Bylaws

Articles of Incorporation follows this page.



Form 533A Prescribed by:
Ohio Secretary of State

JON HUSTED
Ohio Secretary of State

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

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

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

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) ☐ Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company

THE ENERGY COMPANY OF OHIO LLC

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

Effective Date
(Optional)

1/18/2013
mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for
(Optional)

Period of Existence

Purpose
(Optional)

	2013 JAN 18 PM 5:43

**Note for Nonprofit LLCs

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

THE ENERGY COMPANY OF OHIO LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

RONNIE L. FAIR

Name of Agent

9401 MENTOR AVE # 237

Mailing Address

MENTOR

City

Ohio

State

44060

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, RONNIE L. FAIR

Statutory Agent Name

named herein as the statutory agent

for

THE ENERGY COMPANY OF OHIO LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature

RONNIE L. FAIR
Individual Agent's Signature / Signature on Behalf of Corporate Agent

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

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

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

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

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


Signature
By (if applicable)
Print Name
Signature
By (if applicable)
Print Name
Signature
By (if applicable)
Print Name

A-15 Secretary of State

Registration with the Ohio Secretary of State follows this page.

201302200137

DATE 01/22/2013	DOCUMENT ID 201302200137	DESCRIPTION DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	FILING 125.00	EXPED .00	PENALTY .00	CERT .00	COPY .00
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Receipt

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

THE ENERGY COMPANY OF OHIO LLC
9401 MENTOR AVE. #237
MENTOR, OH 44060

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

2167019

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

THE ENERGY COMPANY OF OHIO LLC

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

Document(s):

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Document No(s):

201302200137



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

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
18th day of January, A.D. 2013.

Jon Husted

Ohio Secretary of State

Exhibits B-1 to B-6

B-1 Jurisdictions of Operation

The Energy Company of Ohio LLC is not at the date of this filing certified, licensed, registered or otherwise authorized to provide retail or wholesale electric services including aggregation services.

B-2 Experience and Plans

1. Experience:

June 2011- January 2012--First Energy Corp- sales representative. After taking the company's training course, I sold electricity plans to commercial customers.

January- June 2013—Volunteer Energy- intern. I worked with Volunteer during this time to learn home and commercial electric and gas sales.

January 2013- present—The Energy Company of Ohio LLC. I started my own energy sales company for residential and commercial electric and gas sales working with Hudson Energy and Volunteer Energy.

2. Plans 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.

- a. I will use customer contracts provided by each energy company.
- b. Billing statements will be sent to customers by the contracted energy company.
- c. I will respond to customer inquiries and complaints first by attempting to resolve the situation myself. After that I will contact the appropriate energy company if necessary. If there are still questions or complaints after that, I will contact PUCO to solve the problem or answer the inquiry.

B-3 Summary of Experience

The Energy Company of Ohio LLC does not provide aggregation services.

B-4 Disclosure of Liabilities and Investigations

The Energy Company of Ohio LLC has no 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 services, either past, present, or pending.

B-5 Disclosure of whether the applicant has ever been convicted or held liable for fraud or for violation of any consumer protection or antitrust law within the past five years.

No.

B-6 Disclosure concerning denial, revocation, suspension, curtailment, or cancellation of any certification, license, or application to provide retail or wholesale electric service in the past five years.

No.

Exhibits C-1 to C-10

C-1 Annual Reports

The Energy Company of Ohio LLC is not a publicly traded company and does not publish annual reports.

C-2 SEC Filings

The Energy Company of Ohio LLC is not a publicly traded company and is therefore not required to file with the SEC.

C-3 Financial Statements

The tax returns for 2016 and 2017 are attached following this page. An application for extension has been filed for 2018.

Form **4868**Department of the Treasury
Internal Revenue Service (99)**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**Go to www.irs.gov/Form4868 for the latest information.

OMB No. 1545-0074

2018

(on bottom of page)

**Mail To: Department of the Treasury
Internal Revenue Service
FRESNO, CA 93888-0045**

EXTENSION REQUEST ORIGINALLY FILED <small>CUT HERE</small> ELECTRONICALLY				OMB No. 1545-0074	
Form 4868		Application for Automatic Extension of Time To File U.S. Individual Income Tax Return		2018	
Department of the Treasury Internal Revenue Service (99)		For calendar year 2018, or other tax year beginning		and ending	
Part I Identification			Part II Individual Income Tax		
1 Your name(s) (see instructions)			4 Estimate of total tax liability for 2018 \$		
RONNIE FAIN CAROL FAIN			5 Total 2018 payments		
Address (see instructions)			6 Balance due. Subtract line 5 from line 4 (see instructions)		
17570 FAIRLAWN DR			7 Amount you're paying (see instr.) ▶		
City, town, or post office		State	ZIP Code	8 Check here if you're "out of the country" and a U.S. citizen or resident (see instructions) ▶ <input type="checkbox"/>	
CHAGRIN FALLS		OH	44022	9 Check here if you file Form 1040NR or 1040NR-EZ and didn't receive wages as an employee subject to U.S. income tax withholding ▶ <input type="checkbox"/>	
2 Your social security number		3 Spouse's social security number			

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Form **4868** (2018)

Form **1040** U.S. Individual Income Tax Return **2017** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial **RONNIE** Last name **FAIN** Your social security number **[REDACTED]**

If a joint return, spouse's first name and initial **CAROL** Last name **FAIN** Spouse's social security number **[REDACTED]**

Home address (number and street). If you have a P.O. box, see instructions. **17570 FAIRLAWN DR** Apt. no. **[REDACTED]** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **CHAGRIN FALLS OH 44022** Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 ☒ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) (see instructions) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. Check only one box.

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. 6b ☒ Spouse. Boxes checked on 6a and 6b **2** No. of children on 6c who: ☒ lived with you ☐ did not live with you due to divorce or separation (see instructions)

c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qual. for child tax credit (see instr.) If more than four dependents, see instructions and check here ☐ Dependents on 6c not entered above Add numbers on lines above **2**

d Total number of exemptions claimed **2**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **27,838**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refund (including tax on state and local income tax) **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12 -42,625**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** b Taxable amount **15b**

16a Pensions and annuities **16a** b Taxable amount **16b 46,058**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a 15,828** b Taxable amount **20b 3,593**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22 34,864**

Adjusted Gross Income 23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income **37 34,864**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2017)

DAA

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial Last name Your social security number
RONNIE L **FAIN** [REDACTED]

If a joint return, spouse's first name and initial Last name Spouse's social security number
CAROL L **FAIN** [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.
3986 UP KIRTLAND ROAD

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign
Willoughby OH 44094 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **2** ☒ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) with dependent child
 Check only one box. 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. **3**

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b **2**
 b ☒ Spouse No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see instructions)
 c **Dependents:** (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)
 If more than four dependents, see instructions and check here ☐ Dependents on 6c not entered above
 d Total number of exemptions claimed Add numbers on lines above **2**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 **40,451.**
 8a Taxable interest. Attach Schedule B if required 8a
 b Tax-exempt interest. Do not include on line 8a 8b
 9a Ordinary dividends. Attach Schedule B if required 9a
 b Qualified dividends 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes 10
 11 Alimony received 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12 **-3,226.**
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13
 14 Other gains or (losses). Attach Form 4797 14
 15a IRA distributions 15a 15b Taxable amount 15b
 16a Pensions and annuities 16a 16b Taxable amount 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19
 20a Social security benefits 20a **15,788.** 20b Taxable amount 20b **6,951.**
 21 Other income. List type and amount 21
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶** 22 **44,176.**

Adjusted Gross Income 23 Educator expenses 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 25
 26 Moving expenses. Attach Form 3903 26
 27 Deductible part of self-employment tax. Attach Schedule SE 27
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN **▶** 31a
 32 IRA deduction 32
 33 Student loan interest deduction 33
 34 Tuition and fees. Attach Form 8917 34
 35 Domestic production activities deduction. Attach Form 8903 35
 36 Add lines 23 through 35 36
 37 Subtract line 36 from line 22. This is your adjusted gross income **▶** 37 **44,176.**

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor

RONNIE L FAIN

Social security number (SSN)

[REDACTED]

A Principal business or profession, including product or service (see instructions)
ENERGY PRODUCTS**B** Enter code from instructions

2 | 3 | 8 | 2 | 1 | 0

C Business name. If no separate business name, leave blank.
THE ENERGY COMPANY OF OHIO**D** Employer ID number (EIN), (see instr.)**E** Business address (including suite or room no.) ► 3986 UP KIRTLAND ROAD
City, town or post office, state, and ZIP code Willoughby, OH 44094**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2016, check here ☐**I** Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No**J** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. ► <input type="checkbox"/>	1	89,911.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	89,911.
4	Cost of goods sold (from line 42)	4	71,929.
5	Gross profit. Subtract line 4 from line 3	5	17,982.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6. ►	7	17,982.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	830.	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	2,165.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	9,100.	20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	4,476.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	1,368.
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	341.
17	Legal and professional services	17	600.	25	Utilities	25	420.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a. ►	28	21,208.	26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7.	29	-3,226.	27a	Other expenses (from line 48)	27a	1,908.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-3,226.				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.						

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

Credit for Qualified Retirement Savings Contributions

OMB No. 1545-0074

2016

Attachment
Sequence No. **54**

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Form 8880 and its instructions is at www.irs.gov/form8880.

Name(s) shown on return

RONNIE L FAIN & CAROL L FAIN

Your social security number

[REDACTED]

You **cannot** take this credit if **either** of the following applies.



- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$30,750 (\$46,125 if head of household; \$61,500 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1999, (b) is claimed as a dependent on someone else's 2016 tax return, or (c) was a student (see instructions).

- Traditional and Roth IRA (including myRA) contributions for 2016. Do **not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2016 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2013 and **before** the due date (including extensions) of your 2016 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you cannot take this credit
- Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37
- Enter the applicable decimal amount shown below:

	(a) You	(b) Your spouse
1		
2	2,774.	
3	2,774.	
4		
5	2,774.	
6	2,000.	
7		2,000.
8	44,176.	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
---	\$18,500	.5	.5	.5
\$18,500	\$20,000	.5	.5	.2
\$20,000	\$27,750	.5	.5	.1
\$27,750	\$30,000	.5	.2	.1
\$30,000	\$30,750	.5	.1	.1
\$30,750	\$37,000	.5	.1	.0
\$37,000	\$40,000	.2	.1	.0
\$40,000	\$46,125	.1	.1	.0
\$46,125	\$61,500	.1	.0	.0
\$61,500	---	.0	.0	.0

Note: If line 9 is zero, **stop**; you cannot take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48

9	X .1
10	200.
11	2,219.
12	200.

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

C-4 Financial Arrangements

N/A. The Energy Company of Ohio LLC is not taking title to the electricity or natural gas.

C-5 Forecasted Financial Statements

Forecasted income statements for electric related activities in the state of Ohio for 2020 and 2021 are attached on the following page.



Exhibit C-5: Financial Forecast for Electric Sales--2020/2021

	2020	2021
Revenue from electric sales	90,000	118,000
Gross profit	90,000	118,000
Expenses		
Marketing	8,300	9,180
General & administration	7,450	8,420
Depreciation & amortization	0	0
Interest	0	0
Sales force	22,750	26,750
Total expenses	38,500	44,350
Earnings before tax	51,500	76,650
Taxes	12,875	18,412
Net earnings	38,625	55,238

This forecast is self-prepared.

C-6 Credit Rating

N/A.

C-7 Credit Reports

The Energy Company of Ohio LLC does not have credit reports.

C-8 Bankruptcy Information

The applicant, Ronnie L. Fain, does not have any form of bankruptcy filings within the past two years.

C-9 Merger Information

There has been no merger, dissolution, or acquisition of the company within the past two years.

C-10 Corporate Structure

The Energy Company of Ohio LLC is a stand-alone entity with no affiliate or subsidiary companies.